



ASSOCIATED DERMATOLOGISTS

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WOUND CARE - FULL THICKNESS SKIN GRAFT WITHOUT TIE-ON DRESSING

MATERIALS:

1. hydrogen peroxide
2. Q-tips
3. ½ inch or 1 inch medical tape (paper, plastic, or silk tape)
4. gauze
5. non-adherent gauze pads (such as Telfa brand or equivalent)
6. petrolatum (Vaseline)
7. scissors

APPEARANCE:

NOTE: It is imperative to wash your hands with soap and water prior to any dressing change. Only clean, fresh gauze or q-tips should be used to cleanse the wound (you must not use washcloths or paper towel).

WOUND CARE:

The dressings you have been sent home with are called pressure dressings. They consist of several pieces of white gauze secured with tape. Both pressure dressings should remain in place for **48 HOURS. Do not wet either pressure dressing during this time**

After 48 hours, both pressure dressings should be removed. At the site of the skin graft, you will see the graft secured with stitches around its periphery. The “donor site” is the site from which skin has been taken to repair your surgical wound. It has been closed with two layers of stitches. Wound care to both sites will then commence, and will be performed **once daily**, as follows:

Graft: For the first 7 to 10 days after surgery (prior to suture removal), the graft should be cleansed daily with a Q-tip moistened with hydrogen peroxide. The Q-tip should be gently rolled from the center of the graft outward, removing any fluid or blood that may have collected under the graft. Cleanse the edges and surrounding skin with additional hydrogen peroxide and Q-tips. Dry with a clean Q-tip. Apply a thin layer of Vaseline ointment over the entire graft. Cover with non-adherent gauze pad (such as Telfa brand or equivalent) cut to the size of the graft. Cover the non-stick gauze with a layer or two of cotton gauze cut to size and tape it securely in place. This serves to maintain pressure on the graft

Donor Site: Cleanse the sutures at the donor site with hydrogen peroxide and wipe dry. Apply Vaseline to the sutures and cover with a non-adherent gauze pad (such as Telfa brand or equivalent). Tape the dressing in place.

You may shower after 48 hours, but do not let the forceful stream of the water hit the surgical sites directly. You should shower with the dressings in place, and then perform daily dressing changes afterwards. The dressings will protect the shower water from directly striking the wounds

BLEEDING:

During your surgery, bleeding areas were cauterized to prevent post-operative bleeding. The pressure dressing over your surgical site also helps to prevent any bleeding. **For 45 minutes after your surgery**, you should apply

****CONTINUED ON BACK SIDE****

additional firm pressure with your hand over the pressure dressing. This should be performed as 10 minutes of pressure, followed by a 5 minute break. Repeating this cycle three times will complete the 45 minutes.

It is normal to notice a small amount of blood on the edges of the dressing the first day. If bleeding is persistent, apply firm, steady pressure over the dressing for 20 minutes. Note that **if the dressing has become saturated**, you will first have to remove the saturated gauze and apply pressure with clean, dry gauze. If bleeding continues, repeat pressure for an additional 20 minutes. If bleeding persists at this point, call the doctor or go to the nearest Emergency Room while continuing to hold pressure on the wound. Finally, if marked swelling at the surgical site is noted, it may indicate blood accumulation (called a hematoma). **The doctor should be notified immediately.**

Do not take any medication containing ASPIRIN (Unless prescribed by a physician), or drink any ALCOHOL for 3 days after surgery, as these may increase the risk of bleeding. It is permissible to take IBUPROFEN (such as Advil or Motrin) or NAPROXEN (Aleve) with smaller surgical sites. Because these medications are weak blood thinners, your surgeon will tell you if they need to be avoided (with larger surgical sites). Continue to take all other prescribed medication.

PAIN:

Post-operative pain is usually minimal. Plain Tylenol or Extra Strength Tylenol, two tablets every 4 hours, usually relieves any pain you may have. Do not exceed 3,000 milligrams of Tylenol in a 24 hour period. Ibuprofen or Naproxen may be taken unless you are explicitly told otherwise. If needed, apply an ice pack (or bag of frozen vegetables) adjacent to the dressing during the first 24 hours after surgery, alternating 10 to 20 minutes on and 10 to 20 minutes off. This will relieve swelling, help minimize bruising, and lessen pain.

AFTER SUTURE REMOVAL

Sutures are typically removed between 7 and 10 days. At this point, the graft may range in color from pink to slightly bruised to completely purple. The color has no bearing on the eventual healing of the graft. It is **absolutely imperative** that the graft is kept moist and covered **for two additional weeks**. The graft should be gently cleaned daily with a Q-tip and warm tap water, removing any crust at the edges. Vaseline is then applied **to the entire graft** and the site covered with a non-adherent gauze pad.

Note that grafts are **very sensitive to sunlight** in the first 2 to 3 months after the surgery. They need to be protected with sunscreen (and even covered with a bandage if there is planned exposure to prolonged, intense sunlight) or risk becoming hyperpigmented (dark tan or even brown). This may be largely irreversible.

NOTES:

1. Never place a used applicator back into the hydrogen peroxide.
2. If the wound site is near the eye, saline eyewash (example--Dacriose) may be used on an applicator to clean the corner of the eye and eyelids.
3. Make sure you clean your scissors with alcohol before each dressing change.
4. **If pain at the site is increasing with time, or if the wound develops redness, warmth, swelling, or pus-like drainage, call the office. These are signs of infection.**

IF THERE ARE ANY QUESTIONS:

During regular business hours: Please contact our office at (248) 773-3640

On weekends or evenings: Please contact the doctors directly at:

Dr. Aaron Cetner at (773) 633-9574 (Cell)

Dr. Leonard Kerwin at (248) 892-6271 (Cell)