Nursing Implications for Dressing Changes

The donor site. During the procedure, the physician will apply Xeroform™ on the donor site, or dressing of choice, which remains in place until it separates on its own. The Xeroform can be trimmed as it peels away from the donor site. The clinician should make sure a protective dressing, such as an ABD pad or Mepilex®, is applied until the site is healed.

The clinician will need to instruct the patient that they may have more pain at the donor site than at the graft site. Pain relief measures should be offered, as well as information on donor site care.

The nurse should provide the SteadMed brochure “Follow-Up Care of Your Grafted Wound” to the patient.

Graft site. The clinician or physician will perform the FIRST DRESSING change approximately 5-7 days after the procedure, which involves the following:

- Remove the dressing slowly only down to the non-adherent layer for the first dressing change. Keep in mind that moistening the dressing with Vashe® Wound Solution may be necessary to help in the removal of the dressing. Removing the dressing too aggressively can traumatize the vascularity of the new graft. Always avoid any substance that is cytotoxic because it should not come into contact with the graft, if possible.
- Note the amount, color, and odor of drainage.
- Gently cleanse the site with Vashe.
- Make sure the non-adherent DOES NOT get removed during the first dressing change. It MUST stay on for two weeks to ensure the grafted fragments adhere to the wound. Once the wound is assessed through the non-adherent dressing layers, cover it with an occlusive dressing and soft cast or compression wrap (continue same dressing change as when the graft was applied). If the physician has recommended a splint, reapply per the physician’s order for the prescribed length of time.

With each dressing change, assess the site for any signs of peri-wound maceration. If excessive maceration occurs, consider Drawtex® to surrounding skin, or a plain hydrocellular dressing. Remind the patient to follow instructions in the “Follow-up Care of Your Grafted Wound” brochure:

- Protect the area from pressure and/or shear injury.
- Assess for signs and symptoms of wound infection and report these to the physician as soon as possible.
- Assess the graft site for signs of graft failure and report these to the physician as needed.
- This dressing remains in place for 5 to 7 days.

The clinician or physician will perform the SECOND DRESSING change 5 to 7 days later or 2 weeks post-procedure, which involves the following:

- Gently and slowly remove the dressing. If the dressing sticks, add Vashe to moisturize the dressing as well as cleanse the site. Remove all layers of the dressing including the primary non-
adherent dressing. If a large amount of drainage is noted, apply Drawtex over a non-adherent dressing such as Mepitel® or consider increasing dressing changes to every 3 to 5 days.

- Assess the area for signs and symptoms of infection and report these to the physician.
- Assess the site for island cells and any new growth.
- The previous dressing may be continued if no evidence of maceration is evident.
- The frequency of dressing changes after 2 weeks following the graft will depend on the status of the wound and physician orders but most continue weekly until the wound has healed.

**Expectations at the graft site.** Moderate drainage and malodor should be minimized with more frequent dressing changes. Infection may be due to insufficient wound bed preparation. The physician may incorporate a splint in the dressing for the first 2 weeks.

Clinicians always should remember that caring for both the graft and donor sites should incorporate good wound care techniques. In order to avoid graft failure, clinicians should stress patient cooperation, compliance, and education. This is the value of the “Follow-Up Care of Your Grafted Wound” brochure. Patients require information and involvement in their wound care.

**References**


http://www.woundsinternational.com/pdf/content_196.pdf

http://www.nursingtimes.net/focus-management-of-skin-grafts-and-donor-sites/524913.article

http://www.steadmed.com