

## **Skin Lesion excision, Skin Grafting and Wound Care**

### **Skin Lesion Excision**

Depending on the type of lesion, your surgeon will likely need to remove a small amount of normal skin surrounding it as well. In the case of skin cancer, the amount of normal skin removed depends on the type of skin cancer you have.

### **Repairing the Wound**

The resultant defect in the skin will need to be repaired. There are several options that your surgeon will discuss with you including

- Healing by secondary intention; the wound is left 'as is', and over a period of 6-12 weeks, new skin cells will migrate into the wound and cover it. The resultant scar may be sunken, pale and hairless.
- Healing by primary repair; the wound is closed with stitches. These may need removal at your post operative visit. The resultant scar is usually linear and pale.



Image; pre-operative planning of a regional flap repair of a defect in the ear after removal of skin cancer

- Regional Flap repair; Please note that for larger defects, a 'regional flap' may be used; borrowing skin from nearby the wound in order to cover it. Based on the design of the flap, the wound may have multiple incision lines; again these usually heal well and fade to a flat, thin scar over a year.
- Skin grafting; some general information on skin grafting follows –

**Donor site** (the area where the skin was borrowed from)

A *Split Thickness Skin Graft* looks like a graze. It will be red and raw and it is common for this area to be more painful than the graft site. It does not have any stitches (sutures) in it. The area will need to be covered with a dressing until it has healed which usually takes 10-14 days. Once healed the area may appear lighter than the surrounding skin.

*A Full Thickness Skin Graft* is an area of skin which is cut out and the wound is then stitched up. The stitches (sutures) may be dissolvable which means they do not need to be removed but will usually disappear by themselves. The area will heal with a flat, thin scar, although sometimes the scar can become a little wider or a bit lumpy.

**Graft site** (the area where the original blemish was removed)

The area may look pink, red or bruised but will gradually improve over the next few months. It may have an obvious indentation (dip) this will improve but may not disappear completely. Initially, the area may feel quite numb, as the nerves will have been damaged during the operation. The nerves begin to grow into the area after about 4 or 5 weeks but the sensation may take one to two years to return.

### **Wound healing problems and complications**

#### **Graft Failure**

The main problem you may experience is with the skin graft not 'taking'. The most common reason for this is bleeding. Bleeding can cause the graft to lift and separate from the tissue underneath it. If the graft fails it becomes very hard, blackened, dry and leathery in appearance. If you experience bleeding apply firm pressure over the area for 10 minutes. Applying Vaseline may help to settle any oozing around the wound.

#### **Infection**

Infection may occur despite antibiotic ointment and/or tablets. It needs immediate attention as it slows down healing and may compromise the resultant cosmesis of the scar.

#### **Please contact us if you notice;**

- **increase in pain or redness**
- **wound swelling**
- **weeping of pus or unpleasant smell**
- **fever**

#### **Looking after the wound**

If there is a dressing sewn on, please simply keep the edges of it moist with antibiotic ointment OR Vaseline until your first review with the surgeon. It will be removed at this time and further wound care instructions given.

Once the dressing is removed, you may follow the 'wound care' regime below.

**Day 1-7;** antibiotic ointment OR Vaseline multiple times daily; the cut should be protected from drying out at ALL TIMES

**Day 7 – 21;** Vaseline 3-4x daily along with massage to the scar  
**3 weeks to 3 months;** silicone gel or silicone sheet applied to the scar for minimum 12 hours daily. Initially it can make the scar a little more red, however silicon is proven to soften and fade the scar with regular use up to 3 months after the operation.

If there is any abnormal scarring (usually evident from the 4th week, talk to us about the use of injectable medications such as steroids that may improve scar appearance.

Scars are VERY sensitive to sunburn. Please ensure the wound is not exposed to the sun in the first month at all; following this it is safe to use sunscreen (minimum 30+) and/or a hat to prevent sunburn for the first year following the operation. If the scar is exposed to sun, it may turn a dark colour – this process is irreversible.

### **Looking after stitches**

Most stitches will be removed at your post operative visit. If the wound has dissolvable stitches these usually disappear in 7 – 10 days. You may see fine threads poking out from the wound, DO NOT PULL on them.

### **Activity Restrictions**

- During this time you should avoid any strenuous activity, including exercise or heavy lifting. We do not encourage prolonged bed rest; rather you will feel better if you start walking around your home as soon as possible.
- Showering; don't let water touch the wound for 3 days after surgery; on Day 4 any tapes can come off and you can allow soap and water to run over the cut. It should then be gently dried with a clean towel before ointment/Vaseline is immediately reapplied.

### **Who should I call if I have questions?**

Depending on where you initially saw Dr Meller, you may call;

1. The rooms at SCENT, Frenchs Forest  
49 Frenchs Forest Rd East  
02 9451 9883
2. The rooms at 52 Denistone Rd, Denistone  
(02) 9874 0347

OR; Prince of Wales Hospital on (02) 9382 2222 ; please ask for the ENT registrar on call.

If you are concerned that you are experiencing an emergent problem, such as serious bleeding or difficulty breathing or swallowing, please call 000 or attend your nearest emergency department immediately.