



Dermatology Department

Post-Operative Advice following Excision and Skin Graft

Patient Label:

Date:

Following your surgery today, please contact your GP practice to make an appointment for the removal of stitches. We recommend this is done at about days from today or an appointment will be made to come to a Nurse Led Wound Clinic within the department.

If bleeding occurs from the wound, apply firm constant pressure to the area for about 10 minutes with a thick pad. Afterwards apply a firm dressing or bandage. If the bleeding does not stop, contact the Dermatology Department, your GP or attend a Minor Injuries Unit.

If following the operation you feel any pain, you may take a painkiller such as Paracetamol as directed on the box. (It is best to avoid Aspirin as it thins the blood and encourages bleeding).

Avoid doing anything strenuous for up to 28 days (cutting the lawn, cleaning, swimming, playing any sports) as this can disturb the healing of your wound. Stitches in your wound can break if stressed and the scar may stretch which will delay healing. If the area is on the lower leg, you should rest the affected leg on a stool or pillow and avoid standing still for long periods to avoid swelling of your legs.

Wound Care

This leaflet gives you information and advice on caring for your surgical wound. You have had an excision to remove a skin lesion with a full thickness skin graft (the top layer and layers underneath) repair. This is taking out the blemish/lesion (graft site) and repairing with healthy skin tissue taken from an unaffected area (donor site). You will have two wounds which need to be cared for. The sterile dressings applied are to protect the areas from infection and need to be kept dry.

Skin graft donor site

This is an area of skin which has been cut out and the wound is stitched up. You will be informed if either, the stitches are dissolvable, in which case they do not need to be removed and will normally disappear by themselves, or if they will be removed when you attend the wound clinic. The area will heal with a flat, thin scar; sometimes the scar can become a little wider or a bit lumpy. This takes approximately 5-10 days to heal.

Skin graft site

This is the area where the original blemish/lesion was removed. The area may look pink, red or bruised but will gradually improve and change over time to a natural colour. The skin graft will take approximately 2 weeks to heal. It may have an obvious indentation (dip), but this will improve but not disappear completely. Initially, the area may feel numb as some nerves may be damaged during the operation. The nerves begin to grow into the area after approximately 4/5 weeks, but the sensation may take a while to return.

Flap surgery

This involves the transfer of a living piece of tissue from one part of the body to another, along with the blood vessels that keep it alive. This is used for a variety of reasons for reconstructive surgery. In most cases the skin remains partially attached to the body, creating a flap which is then repositioned and stitched over the damaged area. There is a lower risk of the repair failing.

What problems might occur?

Wound infection

The most common complication following surgery is a wound infection, which slows down the healing process. You should contact your GP if you notice an increase in pain, redness to the area, swelling, weeping or liquid oozing from the area, an unpleasant smell or you have a temperature.

Wound infections can be treated successfully if caught early. The wound may require more frequent dressing changes, a course of antibiotics or an antibiotic cream.

Failing skin graft

The main problem you might experience is a skin graft not "taking". The most common reason for this is bleeding. Bleeding causes the graft to lift and separate from the tissue underneath it. If the graft fails it will become very hard, blackened, dry and leathery in appearance. If you experience bleeding, apply firm pressure over the area for 10 minutes. If the bleeding does not stop, or you notice any changes in appearance, you need to contact the Dermatology Department for advice and a wound check.

Will I have a scar?

It is impossible to cut the skin without causing a scar. At first the new scar will appear quite red, but over time this will fade and become a more natural colour. Sometimes the scars become raised, red or lumpy. Once the scar has completely healed it can be gently massaged using a non-perfumed moisturiser or oil such as soft yellow paraffin ointment for approximately two minutes 2-3 times a day.

The skin specimen from the lesion removed will be sent to the laboratory for testing and a diagnosis report. Your consultant will either contact you or your GP regarding the report when this is available or alternatively, you may have a follow-up appointment with the consultant to discuss the report at the hospital. This may take up to **six weeks**.

If you have any further questions or problems, please contact your GP or the Dermatology Nurse (01305 255118 – please leave a message if a nurse is not available to answer the telephone and we will call you back).

About this leaflet:

Author: Dee Angell, Registered Nurse
Written: June 2020
With thanks to Norfolk & Norwich University Hospital and NHS
(link www.nhs.uk)
Updated & Approved: April 2024
Review Date: April 2027
Edition: v3

If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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