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Patient Information

Skin Flaps & Grafts

Department of Dermatology

Skin Flaps and Grafts

You have been booked to undergo a surgical procedure, which may involve the use of a skin flap or graft. Most skin operations create small wounds, which are closed by simply stitching the skin edges back together. Sometimes this is not possible, when the wound is large, or when it is in an area with little extra skin. In these circumstances a skin flap or graft is used to close the wound, which is usually carried out under local anaesthetic. A separate information leaflet on local anaesthetic is available.

What is a skin graft?

A skin graft is a piece of skin that is taken from one part of the body (donor site) and used to fill in a wound elsewhere (recipient site). Skin is taken from areas where there is spare skin. This may be in front of, or behind the ear, or the shoulder. These areas are used because they are easy to stitch together again after the skin has been taken. Skin grafts are stitched into the wound and the stitches removed usually seven days later.

What are the risks or complications of a skin graft?

A skin graft results in two wounds instead of one.

Although every effort is made to match the skin, grafts may stand out from the surrounding skin.

The skin graft relies on the wound for its blood supply and very occasionally this can fail and the graft may need to be redone.

Avoiding smoking after a skin graft can help reduce the risk of skin graft failure.

The risk of failure is greatly increased if you smoke after the operation. You should avoid smoking for 7 days.

As with any surgical procedure skin grafts and flaps can result in bleeding and / or infection.

What is a skin flap?

Performing a skin flap essentially means using skin around the surgical wound to close it. A number of cuts around the skin to be removed are needed to move the skin into its new position and close the wound. Skin flaps are usually a good match

to the skin of the wound giving good cosmetic results. They can be used where there would not be a good enough blood supply for a skin graft.

Where are skin flaps normally used?

Skin flaps are most often used on the face.

What are the risks or complications of a skin flap?

The main disadvantage of a skin flap is that extra incisions are required which are sometimes quite large. Every effort is made to camouflage these incisions by placing them in the natural skin lines.

Flaps may become infected or bleed like any other skin procedure. Occasionally the skin flap may breakdown. This results in prolonged healing time and can result in increased scarring.

Avoiding smoking after a skin flap can help reduce the risk of skin graft failure.

What if I decide I don't want a skin flap?

Skin grafts and flaps are only used if the skin edge of the wound cannot be simply stitched together. Wounds can be left to heal by themselves or partially stitched but this may result in a more noticeable scar.

How soon will I be seen again after a flap?

We normally like to see all patients who have had a skin flap 5-7 days after the operation. The stitches are usually removed and the doctor can check that there are no problems.

If you have any questions about skin grafts or flaps that are not answered by this information sheet, please ask the doctor who is going to perform your operation.

**"This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg".**