

Donor Sites and Harvest

DONOR LOCATION Guidance
 Blockable sites, eg LFCN
 Anterior > Posterior
 Proximal > Distal
 Lower > Upper Extremity
 Scalp > Scrotum

TECHNICAL FACTORS
 Facile operator (end of intern rotation, ie doing well)
 Clysis
 Even, not excessive, pressure
 Good stabilization of site
 Good hemostasis

IDENTIFY DONORS at Increased Risk of Breakdown:

- Large donor area required
- Very thin habitus
- Malnourished at baseline
- Advanced age (thinner skinned)
- Colonization with pseudomonas

Calculate donor based upon size of burn wound. Remember meshing ratios yield less than advertised::
 1to1 – gives ~ 1
 2to1 gives ~ 1.7
 3to1 gives ~ 2.7
 4to1 gives ~ 2.9

Careful Clysis i.e. mark donor site, and get even risk at SubQ level. Good clysis causes even rise in skin, excessive clysis causes peau d'orange and can result in uneven graft.

Good stabilization i.e. 1 assistant should stabilize soft tissue such that donor site doesn't move

Lubricate site and dermatome after cleaning skin of debris, hair, betadine

Choose depth
 10-12/1000 for STSG, especially if at **Risk for Donor breakdown**

Dermatome setting
 'Safety Pause' and show another team member the setting prior to cutting. Rehearse motions. Even pressure throughout movement

"Just right" dermatome pressure
 Too much = deeper cut, even laceration
 Not enough = irregular edges and uneven dermis

Donor Harvest
 Technically rehearse motions, maintain even pressure. Too much pressure = deeper than intended cut, even laceration. Not enough pressure = irregular graft edges and uneven dermis

Good Hemostasis
 Quikclot for about 10 minutes, change to Epi telfas about 10 min. If still oozing apply Thrombin or Artiss glue to site. Bloodstop under xeroform is option for bleedy sites.

Donor coverage
 Xeroform 1st choice. Cover with soft sorb and ACE Order outer dressing off POD1 with heat lamp drying period. Replace soft sorb at night.

POSTOP DAILY
 Drying periods POD1 c lamps. Notify provider if bloody.

Day 10-14
 If site clean, dry apply Silvadene. Begin trimming next day.

Site becomes infected
 Culture, ¼ dakins topically, start Broad Spect Abx if recalcitrant or severe, Notify provider, qd-bid dsg changes

After xeroform off
 Bactroban open areas, Aquaphor healed areas