FULL THICKNESS SKIN GRAFT WOUND CARE

Grafts depend on the blood supply from the base and edges of the wound in order to “take.” To help the new skin placed over the wound “take,” a firm tie-on dressing (AKA Bolster) will be in place for the first week. Once removed, the graft will probably appear dark pink or bruised with crusting around the edges. The top layer of the graft may also peel off (like a blister roof). Each day the graft will continue to heal and lighten, becoming flesh colored, usually within a month.

MATERIALS:
1. Q-tips
2. ½ inch or 1 inch paper tape
3. non-stick dressing pads (i.e. Telfa)
4. petrolatum (i.e. Vaseline), Aquaphor or Polysporin (NO Neosporin or Triple Antibiotic Ointment)
5. scissors

APPEARANCE:
Graft: The skin graft is underneath the tie-on dressing (cotton ball tied with suture) which is under a Telfa and tape dressing. This tie-on dressing, which often becomes quite discolored, will be removed by the doctor or nurse one week following surgery. The skin around the graft may appear swollen and a little red the first week following surgery.

Donor Site: This is the area where skin has been taken to repair your surgical wound. It is stitched closed with sutures. A Telfa and tape dressing is on top of it.

WOUND CARE:
The top dressings (Telfa and tape) we apply after surgery should remain in place for 24 hours. If they become loose before then, re-tape them. After 24 hours, remove them.

Wound care should be performed two times a day.

Graft: Gently cleanse around the tie-on dressing with a Q-tip moistened with tap water), dry and then apply Vaseline around the edge and on top of the bolster. Cover with Telfa and tape in place. Avoid wetting or moving the dressing as it is keeping the graft below secured in place.

Donor Site: Cleanse the sutures at the donor site with tap water then dry. Apply Vaseline, Aquaphor or Polysporin to the sutures and cover with Telfa. Tape the dressing in place.

Do not wet the pressure dressings.
**Bathing/Showering** - you may shower and/or shampoo if you are careful to keep the stream of water from forcefully striking the graft and donor site. Change the dressings after each shower.

If you notice redness, heat, swelling, white drainage and pain from either site, please call our office immediately. These are signs of infection.

**BLEEDING:**
Careful attention has been given to your wounds to prevent bleeding. The dressings you have on are pressure dressings and will also help prevent bleeding.

You may notice a small amount of blood on the edges of the dressings the first day—this is normal. If bleeding is persistent and saturates the dressing, apply firm, steady pressure over the dressing with gauze for 20 minutes. If the bleeding continues, repeat pressure again for 20 minutes. If bleeding persists, call the doctor or go to the nearest Emergency Room while continuing to hold pressure on the wound.

**PAIN:**
Post-operative pain is usually minimal. Tylenol or Ibuprofen may be taken as directed.

**NOTES:**

DO NOT DRINK ANY ALCOHOL FOR 1 DAY AFTER SURGERY! Continue to take all other prescribed medication, restart supplements in 24 hours.

1. If the wound site is near the eye, saline eyewash may be used on an applicator to clean the corner of the eye and eyelids.

2. Make sure you clean your scissors with alcohol before each dressing change.

3. You may have a low-grade fever (99-100°F) for which Tylenol may be used.

4. You may have some clear drainage from the wound. This will stop after a few days. If not, please call the office.

5. **Please, no smoking, vaping or nicotine products during your Moh’s procedure or the healing process.** This causes blood vessels to constrict, impairing the healing process.

**IF THERE ARE ANY QUESTIONS, PLEASE CALL EITHER OFFICE OR IF IT IS AFTER HOURS PLEASE CALL Dr. Christopher Weyer’s cell (520) 977-4747 or Dr. Jamie Moenster’s cell at (520) 427-4202.