

Patient information factsheet

Split skin graft (SSG)

A split skin graft (SSG) is an operation to mend a wound with a patch of skin from another part of the body. We hope this factsheet will help to answer some of the questions you may have.

If you have any other questions or worries, please feel free to ask your doctor or nurse.

What is a split skin graft?

There are a few different ways to mend a wound, depending on its size and condition. For some wounds, we can close the edges of the skin back together with stitches or another kind of surgical technique. This isn't always possible if the wound is large or swollen or if a lot of skin has been lost.

If we can't close up the wound, we can do a split skin graft operation instead. For a split skin graft, the surgeon will look at the tone, colour and texture of your skin around the wound and choose another area of your body that matches. This area is known as the donor site and it's usually an area on your thigh.

In the operation, the surgeon will take a patch (or graft) of healthy skin from this donor site and place it onto the wound. We will hold it in place with stitches, staples, clips or special glue, and cover it with a dressing. Over a few days, the patch of skin will connect with the wound area and begin to heal together with the wound edges.

Will it hurt?

Before you have the operation we'll give you a local anaesthetic (medicine to numb the areas we are operating on) or a general anaesthetic (medicine to make you sleep).

After the operation, the donor site may be more painful than the wound itself. This is because there will be an area like a large 'graze' where we took the patch of skin. We will give you regular pain relief for this, which we would encourage you to take. It will take about a week for the pain to gradually fade.

After the operation

After the operation you may need to rest in bed, depending on where your wounds are and your general health. Your surgeon will explain what you can and cannot do. If your surgeon is happy for you to get up and move around, the ward physiotherapist will help you.

Wounds and dressings

We use dressings (or bandages) to keep wounds clean, keep out infections and help wounds to heal.

Split skin graft dressing

We may put a topical negative pressure (TNP) dressing on the split skin graft (the original wound with the skin patch now in place). A TNP dressing is a special pump that we can attach to the skin with medical staples in the operation. It stops anything rubbing against the area and sucks up any liquid that may leak out of the wound.

Alternatively we may use a soft paraffin dressing called Jelonet, with gauze wool and a bandage.

The dressing on the split skin graft area will be left in place for seven days and then reviewed by the plastic specialist nurse and/or doctor. It's normal for the split skin graft to look reddish or purple the first time we change your dressings. It will change in colour over the next six to twelve months.

Donor site dressing

For the donor site we will use a dressing called Kaltostat, which is a seaweed-like dressing that helps to stop bleeding. We will cover this with a large padded dressing covered with wool and a bandage for protection. We will leave this dressing in place for two weeks. The Kaltostat acts like an artificial scab and you will notice that the dressing on your thigh will feel like it is getting stiff. This is normal but it may be more painful than the split skin graft wound. Taking your regular pain relief will help with this. We may need to change the dressing if the bandages slip down your leg or if you have a green or smelly discharge coming through the dressing.

The nurses will keep checking your dressings while you are in hospital. Don't remove the dressing yourself unless we have recommended this. A split skin graft usually takes two to three weeks to heal and a donor site usually takes ten to fourteen days. Any scabs will gradually lift off with regular moisturising. Use a non perfumed moisturiser like E45 or diprobase, and don't pick them.

You won't be able to wash the split skin graft or donor site for the first two weeks after the operation. After this, you can wash as normal, using a non-perfumed soap or shower gel, as a perfumed one may irritate the donor site.

Smoking

We advise you **not to smoke**. Smoking stops new blood vessels growing to the split skin graft, so it may take longer to heal and the graft may not work properly. The donor site will also take longer to heal. If you would like help to stop smoking please speak to the plastic specialist nurse who can refer you to the quitters' service.

When you leave hospital

When you go home from hospital, try to take it easy for the first two weeks, building up slowly into your normal routine. Depending on your job you may need to take some time off.

Before you leave hospital, we'll arrange an appointment for you at the outpatient dressing clinic. This appointment will be scheduled for one week after you leave hospital.

Moisturising and massage

You can help your split skin graft heal by moisturizing and massaging the area regularly as you continue to look after your skin. The split skin graft will have no sweat glands so it won't be able to produce moisture naturally. If you don't moisturise it regularly it can dry out and crack, which may lead to infection. Massaging the scar can help the scar to soften and absorb the moisturising cream. If there are any broken areas please speak to your GP or the plastic specialist nurse.

Sun protection

Don't expose your wound areas to direct sunlight as they will burn easily, especially during the first two years after your operation. If exposure to the sun is unavoidable, apply total sun block regularly to these areas.

Risks of a split skin graft operation

Scars (common)

There is always some scarring after a split skin graft operation. The donor site will appear as a red patch on your thigh that becomes lighter over time. The split skin graft area will be indented compared to the surrounding skin, but this will become less noticeable over time. This area can sometimes get much darker in colour. This is more likely to occur if you sit out in the sun, so make sure you wear high-factor sun block.

Keloid or hypertrophic scars (rare)

For some people the skin may form thicker scars. Young adults are more prone to this. Hypertrophic scars develop inside the boundaries of the original wound and regress over time. Keloid scars develop beyond the wound edges and tend to stay raised. For more information please speak to your doctor.

Nerve damage (rare)

Any operation to the skin will cut some small nerves. Occasionally there may be numbness or pins and needles around the wound after the operation. This could last for several weeks and is sometimes permanent. Your doctor may be able to tell you if there is likely to be a lot of numbness. It's normal for the split skin graft area to stay numb but with time you may notice some feeling coming back. The donor site will also stay numb for some time after the operation.

Graft failure (rare)

In some cases, the split skin graft may not connect with the wound area. If part or all of the split skin graft fails to attach, the wound may take longer to heal. You can reduce the chance of the graft failing by taking good care of the area during the first two weeks.

Persistent bleeding (rare)

If blood builds up underneath the split skin graft, you may lose some or all of it. It's normal to have some bleeding after the operation, but if it continues we may need to investigate further. You can help to stop bleeding by applying firm pressure on top of the graft.

Infection (rare)

We will take steps to minimize the risk of infection during the operation. If you're at risk of infection, your surgeon will prescribe some antibiotics for you. If you notice that your donor site has a green or smelly discharge coming through the dressing, speak to your GP as this could be an indication that you may have an infection. If you are unable to get an appointment with your GP you can contact the plastic specialist nurse.

Alternative treatments

In certain circumstances, it may be possible to let the wound heal naturally by itself, instead of having an operation. If this is the case, your doctor will discuss this option with you.

Useful links

www.nhs.uk/Conditions/Plastic-surgery/Pages/How-it-is-performed.aspx

Contact us

If you have any questions or worries, you can contact your GP or the plastic surgery specialist nurse on telephone: **023 8120 5496** (Monday to Friday, 9am to 6pm).

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone 023 8120 4688 for help.