**SKIN GRAFT**

**What is it?** A skin graft is a piece of skin that is harvested and prepared from one part of the body and moved to another part to replace skin that was lost from trauma, a burn, or surgical removal.

**What patients are candidates for a skin graft?** A patient with a large wound on one of the limbs or the face resulting from trauma (a degloving injury), tumor removal, or full thickness burns is a candidate for a skin graft. Ideally the patient should be healthy other than the injury. It can be very difficult to achieve a successful graft in patients with poor healing (i.e. diabetics) or in an immunocompromised patient.

**Where do you get the skin graft?** The graft is usually taken from the trunk, either the side, back or belly depending on size of graft, skin thickness, and hair coat needed at the recipient site. We use areas where there is “extra” skin so that once the graft has been harvested, the donor site can be closed without difficulty.

**What aftercare is needed?** The graft must be protected and immobilized for at least a couple of days right after placement, so the site is bandaged for this period of time, and the patient is typically kept hospitalized. After the first couple of days, careful bandage changes are done to ensure the graft is healing properly. Restricted activity for 2 weeks is recommended. The patient cannot be allowed to lick or chew at the site and must wear an Elizabethan collar at all times. A portion of the graft may not survive and may need to be removed at some point. Occasionally more than one surgery may be needed before complete healing is accomplished.

**What is the prognosis?** The prognosis for a successful graft is very good if proper surgical technique, asepsis, and appropriate aftercare are done.