

Split Skin Graft Leg Information Sheet

You will soon be having a split skin graft by A/Prof Damian Marucci. A split skin graft is where a thin layer of skin is taken from one part of the leg and used to resurface another part of the leg, usually where a skin cancer has been removed. The place where the split skin graft came from (the “donor site”) heals on its own over a period of a few weeks, like a gravel rash. The skin graft then develops a new blood supply from the area where it is placed.

Before the Surgery

- Stay on all your regular medications including aspirin (Cartia), warfarin (Coumadin) and clopidogrel (Plavix). The ONLY exception is that if you are on blood thinners like **Xarelto, Pradaxa** or **Eliquis** – please don’t take the ONE dose BEFORE the surgery, and then go back onto your usual dosage straight after the surgery
- If your surgery is being performed completely under local anaesthetic, you will be given a script for tablet antibiotics which you start taking ON THE DAY OF THE SURGERY. Take ONE tablet before you come in for the surgery. When you go home, you will take one tablet four times a day (breakfast, lunch and dinner and before you go to bed) for FIVE days

The Surgery Itself

- You will be taken into the operating theatre and A/Prof Marucci will draw on you to plan the surgery
- This type of surgery can be performed under “sedation” – where you are made to go to sleep by drugs the anaesthetist puts into your veins, and then local anaesthetic is injected around the area of surgery in the few minutes that you are asleep. It can also be performed under local anaesthesia, where you are fully awake. Either way, local anaesthetic is injected to make the area numb. After that, you will feel some pushing and pulling but you shouldn’t feel anything sharp. If you do, let A/Prof Marucci know and he can put in some more local anaesthetic
- The surgery is performed on two parts of the body: the part where the cancer is being removed, and the part where the “split skin graft” is being taken from
- The most common areas where the skin graft is taken from is the outside or inside of the calf below the knee. After the skin graft has been taken (or “harvested”), a raw area of skin is left at this “donor site”. If the area is small, A/Prof Marucci will dress the donor site with a clear plastic dressing called Tegaderm, which has some holes in it so fluid doesn’t accumulate. The Tegaderm will stay on the wound for a few weeks until the underlying skin has healed back to normal
- The skin graft is usually sutured with dissolving stitches to the edges of the wound left following removal of the cancer
- On top of the skin graft, dressings containing Vaseline, gauze and foam are also stitched or stapled to the edges of the wound. These dressings hold the skin graft in place. The leg is usually wrapped up in many layers from the toes to the knee

After the surgery

- The local anaesthetic will last for a few hours. When it wears off you might need some Panadol, but you shouldn't need anything stronger than that
- You need to keep the dressings on the leg completely clean, dry and intact. Because all the wounds are below the knee, if you can safely put your leg in a plastic bag and sit on a plastic chair in your shower you will be able to shower every day. The only thing to remember is: **the bandages on the leg are to be kept clean, dry and intact** until removed by a doctor or nurse
- You need to rest with your leg up as much as possible after the surgery. Either you are lying down with your leg up, sitting down with your leg up, or walking between sitting/lying down with your leg up. That is it. You are taking it easy at home
- The skin graft will usually be inspected 5 – 7 days after the surgery. It will then be wrapped up again from the toes to the knee
- The plastic dressing (Tegaderm) over the donor site (the area where the skin graft came from) stays intact for a few weeks
- The skin graft itself needs to be dressed regularly. There are two ways the leg graft can be dressed – and it will depend on your discussions with A/Prof Marucci as to which one occurs:

1. Community Nurse Dressings:

We can arrange for a community nurse to come to your house to do the dressings every Monday, Wednesday and Friday. You will continue to see A/Prof Marucci every week or two until the skin graft has healed (usually 4 – 6 weeks). You can shower with your leg in a plastic bag, but you need to wait around at home until the community nurse arrives on the designated days

2. You do your own dressings:

For motivated patients with small skin grafts, they can shower every day straight over the wounds (give the graft a gentle clean with your finger). Leave the plastic sheet of Tegaderm on the donor site alone. Pat the graft wound dry after the shower, then butter Vaseline onto a square of gauze, apply the gauze to the skin graft and then put the leg in a stocking (Tubigrip) supplied by A/Prof Marucci. You will continue to see A/Prof Marucci every week or two until the skin graft has healed (usually 4 – 6 weeks).

- Although skin grafts are excellent for reconstructing skin loss after cancer, there are a few downsides:
 - The skin graft will always be a different colour, and there will be a contour difference with the surrounding tissue (i.e. a depression where the skin graft is)
 - The skin graft and surrounding area will be numb and it is variable how much sensation comes back
 - Skin grafts take 2 or 3 months to settle and heal fully. Sometimes they don't heal and a new skin graft is needed