



ASSOCIATED DERMATOLOGISTS

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WOUND CARE SPLIT THICKNESS SKIN GRAFT WITH BOLSTER

Grafts depend on the blood supply from the base and edges of wound in order to heal or “take.” To aid this process, a firm dressing, called a “bolster,” has been temporarily stitched in place over the graft.

MATERIALS:

1. Hydrogen peroxide
2. Q-tips
3. ½ inch or 1 inch medical tape (paper, plastic, or silk tape)
4. Non-adherent gauze pads (Telfa brand or equivalent)
5. Woven cotton gauze
6. Petrolatum (Vaseline)
7. Scissors

NOTE: It is imperative to wash your hands with soap and water prior to any dressing change. Only clean gauze or Q-tips should be used to cleanse the wound (do not use washcloths or paper towel).

WOUND CARE:

The dressings placed in the office are called pressure dressings. They consist of several pieces of white gauze secured with tape. These dressings should remain in place for **48 HOURS**. They should remain dry during this time.

After 48 hours, remove both pressure dressings and begin wound care. At the site of the skin graft, you will see a folded piece of Vaseline gauze which has been stitched in place, called the “bolster.” The bolster helps to keep pressure on the graft. The “donor site” is the site from which skin has been taken to repair your surgical wound. It will heal gradually on its own. Wound care to both sites will be performed daily as follows.

Graft: It is normal for the bolster to become discolored by a small amount of bleeding. The bolster does not have to be cleansed, though Vaseline should be applied daily around the edge of the bolster. If there is dried blood or crusting on the skin surrounding the bolster, the skin should be cleansed with a Q-tip moistened with hydrogen peroxide. The bolster should be covered with a non-adherent gauze pad (such as Telfa brand or equivalent) and medical tape. **Keep the bolster as dry as possible, as this favors a healthy graft.**

Donor Site: Cleanse the site once daily with hydrogen peroxide. Let the solution bubble away loose crusts and any drainage. You may gently loosen these crusts with a Q-tip and pat dry. For stubborn crusting, place gauze soaked with hydrogen peroxide over the wound for 10 minutes to soak and loosen the debris. After cleansing, apply a thin layer of Vaseline to the wound, cover with a non-adherent gauze pad (such as Telfa brand or equivalent) and secure it with medical tape. It is preferable to **keep the wound moist and covered at all times.**

You may shower after 48 hours, but it is advisable to keep the bolster as dry as possible. Do not let the stream of water hit the area of the bolster directly. Using a hand-held shower head, or covering the bolster with additional dry gauze or plastic wrap prior to showering is helpful.

BLEEDING:

During your surgery, bleeding areas were cauterized to prevent post-operative bleeding. The pressure dressing over your surgical site also helps to prevent any bleeding. It is normal to notice a small amount of blood on the edges of the dressing the first day. If you notice persistent bleeding, apply firm, steady pressure over the dressing for 20 minutes. Note that **if the dressing has become saturated**, you will first have to remove the saturated gauze and

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apply pressure with clean, dry gauze. If bleeding continues, repeat pressure for an additional 20 minutes. If bleeding persists at this point, please contact your doctor while continuing to hold pressure on the wound. Finally, if **marked, firm swelling** at the surgical site is noted, it may indicate blood accumulation (called a hematoma). **The doctor should be notified immediately.**

Do not take any medication containing ASPIRIN (Unless prescribed by a physician), or drink any ALCOHOL for 3 days after surgery, as these may increase the risk of bleeding. It is permissible to take IBUPROFEN (such as Advil or Motrin) or NAPROXEN (Aleve) with smaller surgical sites. Because these medications are weak blood thinners, your surgeon will tell you if they need to be avoided (with larger surgical sites). Continue to take all other prescribed medication.

PAIN:

Post-operative pain is usually minimal. Plain Tylenol or Extra Strength Tylenol may be used, not to exceed 3,000 milligrams of Tylenol in a 24 hour period. Ibuprofen may be used in most cases, unless otherwise directed by your physician. If needed, apply an ice pack adjacent to the dressing during the first 24 hours after surgery, alternating 10 to 20 minutes on and 10 to 20 minutes off. This will relieve swelling, help minimize bruising, and lessen pain.

If pain is persistent, or worsens after initially getting better, please contact your surgeon.

ACTIVITY PRECAUTIONS:

Avoid moderate/heavy cardiovascular exercise and moderate/heavy lifting for at least 7 days. For grafts on the lower leg, keep the leg elevated as much as possible for the day of surgery, and avoid exercise or significant use for at least 2 weeks. Avoid swimming, use of hot tubs, or soaking in a bath until stitches are removed.

AFTER SUTURE REMOVAL:

The bolster is removed at 7 to 10 days. At this point, the graft may range in color from pink to slightly bruised. The color has no bearing on the eventual healing of the graft. It is **absolutely imperative** that the graft is kept moist and covered for two additional weeks. The graft should be gently cleaned daily with a Q-tip and water (**not hydrogen peroxide**) removing any crust at the edges. Vaseline is then applied **to the entire graft (not just the edges)** and the site covered with a non-stick gauze.

Note that grafts are **very sensitive to sunlight** in the first 2 to 3 months after the surgery, and can become tan or even brown with exposure. They graft should be protected with sunscreen, or even covered with a bandage if there is planned exposure to prolonged, intense sunlight.

WHEN TO CALL THE DOCTOR:

If pain at the site is increasing with time, or if the wound develops redness, warmth, swelling, or pus-like drainage. These are signs of infection.

IF THERE ARE ANY QUESTIONS:

During regular business hours: Please contact our office at (248) 975-SKIN (7546)

On weekends or evenings: Please contact you surgeon directly:

Dr. Aaron Cetner: (773) 633-9574 (Cell)

Dr. Leonard Kerwin: (248) 892-6271 (Cell)