

1020 N MASON RD STE #110 SAINT LOUIS MO 63141

Office of Dr. Terence Myckatyn & Dr. Marissa Tenenbaum

Surgery Scheduling Assistant for Dr. Tenenbaum	Carol – 314-996-3040
Surgery Scheduling Assistant for Dr. Myckatyn	Michelle - 314-996-3028
Cosmetic Patient Concierge	Kristi – 314-996-8133
West County Plastic Surgeons Nursing Line	314-996-3201
General Questions and Office Appointments	Front Desk – 314-996-8800 Option 2

Surgery DAY/TIME: _____ PLACE: _____ ARRIVAL TIME: _____

During office hours, questions can be answered by our office staff at **314-996-8800**.

After hours, please call Central Page for the Plastic Surgery Resident ON CALL at **314-362-1242**

Please note that our website (www.westcountyplasticsurgeons.wustl.edu) has detailed descriptions of most procedures.

Skin Graft

BEFORE SURGERY

AS SOON AS POSSIBLE BEFORE SURGERY:

1. **Realize that a successful outcome following skin graft surgery relies, in part on your following instructions.** Even under ideal circumstances, skin grafts can fail due to poor blood supply due to your injury, smoking, pre-existing medical conditions like diabetes, and the location and nature of the wound receiving a skin graft. Repeat skin graft surgery may be required afterwards to complete your reconstruction. Following these instructions will help to improve your chances of a successful outcome.

2. **Smoking affects healing.** Please **stop smoking or ANY nicotine products for as long as possible before and after surgery.** If needed, we can prescribe Chantix to help you quit. Our office may perform a **urine nicotine test** at any time before your surgery to confirm that you have quit smoking.

TWO WEEKS BEFORE SURGERY:

1. Some medications can interfere with anesthesia and cause undesirable side effects that could affect your surgery. Please read over the enclosed **“Medication and Supplement Alert List”** and let us know if you take any of them. You should refrain from using Aspirin for 2 weeks prior to surgery. But, we will recommend that you take a regular dose of aspirin for 1 year after surgery to improve blood flow to your flap. Tylenol is a good medicine to take for any aches or pains you may have prior to your surgery.
2. If you develop a cold, facial sore, or any other illness prior to surgery, please notify us.

EVENING BEFORE SURGERY

1. Drink 24 oz of a clear carbohydrate beverage (Gatorade/power aid) or water
2. Eat a late dinner of your choosing
3. Have some jello and/or soup available for after surgery.
4. Get a good night’s rest.
5. Do not smoke.

DAY OF SURGERY

Be at Hospital at: _____

1. Drink 12 oz of water 4 hours prior to your scheduled surgery - *Do not drink milk, juice with pulp, cream, or sugar the morning of surgery*
2. Do not wear contact lenses, wigs, hairpins, hairpieces or jewelry. Dress in old, loose, comfortable clothes. Do not wear pullover tops or pantyhose. Remove all body piercing jewelry from all locations. Wear slip-on shoes.
3. Have someone drive you to your surgery and make certain someone will be available to take you home and stay with you for 24 hours. Put a pillow and blanket in the car for the trip home. A vehicle that allows you to recline is best.

4. When in the hospital, you will be given the following oral medicines (we will give these to you at the hospital – there is no need to obtain or take these beforehand). These are: Tylenol, Gabapentin, Celecoxib, and Oxycontin.
5. DO NOT SMOKE

AFTER SURGERY

HOSPITAL CARE AFTER SURGERY:

1. **Diet.** Your diet will be slowly advanced after surgery with clear fluids and then light foods. Please be sure to consume a diet rich in protein once you are discharged home after surgery. This will encourage wound healing and may reduce your risk of post-operative seromas (collections of fluid that your drain tubes otherwise have to deal with).
2. **Blood Clot Prevention.** Depending on several factors including duration of surgery, your medical condition, and other factors, you may be treated with a drug called *Lovanox* to reduce the risk of blood clots after surgery. This drug, also known as *low molecular weight heparin* is injected under the skin of the abdomen daily for at least 5 days after surgery. If possible, you will also have specialized stockings on your lower legs, feet, or arms that intermittently massage them. These also reduce the risks of blood clots.
3. **Pain Control after Surgery.** If needed, you will be provided with intravenous pain medicine after surgery. As your pain improves you can take oral pain medicine.
4. **Preventing Infections after Surgery.** A limited course of antibiotics are typically prescribed after surgery. The type of antibiotic depends on several factors including which allergies you have.
5. **Preventing Fevers after Surgery.** Deep breathing helps keep your lungs inflated and prevent fevers after surgery. Post-operative pain can make it hard to take deep breaths but its important to do it anyway. To help coach you to take big breaths you may be provided with an *incentive spirometer*. This device has a mouthpiece attached to a hose that you take big breaths into. It shows you how big a breath you are taking and provides you with direct visual feedback to see how you are doing and to motivate and remind you to continue to take big breaths.
6. **Blood Transfusions after Surgery.** On occasion, blood transfusions are required to restore your blood counts following reconstructive surgery, particularly if the area of your wounds are extensive, you have low blood counts before developing your wound, or if you sustained other injuries at the time that you also sustained the wound that we are reconstructing. The decision to transfuse you is made when the risk of a blood transfusion

(allergic reaction, or the very low risk of transmission of an infection) is outweighed by the risks of having a blood count that is too low (stress on the heart, kidneys, and brain).

