Patien fact sheet on **SPLIT SKIN GRAFTS** by Prof. Anthony Dixon – 2021 ©

**What is it?**
When a mole or ulcer is removed from the skin, the skin gap must be closed over. Most commonly skin from the edges of the incision is pulled together and stitched. Sometimes this is not possible. The gap might be too large. Alternatively, pulling the skin edges together might place too much strain on surrounding skin. In this situation, a skin graft may be used. This involves taking skin from somewhere else on the body and placing (or grafting) this skin in the gap to be closed. In this way, extra skin is available to fill the gap without placing too much tension on surrounding skin. The place where extra skin is obtained is called the “donor site”. Where this skin goes is called the “graft site”. A **split** skin graft is where only a thin layer of skin is grafted into the gap.

The donor site is a different part of the body. Different skin has different colour and different texture. A graft that contains only a thin layer of skin usually has no hair in it at all. Donor skin is less supple. As such, a split skin graft always looks quite different to the surrounding skin. It can look quite ugly. This reduced appearance is the penalty one pays to enable the greatest chance of closing the gap and healing the wound.

**What is done during the operation?**
The mole or skin cancer or ulcer is removed in the usual manner. This is usually performed under local anaesthetic. In some cases, a general anaesthetic is used. An incision is made around the lesion with a margin of normal skin included. Once removed, this lesion is sent to the Pathology Department where it is analysed. A report on the lesion usually takes around one week.

Now the gap must be grafted. A suitable donor site is identified. If the lesion was removed under local anaesthetic, then local anaesthetic is also required for the donor site. A thin knife like a shaver cuts a slither of skin from the donor site. As only some layers of the skin are removed, some skin still remains at the base of the wound. The skin that is left resembles a graze and heals like a graze. Often a plastic adhesive dressing is placed over the donor site to assist healing.

Holes may be put in the skin to be grafted. This helps fluid leak out once it is placed on the graft site. Once the skin is prepared, it is sutured or stapled or placed in the donor site. Then a dressing is placed over the graft. Then it is a matter of waiting for the slither of skin to stick to the donor site and then grow. When this happens, the graft is said to have “taken”.

**Problems that can occur afterwards**
Sometimes the graft fails to “take”. This is not common. It is more likely if the patient’s circulation is poor. It is also more likely if the area to be grafted is infected. Older patients also heal grafts less well than younger patients. The greatest healing risk is present when the graft site is below the knee. Areas on the shin and foot are often poor at healing.

Infection can occur in the graft or the donor site. Like any wound bacteria can cause wound infections. The graft site is most at risk.

Contractures can occur where the graft is placed. This can produce a tightness in the skin and sometimes needs further surgical attention. This problem is usually only associated with larger split skin grafts, or grafts in awkward sites.

**General instructions for the patient**
Elevation helps the graft to take. Patients may need to spend some time in hospital after a split skin graft. It depends on the site of the graft and circumstances. Even when you can go home, keeping the graft site elevated when possible is important.

Remember you will end up with two scars. There is the donor site scar as well as graft scar. The graft needs the greatest care after the operation. Knocking or bumping the graft site can upset the graft. The graft can take up to several months to completely heal.

Skin grafts are less able to deal with the “wear and tear” that skin must experience. The skin graft must be treated with respect for life.