

# Wide local excision with skin graft for skin cancer

## Department of BESS Surgery [Patient information](#)

This is a guide for anyone having a wide local excision with a skin graft for skin cancer.

### What is a skin graft?

It is a surgery performed under a general anaesthetic (which makes you sleep). We will either remove your old scar or an existing lesion. This will include removing a larger amount (a wider margin) of normal surrounding skin. We will use skin from another part of the body (donor site). We will put it on the place where skin is missing (graft site). A skin graft is a skin transplant.

### What does a skin graft involve?

First we will remove your skin cancer (lesion). We will shave or cut a piece of skin from another part of your body. This will be large enough to cover the wound. We will secure the piece of skin (the graft) with stitches, staples, or glue. We will then apply a pressure dressing or vacuum dressing. There are two types of skin graft:

#### Split skin grafts

This is a graft where we shave a layer of the skin. The shaved piece of skin is then applied to the wound. This type of skin graft is often taken from the thigh. This is often used after removing a lesion on the lower leg.

#### Full thickness skin grafts

This is a graft where we remove all the layers of the skin. First we cut the piece of skin to the correct shape. Then we apply it to the wound. It is often used after excisions on the hand or face.

### Why do you need a skin graft?

The area that you need cutting out is too big to sew back together. The skin graft covers the wound and attaches itself to the cells beneath.

### What are the aims and benefits of a skin graft?

Having a skin graft should mean that your wound heals quicker.

## What will happen before the surgery?

You will come to a pre-assessment clinic where you will:

- be asked about any health conditions and tablets you are taking
- have your weight and blood pressure checked
- be screened for risks of infection and blood clots
- have blood tests and may have an ECG (heart tracing) and x-ray
- be told where/when to come on your day of surgery.
- be advised when to stop eating and drinking.

## What will happen on the day of the surgery?

Make your way to the surgical unit in your appointment letter. Your nurse will admit you and your surgeon will meet you. This is a good time to ask any last questions you may have.

## What will happen after the surgery?

You will return to the ward. If you have a drip (a small needle in your arm attached to a bag to give you fluids into the vein) we will remove this. Please ask for pain relief if you have any discomfort. Your wound may be numb. This is because we cut your minor sensory nerves. You will go home on the day of your surgery. Please arrange for someone to collect you. Have someone at home to help you for a few days. You will get an outpatient appointment in the post to see your surgeon. Your appointment will be 2-4 weeks after the surgery to discuss your results.

## What will happen to the wound and dressings after the surgery?

- You will have two wounds. Your first wound is the site of the original lesion (graft site). Your second wound is where we took your skin graft from (donor site).
- Leave the dressings in place as advised by your surgeon. We will change your dressing 7-10 days after your operation. Your skin cancer advanced clinical practitioner or surgeon can do this.
- Skin grafts are very fragile. You should avoid stretching the area until we have removed the stitches. Be careful for some time afterwards. If there is any bleeding, press on the dressed wound firmly for 20 minutes. If it is still bleeding after this time, seek medical attention. Do not rub the area as this may disturb the graft.
- Keep the wounds dry until your surgeon advises that you can wash them.
- If your wound becomes red or very painful, consult your surgeon.
- Skin grafts tend to become dry. When your graft is completely healed, keep it clean by gently washing. Avoid very hot water and perfumed soaps, creams, or bubble baths. Once or twice a day gently massage the graft. You should use E45 or Aloe Vera.
- You should avoid sun exposure and use sunscreen factor 30 or above.

# What are the possible risks of a skin graft?

All operations have a small risk of side effects. The following diagram may help you decide how you feel about risk:

People vary in how they interpret words and numbers.

This scale is provided to help.



\*Royal College of Anaesthetists 2024

## Very common and common side effects (1 in 10 or 1 in 100 people):

### Infection

Signs of infection include a fever, redness, or bad smell. Please let a member of the team know as you may need antibiotics. Infection may cause your wound to break down and need regular dressings until it heals.

### Dehiscence (wound breakdown)

Sometimes the skin graft doesn't stick to the wound underneath and falls off. This can happen within the first two weeks after the procedure. You can help by eating a healthy, balanced diet with plenty of protein. You should avoid smoking.

### Seromas (tissue fluid) and haematomas (bleeding)

Tissue fluid and blood can collect within the wound. We may need to remove it using a needle and syringe. Very rarely you may need further surgery to stop the fluid/bleeding and remove this.

### Scarring

This surgery will leave you with two scars. The first is from where we took the lesion. The second is from where we took the skin graft. At first these may feel tight, but this should settle over time. Once healed, massage the scar with an emollient (moisturiser) which will soften the scar.

### Nerve pain

Tingling and/or stabbing pains are common after this type of surgery. Keep taking analgesia (painkillers) as prescribed. This will settle over time.

### Lost or decreased sensation

We cut some of your minor sensory nerves during surgery. This may make the area around your wound feel numb. For most the loss of feeling should be short term. For some patients it may last longer.

## **Rare or very rare side effects (1 in 10,000 or 1 in 100,000):**

### **Blood clots in the limbs (DVT) and lungs (pulmonary embolism)**

Blood clots are a risk with all general anaesthetic surgeries. If you have a higher risk, we will take special precautions. This may include wearing stockings. Moving around after the surgery will help to stop clots forming.

## **What can you do when you get home?**

### **Washing**

Avoid soaking your wound in the bath as this increases the risk of infection. A strip wash or shower is best. Make sure to completely dry the area after bathin.

### **Work/general life**

You can go back to work when your wound has healed. This normally takes 2-8weeks. If your job involves heavy lifting, you may need to take longer. You will get a sick note on discharge. You should be able to return to normal life within 4-6 weeks.

### **Sport**

You should not start any strenuous exercise for 8-12 weeks after your surgery. This could cause your wound to break open. Your surgeon will let you know when it is safe to do so.

### **Driving**

You cannot drive for 24 hours after surgery. Ideally you should avoid driving for 2-3 weeks. Only drive if you feel confident and can make an emergency stop. If in doubt, seek medical advice or check with your insurance company.

## **When do you get the results of the wide local excision with skin graft?**

You will get an outpatient appointment for around 2-4 weeks after your surgery. We will check your wound and give you the results from your surgery. We will let you know if you need any more treatment.

## **Consent**

We must take your written consent to this surgery by law. We will explain all the risks and benefits. Please do not hesitate to ask us any questions.

## Contact details

If you have any queries please contact your consultant skin surgeon, skin cancer nurse specialists, or skin cancer advanced nurse practitioner.

### Consultant skin surgeons:

Your consultant's secretary can be contacted on the following numbers:

**Mr Perry: 0300 019 4870**

**Miss Clark: 0300 019 2616**

**Miss Pearce: 0300 019 2600**

**Skin cancer nurse specialists: 0300 019 5205**

**Skin cancer administrator: 0300 019 5465**

**Skin cancer advanced nurse practitioner: 0300 019 8073**

**\*The above contacts should be available Monday-Friday, 8-4pm. Evenings and weekends please phone your district nurse, 111 or go to the Emergency Department in an emergency.**

## Further information

Melanoma Focus provides information, guidance and support for patients, carers and healthcare professionals. It has a free helpline **0808 801 0777** answered by expert skin nurses. [www.melanomafocus.org/support](http://www.melanomafocus.org/support)

Use the QR code to access information on surgeries.



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