Care of the healed graft and donor site

After the area is healed you will be asked to massage and moisturise the graft and the donor site with a non-perfumed sorbolene cream 3-4 times a day. This is because the sweat glands have been damaged during the injury and you will need to replace moisture to the area regularly, otherwise the wound may breakdown and further scarring can occur.

It is vital that you protect both areas from the sun for at least 12 months after surgery. If you are going out into the sun please use 30+ SPF sunscreen, sun protective clothing and a hat.

If you required a skin graft due to a burn then you will be seen by the Occupational Therapist and they will discuss options for scar management such as the use of pressure garments and topical silicone products. They will also explain and further encourage you to continue with massage and moisturiser. It is important that you follow the instructions given to you by the Occupational Therapist about how to use and care for these products.

Going Home

You may require dressings after discharge to the graft and/or donor site. This may occur in the Burns or Plastics Clinic or by your GP or Community Health Nurse. The options will be discussed with you.

You will then be followed up as an outpatient in the Burns or Plastics clinic.

Contact Details

Burns Outpatient Clinic
12th Floor, Wellington Clinics, Argyle Street

Business Hours:
Monday, Tuesday, Thursday and Friday
Telephone: 6166 0098
Fax: 6234 9636

Wednesdays, Weekends, Public Holidays and after hours contact:
Tasmanian Burns Unit
Surgical Specialities
5th Floor, A Block
Telephone: 6166 8566
(this service is also available 24hrs/day for advice)
Fax: 6234 9636

The Royal Hobart Hospital (RHH) is Tasmania’s largest hospital and provides a number of state-wide services that include cardiothoracic surgery, neurosurgery, burns, hyperbaric and diving medicine, neonatal and paediatric intensive care and high-risk obstetrics.

It is the major teaching and research hospital for the state and works closely with the University of Tasmania.

Many health care professions are taught within the RHH, and gaining skills in examining and interviewing patients is an important part of their education and training.

We ask for your cooperation and encourage you to participate in our teaching and research activities. Your permission is required for participation.

The RHH encourages feedback from patients, relatives and visitors. This feedback enables staff to gain a better understanding of the needs of patients and assists us in continuing to provide the best in patient care. Contact the Manager, Consumer Liaison Service, telephone 6166 8154.

RHH is a smoke-free site.
Date: Oct 2015    Review Date: Oct 2019
Surgery - Burns - Skin Grafts and Donor Sites
What is a skin graft?
A skin graft is a common surgical procedure where a section of skin of variable thickness is removed from an uninjured area (called the donor site) such as your upper thigh and placed on the site of the injury.

The skin may be removed from other areas of the body. This will be discussed with you prior to the surgery.

The graft will be secured by either sutures or staples and will be covered with a dressing for 3-6 days.

Why might you need a skin graft?
A skin graft may be required if the wound is too large to be directly closed, it may hasten healing, prevent infection, improve physical functioning, and be used for cosmetic reasons.

Types of Skin Grafts
Meshed or sheet grafts are used to cover the site of the injury. Meshed grafts are made by passing the donor skin through a machine that cuts small holes in the skin in a meshed pattern. This type of graft is used to expand the surface area of the skin and allows any fluid build up to pass through the graft, increasing the probability of graft ‘take’. A sheet graft is often used on the face and hands.

The surgeon will discuss the type of graft that is suitable for your individual case prior to surgery.

Care of the Donor site
A donor site is the area where the surgeon has taken a layer of skin to create a graft. Only a fine layer of skin has been taken, so healing should take 7 – 21 days. However this may vary depending on the size, area and depth and also your age and medical history.

The nurse will inform you when the dressing will be removed and how to care for the site.

Care of the skin graft
The dressing will stay in place for 3-6 days after surgery. It is important that you follow the instructions given to you by the nursing and medical staff during this period.

If the graft is on a limb you may be required to elevate the arm or leg and rest in bed. This will help reduce swelling and pain and will help the graft ‘take’ to the new site. This may be required after the initial dressing is removed depending on the appearance of the graft.

It is important that you eat a well-balanced diet and drink plenty of fluids, avoiding caffeinated drinks during this period of time.

It is important that you stop smoking.

A splint may be needed to immobilise (stop) movement of the grafted area if it is over a joint. Splints need to be kept in place 24hrs a day until you are advised that they can be removed. They may need to be worn after the dressing is removed. You will be advised about this and an exercise regime by the physiotherapist on day 4-6 after surgery.

Prior to a dressing being removed you will be given some analgesia (pain relief). Your dressing may need to be replaced.