

Planning for What to Expect After Your Child's Split Thickness Skin Graft

Split thickness skin grafts are done to replace large areas of skin that must be removed, such as a nevus (darker skin).

The information in this handout will help you plan for what to expect as your child recovers from this procedure.

Preparation

Two areas of your child's body will be prepared for surgery: the graft site and the donor site.

- Graft site = Where abnormal tissue (nevus or scar tissue) is removed to make room for tissue taken from another part of the body.

We take out all layers (full thickness) of the skin to fully remove the nevus. The nerve endings are cut so your child won't likely feel pain in the area right after surgery. Feeling will return to the area after several weeks or sometimes months. It might feel itchy, tingly or prickly.

- Donor site = Where healthy skin (graft) is removed.

We take out a thin layer (partial thickness) of the skin to allow it to recover and regenerate. The size of the donor site wound (usually from the upper thigh and hip area) depends on the size of the graft needed to cover where the nevus was removed. Because the nerve endings are still there, your child will likely have discomfort in this area. This might feel like a burning sensation, similar to rug burn.

Graft Site Care

Recovery

To help your child recover, you'll need to limit how much he or she moves the area where the graft was done. Any motion or rubbing to the graft area might harm some or all of the graft. The graft area will be heavily bandaged with an Ace wrap over the top of the surgical bandages. The bandages over the graft shouldn't be removed in order to allow the new skin to attach to the graft area.

We might place a splint on the arm or leg if the graft was done in an area that the child will move a lot, such as the elbow or knee.

A splint also might be necessary for infants or toddlers. We also might ask older children and teens to keep their arm or leg up on a pillow.

We recommend strict bed rest for at least five days. The area should never be in a dependent position until your doctor gives approval. For example, if the graft is on the lower leg, the leg must remain elevated and never hung in

a bent position.

Bandages

Your surgeon or nurse practitioner will do the first few bandage changes. After that you will be shown how to change the dressings at home. The first change is often done under anesthesia in the operating room so the surgeon can check the graft while protecting it from any motion.

The surgeon will remove the Ace bandage which is on top of a gauze wrap. Then a non-stick dressing is put directly on top of the graft. This is usually yellow or clear.

Absorbable sutures (stitches used to close up the site where surgery was done) attach the graft to the skin. These will dissolve in two to three weeks. As the graft heals, it will start to look more like the skin that surrounds it.

After the sutures dissolve and the site begins to heal, the dressing will be just gauze and the Ace wrap. This will be worn for several months to continue to support the graft. We might use a silicone sheeting product to help minimize any scarring.

Donor Site Care

Before your child goes home, the surgical team will remove the outer dressing of the donor site, but the gauze that covers the skin graft will stay on until your wound is healed. This might be kept in place with absorbable stitches.

The gauze edges will start to lift off revealing very pink, new skin. If the edges of the gauze peel up or catch on clothing, they can be carefully trimmed away. The gauze will fall off one to two weeks after surgery.

The skin covering the donor site might be somewhat delicate and could blister if the area is rubbed during the first weeks after the surgery. Leave any blisters intact and don't attempt to drain them. However, if they drain on their own, use a topical antibiotic ointment to protect from infection. Contact Gillette with any questions.

Your nurse or doctor will give you more instructions when you leave the hospital.

[Make An Appointment](#) [651-290-8707](#) [Refer a Patient](#) [651-325-2200](#)

This information is for educational purposes only. It is not intended to replace the advice of your health care providers. If you have any questions, talk with your doctor or others on your health care team.

If you are a Gillette patient with urgent questions or concerns, please contact Telehealth Nursing at [651-229-3890](#).