



Skin Graft and Donor Site Management

When coming out of surgery, you will have two wounds. One wound is the initial site that is being covered with your own skin. This is referred to as the skin graft site. The other wound, typically on the thigh, is the area the skin was taken from. This is referred to as the donor site.

Skin Graft Management:

- When you come out of surgery, your skin graft will be dressed with a minimum xeroform, gauze, kerlix, and an ace wrap. In addition to this, you may or may not have a splint to keep the area immobilized, and may or may not have a wound vac in place. It is important to keep this AS IS. At your first clinic appointment, we will change your dressing for you.
- Following your first clinic appointment, we will give your additional instructions. Typically, this involves changing the dressings over the skin graft daily in four steps:
 1. First apply a single layer of xeroform over the graft only. It may cause wear on healthy skin surrounding the site due to the increased moisture, but this moisture is important to aid in adherence and healing of the newly placed skin to the wound bed.
 2. Next, place gauze 4x4's over the xeroform to absorb any excess moisture and provide additional padding.
 3. Kerlix wrapping is the next layer and is an additional absorptive layer that will hold everything in place.
 4. Last is an ace bandage to provide mild compression and help control swelling in the extremity. As a general rule, for skin grafts on the foot or leg, the ace should extend from the toes to the knee. If on the arm, it should go from the base of the fingers to the elbow.
- This site is allowed to get wet 10 days after surgery, though we may occasionally defer from the standard treatment regimen as each patient is treated on an individual basis to optimize their own healing.

Donor Site Management:

- When you come out of surgery, the donor site will be covered with first a single layer of xeroform and then a sticky clear dressing called Tegaderm. THIS SHOULD BE LEFT IN PLACE. Over this may be gauze 4x4's, ABD's, or other dressing with an ace wrap for compression. These may be changed as needed.
- Oozing from the donor site is common. When this happens, "milk" the drainage to one corner of the tegaderm to allow it to escape from the donor site. It is important not to keep this collection inside as it can lead to bacterial collection and may prolong healing. The loose area of tegaderm can then be reinforced with an additional tegaderm or tape to prevent it from coming off.
- Typically, this must stay in place for 2 to 3 weeks to allow for complete healing. During this time, sponge bathing is required so as not to get the donor site wet.

Please call us at (703) 544-8971 with questions/concerns or if you develop pain, redness, discharge or fever.