7. **Bolster dressings** are used to maintain pressure on the skin graft so that it sticks down on the wound bed without shifting. Bolsters may be made of :

- a) **Cotton and non-adherent dressings** that are sewn with stitches overtop the skin graft. These are usually used on the face and neck, and sometimes the hands, feet and arms for relatively small skin grafts. They are *typically removed in 5 days*.
- b) **Foam and non-adherent dressings** that are stapled overtop the skin graft. These are usually used on the scalp, trunk, arms, or legs. They are *typically removed in 5 days*.
- c) **Vacuum-Assisted Closure (V.A.C.[®]- KCl) Device** that consists of a sponge that is placed overtop of a non-adherent dressing to cover your skin graft. These are fastened to your body with an adhesive dressing. A suction device applies negative pressure to this dressing to help stick it down to the wound. These can be placed in most areas except the face. They are *typically removed in 4 days*.
- d) **Xeroform dressing** is a bismuth-impregnated petroleum gauze dressing that is placed with an ointment called polysporin over your skin graft. This is typically placed over a skin graft used to cover a flap reconstruction and is usually *first removed in 4 days* and then changed daily.

8. **Donor site dressings.** The site from where a skin graft is harvested may also require a dressing. This can include:

- a) **Tegaderm** dressings are made of polyurethane which allows water vapor to pass through but prevents bacteria from coming in. They are sealed to your body with an acrylic adhesive. These stay in place until they start to peel away, usually in 5-15 days. Once any part of the donor site wound becomes uncovered, you can either get in the bathtub, or use a handheld showering head directed at the donor site. Once you get it wet, the **tegaderm** will come off quite easily, and therefore with minimal pain, especially if you have hair stuck to the adhesive. You can wash it gently with normal soap (ie. Dove, Dial, Lever 2000, etc) and dab it dry. Then, you can cover it with a dressing called **xeroform** which needs to be changed once a day.
- b) **Donor site stiched closed and sealed with Dermabond.** This happens with donor sites that are closed by sewing the edges together. These can be left clean and dry, and washed gently with soap and water every day starting 5 days after surgery.

- c) **Skin graft.** Rarely, full thickness skin graft donor sites are actually treated with another split thickness skin graft. In this case, treat the skin graft as any other skin graft treated with a bolster as above.
9. **After the bolster and donor site dressings are removed.** You can apply a **xeroform** dressing to the donor wound daily. Once instructed by a member of the surgical team, you can switch to a moisturizer like Aquaphor, Vaseline, or a non-scented hand lotion so that neither the skin graft nor the donor site get too dry.
10. **Showering.** You may shower as soon as you are discharged home. The incisions can get soapy and wet, but avoid soaking them or applying full showerhead pressure to them.
11. **Activity.** Your activity level will be tailored to the location of your skin graft reconstruction and concurrent medical issues. If the leg is reconstructed, you will be placed on a **dangling protocol** that we will give you separately. Basically, your leg should be kept elevated at all times for five days after surgery. Then, your leg can be left to dangle down for 5 minutes every 2 hours for 2 days, then 10 minutes every hours for 2 days, etc. Basically you are increasing the duration that the leg is down by 5 minutes every two hours every 2 days until you reach 30 minutes every 2 hours. At this point you can gradually increase your dangling times. If leg swelling does not significantly recover within 1 hour of dangling, then reduce your dangling times by 10 minutes every 2 hours for 2 days before gradually progressing from there. This protocol may be adjusted as time goes on. Remember that **dangling** just means putting your leg down. **Weight bearing instructions, following an injury to a bone, will be determined by your orthopedic surgeon.**

OTHER POST-OPERATIVE INSTRUCTIONS

1. You may gradually resume normal daily activities as long as they don't interfere with your **dangling protocol (if relevant)** once you are discharged home, being careful to avoid any activity that causes pain or discomfort. Strenuous activities and exercises are to be avoided until all of the surgical services following you agree that it is okay to progress. Your doctors will guide you on when to advance your activity. If it hurts, back off. Start slow and progress as tolerated.
2. Bruising and swelling are normal and will disappear with time. If the surgery involves your arms or legs, we may use compression garments starting 6 weeks after surgery to reduce swelling.
3. Unusual sensations like numbness, sharpness, and burning are common during the healing process. These sensations may last several weeks to months and will gradually disappear.
4. **If you have any questions, sudden onset of extreme pain, fever, or redness, or a new wound, please call Dr. Myckatyn or Dr. Tenenbaum's office at 314-996-3201 or 314-996-8800.**

RETURNING TO WORK:

1. Working from home : 2 to 10 weeks
2. Desk job : 4 to 12 weeks
3. Up on your feet a lot : 2 to 24 weeks
4. Manual labor : 6 to 12 weeks

GENERAL INFORMATION:

1. Strenuous activity/heavy lifting of objects greater than 10 lbs should be avoided for 6 weeks.
2. All incisions will be extremely sensitive to sunlight for one year. Direct sun contact is to be avoided and use a sunscreen with SPF 30 or greater for the first 6 months and at least SPF 15 for the next 6 months. Excellent sunscreen options are offered through our various skin care lines.
3. Please take all medication carefully and as directed.
4. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
5. If you develop a fever (oral temperature greater than 101), redness or increased pain at the surgical incisions, please call us immediately.

FOLLOW-UP:

Follow-up after surgery varies based on the extent of the procedure, any pre-existing health conditions you may have, how far away you live, and in the unusual event where there is a complication. For many patients follow-up includes:

- a) Follow-up within 1 week with our Nurses to pull drains, check wounds, and to address any minor questions or concerns
- b) Physician follow-up at 3 weeks, 3 months and 1 year and to address any concerns