

# Plastic Surgery Pathway

## Split Thickness Skin Graft

This involves shaving a thin sheet of skin that is 0.2 -0.4 mm thick from thigh, buttocks, back, abdomen and upper arm. Split thickness skin graft contains the epidermis and part of the dermis.

Please give patient information leaflet on Split Thickness Skin Graft.

### POST OPERATIVE DRESSING PUT ON IN THEATRE

- An non adherent dressing is placed on the graft . Then the area has is padded using gauze and then secured with soft bandage and bandage.

**If dressing becomes soiled before first review, replace the soft bandage and bandage only.  
Leave the primary dressing. It is important that the graft is left undisturbed.**

### FRIST GRAFT CHECK & DRESSING CHANGE 3-7 DAYS POST OP

- Carried out by the Plastic surgery team.
- The whole dressing will be removed and the graft will be reviewed.

### GRAFT CARE POST FIRST REVIEW

- Gently clean the peri wound skin (surrounding the graft) to remove any debris
- Gentle dry the peri wound skin
- Place non adherent dressing over graft. Ensure that the whole graft is covered.
- Cover the non adherent dressing with absorbent dressing such as gauze
- Soft bandage and bandage should be used to secure.

**Do not clean graft as it is fragile and could lift.**

**It is important that the skin graft is protected from excessive movement which may cause graft failure.**

### INFECTION ACTIONS TO BE TAKEN

- Plastic surgery team to be informed - Wound swab to be taken- Antibiotics may be started
- Antimicrobial dressing to be used
- Cover with absorbent dressing to manage exudate
- Bloods to be taken to monitor CRP, WCC

**For further advice please contact Plastic surgery team via email at**

**[uhsussex.plasticsteam@nhs.net](mailto:uhsussex.plasticsteam@nhs.net)**