

VENICE PLASTIC SURGERY

A.E. HAAS, M.D.

Cosmetic, Reconstructive, Face, Breast, and Hand Surgery

Wounds - Skin Grafting

When a wound is in need of repair reconstructive surgeons go to the reconstructive ladder. This is a schematic diagram of what to do next. In general we try to do the simplest thing first and the larger procedure or surgery only as a last resort. Many people think that skin grafting is a big surgery. This is true for burn victims where more than 10 or 20 percent of their skin is burned. For most wound patients of mine the surgery is performed on an out patient basis. It may be no more risk than going to the dentist. This assumes that one uses the most modern methods and techniques. Skin grafting is on the easier side of the reconstructive ladder and probably works at least 95 percent of the time.

Why do we graft skin anyway? The two most important things in my opinion are to minimize infection and to heal the wound more quickly. Our skin is a barrier to keep infection out. Bacteria cannot get through intact skin. Hospitalized severely burned patients frequently die from infection. We cannot cover the burned areas fast enough. This is why skin substitutes have been developed. We can use them to temporarily cover the wounds and help keep bacteria out. Infection occurs when the bacteria on the surface of the skin get into your body from an open wound. In the mid-leg area bacteria only need to travel maybe a quarter inch to then infect the leg bone. Open wounds of the foot in particular easily result in bone infections. Then you have a big problem.

Skin substitutes as Biobrane® and Apligraf® are useful but a pinch of your own skin is still the best thing to use on most of the wounds we see. They usually heal in a week or two and the wound problem is over. Left to themselves a wound will heal by filling in with scar tissue. Skin is tough and durable whereas scar tissue is not. If you bump and old wound that was grafted and a similar area that was left to fill in with scar tissue you will find that scarred areas break down easier. That area is more likely to get reinfected. When reinjured scarred wounds heal even slower than grafted wounds.

Patients often ask how long they must be off their feet following a skin graft on their leg wound. I tell them that they have to minimize walking around the house for about two weeks after the graft. If they elect to just let the wound heal by filling in with scar tissue then they need to stay off their feet for as many months as it takes for that wound to heal. It often takes many months of healing even with good care in the patients we see in the wound care clinic. You therefore get back into the swing of things sooner if the wound was grafted.

Appropriate wounds covered with grafts heal faster, are more durable, minimize infection and can be performed at minimal risk and inconvenience on an out patient surgery basis. The procedure is underutilized in my experience.

**The above represents the opinion of A. E. Haas, M.D.
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Just call us directly. No referral needed unless required by your insurance company

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