

Graft Care STSG

Initial Dressings:

1/4 Dakins softsorb wring-outs;
occasional silver dressing or VAC

-Will likely have compression with post-operative dressings. Assess the need to loosen outer dressings/ manipulate outer dressings to allow for ROM if indicated.

POD #1 – Remove outer dressings (ace, kerlix, softsorb etc)

-Apply 1/4 dakins wring-outs if excess drainage/ odor, continue compression

-Topical Bactroban around borders or open sites/ dry dressings that are changed daily.

-OT/ PT can start gentle ROM unless otherwise specified.

POD #3-5 – Silver dressings/ VAC removed from grafted sites at this time. Staples can start being removed. Take care when removing, use pour technique.

-Monitor for graft threat/ signs of infection and notify attending.

-If infection is present/ graft threat → wound culture, broad spectrum antibiotics, increase potency of topical solution, leave staples, and perform daily care

POD #10-14 – Ok to shower at this time. Wash grafted sites with mild soap (Dial) and water. Do not soak.

-Continue topicals as needed. Daily moisturizer to areas of healed/ intact graft. Ointments, soaks, etc to areas of open/ graft threat

-May start to discuss scar management of grafted site. See Scar Management Guideline.

Red Flags (Call Attending)

-Graft Threat- Assess if infection present/ trauma or shearing leading to area of graft loss. Or delay- STSG should have imbibition by POD3.

-Sub-graft Hematoma- may need to window out area, or evacuate. If large enough may require OR. Graft is usually salvageable.