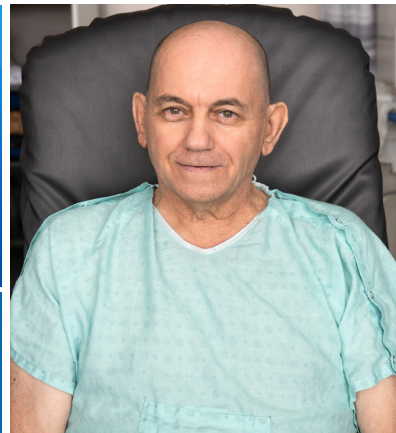


Skin autografting



This operation is done to treat deep skin burns. Learn more about this type of graft and what to do afterwards to improve the chances of success.

What is skin autografting?

A piece of healthy skin is taken from your body (often from a thigh) and applied to where your skin is burned.

This piece of skin is called a **graft**. It will take 10 to 14 days to set properly.

The place on your body where the skin comes from is called the **donor site**.

Why would I need this operation?

You have a deep second- or third-degree burn. The skin cannot regenerate on its own.

Autografting is the only way to properly treat this burn.

How is autografting done?

There are two methods. The care team will recommend one or the other, depending on the location and size of the burns.

- 1 **Sheet graft:** the graft is approximately the same size as the burned area.
- 2 **Meshed graft:** the graft is pierced with small holes, like a fishnet, then stretched to cover an area up to 4 times larger. After healing, the skin appears solid, but with a different texture (a little bumpy).

What are the risks?

The risks are very minimal. They are the same as those associated with any operation, such as the risks of bleeding and infection.

Are there any contraindications?

In some cases, an autograft has to be delayed for awhile. This can happen, for example, if a wound has become infected. Burns put patients at risk of infection, as the surface skin is no longer there to block microbes. In the meantime, a homograft is sometimes recommended. See the health fact sheet [Skin homografting](#).

How long will I stay in hospital?

The length of stay in hospital varies widely from one person to the next. Ask your care team.

How should I prepare?

You must:

- be fasting, that is, have not eaten since the evening before
- have stopped taking certain medications



Your care team will tell you what you need to do.

How long does the operation take?

It varies depending on the size of the burn and of the skin taken from the donor site. Usually you will be put to sleep (under general anesthesia) during the operation.

Just before the graft, some areas of your skin may be shaved.

The wounds may also be cleaned, a procedure known as debridement. This involves removing small pieces of burnt skin. This helps the grafted skin to set properly.

Are there any precautions to be taken **AFTER** the operation, where the skin has been burned?

Yes, and they're very important for the success of the graft.

DRESSINGS

- Keep your dressings clean and dry.
- Follow the instructions about showering.
- Never remove a dressing, even if liquid is leaking out. If this happens, the care team will apply a bandage over it.

WALKING AND MOVEMENT

You should be able to move your limbs and walk immediately after the operation. This is made possible by negative pressure dressings (VAC system). These dressings are attached to a portable device.



The negative pressure dressing is linked to a portable device.

You may be asked to **avoid certain movements** for the first few days. For a good recovery, it's important to follow the advice of your care team. If necessary, a support (orthosis) may be fitted to prevent a limb from moving until the first dressing change.

MONITORING

Throughout your stay, your care team will check for signs of wound infection. Signs of infection include a temperature of 38.5°C (101.3°F) or higher, fluid leaking from the dressing, or a bad wound odour.



How long will I have my dressings?

The first dressings on the burn stay on for about 3 days. When they're removed, the staples are taken out. At this point, the surgeon inspects the graft.

New dressings are then applied. These also remain in place for about 3 to 7 days.

Are there precautions to take for the donor site?

Yes. For the area where the skin was taken (donor site), follow these guidelines:

- You can move the donor site limb after surgery, unless otherwise advised.
- Leave the dressing in place and keep it clean. Your care team will remove it. The dressing will peel off easily when the wound has healed (in 2 to 3 weeks).
- The skin will be reddish. Over time, its colour will return to more normal. There won't be a scar, but the skin will retain a slightly different colour.

Are there any medications to take?

If needed, pain can be relieved by taking analgesic medication. Pain levels are assessed by the care team.

When will I be able to resume my activities?

Your surgeon will tell you when you can resume your activities and will discuss with you when you can return to work or school.

A physiotherapist will show you a personalized exercise program.

You may need a walking aid (walker, cane) for some time.

Once the wounds have healed, an occupational therapist will assess whether you need to wear clothing that puts pressure on the scars (compression garments). In some cases, such garments can prevent skin problems and improve the appearance of scars.

Can I use moisturizer?

Once the skin has healed and the bandages have been removed, it's advisable to apply moisturizing cream 3 to 5 times a day over the following months. The area of skin affected by burns needs extra moisturizing.

Can I go out in the sun?

For at least 1 to 2 years after the transplant, avoid leaving scars uncovered in the sun. They may change colour. If you do go out in the sun, use a high sun protection cream (SPF 60).



Who can I contact if I have questions?

Ask a member of your care team.

Burn unit, 24 hours/day, 7 days/week:

☎ 514 890-8121



USEFUL RESOURCES

Other CHUM health fact sheets are available. Ask your care team which fact sheets can help you.



You can also read them online.

chumontreal.qc.ca/fiches-sante



NOTEPAD



Questions

Write down any questions you want to ask your care team so you don't forget anything.



Observations - Comments

Write down observations you feel are important: your symptoms, treatments, follow-up, energy level, spirit, etc.



The content of this document in no way replaces the advice of your healthcare professional.

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