



B. Biomed. Sc. (1st Class Hons), M.B.,B.S., F.R.A.C.S.

General and Colorectal Surgery

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### **Post-operative instructions for excision of skin lesion(s) and skin grafting**

After your lesion(s) is(are) excised and grafted, you will be reviewed by me or one of my team members and discharged. This will usually be on the same day as the operation. You will also be referred to the community nursing team for ongoing wound care. Below are some post-operative notes, please familiarise yourself with them.

#### **Diet:**

No special restrictions. Everything in moderation.

#### **Pain relief:**

Regular Panadol and Nurofen are usually sufficient and should be taken regularly **and** together, at least for the first 1 or 2 days. You will be provided with a script for a stronger analgesic (such as Tramadol or Endone) to supplement the Panadol and Nurofen **if** you need it.

#### **Wound care:**

The site where the skin graft has been placed will be covered with a white sponge that is stapled on. It is imperative that you avoid getting the area wet for one week until the community nursing team has removed the stapled dressing (they will usually come to you but they will get in contact). They will then re-dress the site as appropriate. The donor site will vary depending on the type of graft used.

A split skin graft will usually have been obtained from one of your thighs and will be covered with "caltostat" and a simple see through dressing. This is usually the more troublesome wound as it can ooze blood (usually during your first post operative night) and may require early dressing changes by the community nursing team. Although the bleeding may look impressive, it seldom is. This wound is often the wound that is the most sore so please use pain relief.

Full thickness grafts usually come from your neck/upper chest and will be closed with dissolving sutures and covered in a waterproof dressing. You may remove the dressing in 5 to 7 days and leave the wound uncovered afterwards.

#### **Activities:**

Please move about as much as you can within the limits of your comfort. There is no longer any evidence that lying in bed immobile for a week is useful (it may actually be harmful). If a skin graft has been placed on your lower leg, I would recommend keeping it elevated if you are sitting or lying down (to decrease swelling). Otherwise move about!

#### **Expected healing process:**

After the sponge dressing is removed, it is usually obvious if a split skin graft is alive or not. If it has failed, the nurses will redress the wound and continue to see you regularly until the wound has healed on its own (this usually takes a number of weeks depending on the size of the wound). Full thickness grafts

can be a bit trickier to assess and often after a week the graft may look like a scab or slime. This usually means that the very surface of that graft will fall off but the deeper sections are ok. Don't despair! Most of these look very good after a few weeks.

**Return to work:**

You can return to work as soon as you feel able.

**Things you should tell your GP or me about:**

- Severe pain that is not responding to the pain relief prescribed needs attention and should not be ignored.
- Increasing redness or discharge from the wounds may indicate a wound infection and may require antibiotics.
- Fevers or feeling sick after this procedure is unusual and you should contact your GP or me for attention immediately.

**Follow up:**

Your usual follow up with me will be around 3 to 4 weeks after the procedure and you will be provided with an appointment card at discharge or will be asked to make an appointment yourself (if you go home on the weekend, for example). It is important for you to keep your appointment as we can discuss your recovery, the histology results, and I can assess your healing and give you the all clear.

All the best,

A handwritten signature in black ink, appearing to read 'Mark Romero', with a small horizontal line underneath the end of the signature.

Dr Mark Romero