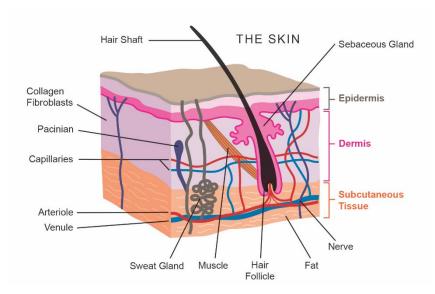


Burn surgery

Donor site care

A donor site is the area where uninjured skin has been removed during surgery to provide skin cover for a burn wound. Donor sites can be in various places on the body depending on where the burn wound is. Most of the time skin is taken from the buttocks or



thighs. It can also be taken from the sole of the foot. Most donor sites heal with minimal scarring but tend to be sore and can become itchy while healing. Please read the information on burn pain and burn itch management for further advice.

Types of donor sites

ReCell

ReCell is when the patient's own skin cells are sprayed onto the burn wound during an operation (see ReCell information). The donor site is a small wound area about the size of a postage stamp. The ReCell donor site is usually taken from the thigh or buttocks depending on what type of skin is required. Unless complications arise, the donor site should heal within a week.

Split skin graft

A split skin graft (SSG) is when a sheet of skin is taken to cover a burn wound during an operation (sometimes this is "meshed" to cover a larger area). The donor site can be large depending on how much skin is needed. It involves the epidermis (outer layer of the skin) and part of the dermis (the middle layer of the skin). The SSG is usually taken from the thigh or buttocks. Unless complications arise, the donor site should heal within two weeks.

Full thickness skin graft

A full thickness skin graft (FTSG) is when a wedge of epidermis and dermis is removed during surgery and is often used in scar release surgery. The wound is then stitched closed. The donor site is usually taken from the groin. The stitches are dressed with a retention tape (e.g. Fixomull) and reinforced for up to six weeks. If the stitches are dissolvable they may need to be trimmed on the surface. Movement may be restricted for the first couple of days to help healing.



What dressings are applied?

Often, the dressing of choice is a calcium alginate (see information on Algisite M[™]). It is secured with a retention tape such as Fixomull® or Mefix® (see health fact handout on retention tapes). Your surgeon may use another dressing type.

How do I care for the dressing?

- 1. The dressings are applied in the operating theatre. The original dressing should not be removed unless contaminated and should only be removed by PCH Burns Service staff. Do not remove dressings without discussion with nurses. You may need to reinforce the original dressings. Your nurse will discuss with you.
- 2. Keep dressing clean, dry and on. Any dressings contaminated with blood, faeces (poo) or urine (wee) must be changed to prevent infection and pain. Call Ward 1B staff on 6456 3630 to arrange.

When should donor site dressings be changed?

We aim to leave the donor site dressing intact for up to five to seven days after surgery. The dressing will need urgent medical review if any of the symptoms below occur:

- bleeding
- wetness, oozing or contaminated with body fluids
- offensive smell
- increasing pain
- fever or rash.

The frequency of dressing changes will be determined by your child's doctor or nurse. When the dressing needs to be changed, the wound can be very sensitive and painful due to the open nerve endings. Please read the information on burn pain and burn itch management for further advice.

Follow up

After surgery, a follow up appointment and dressing change will be arranged (as determined by the surgeon's post-operative advice).

What do I need to look for?

Infection in burns patients can be very serious and must be treated urgently. Observe your child and the wound/dressing site frequently. Phone PCH Ward 1B immediately on 6456 3630 if any of the following occur:

- a temperature below 35.5°C or above 38°C
- a rash or increased pain, redness or swelling at the wound site
- changes in behaviour such as poor appetite, sleep disturbances, lethargy (quiet or lack of energy or flat mood)
- excessive ooze/wound fluid (though a small amount is expected)
- offensive odour.





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