Polymeric membrane dressings for skin graft donor sites: 6 years experience on 1200 cases

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ABSTRACT

Aim: The purpose of this study was to evaluate the use of polymeric membrane dressings for skin graft donor sites. Methods: A total of 1,200 patients were treated at the Skin and Wound Care Unit (SWCU) from 2002 to 2008 using polymeric membrane dressings. Results: polymeric membrane dressings dramatically decreased pain in our patients, significantly decreased the use of pain medications and increased the patients' mobility. Conclusion: polymeric membrane dressings have advantages over paraffin-soaked gauze on donor sites. The dramatic reduction in pain impressed us, because no additional wound bed cleansing was needed. Based on our own experience, together with our nurses' and patients' perceptions, we feel it would be valuable if further prospective and comparative studies are performed. In the meantime, we will continue using polymeric membrane dressings as our first choice for covering skin graft donor sites.

RESULTS

We used polymeric membrane dressings to cover skin graft donor sites on more than 1200 patients. The dressing changes were fast and easy, without the need for wound bed cleansing. The non-adherent nature of the polymeric membrane dressings made removal easy; additional wound bed cleansing was not needed.

AIM / OBJECTIVES

1. Learn that polymeric membrane dressings dramatically decreased pain in our patients, significantly decreased the use of pain medications and increased the patients' mobility.
2. Recognize that dressing changes are very fast and easy to perform with polymeric membrane dressings because the dressings are non-adherent and additional wound bed cleansing is not needed.
3. Discuss the reasons for the decrease in pain, as well as the impact that patients experienced when polymeric membrane dressings were used on their graft donor sites.

CONCLUSION

Our clinical experience after 1200 cases of using the polymeric membrane dressing proved to us that this is the dress of choice for both donor sites and the wound bed. We observed many advantages over paraffin-soaked gauze on donor sites.

In contrast, a polymeric membrane dressing was applied directly after the surgery was completed. It was used to cover the donor site and was left in place for 7 days. The dressing was then removed and replaced with another dressing. This process was repeated until the wound healed.

Our Procedure:

The wound is immediately covered with an extra-thick polymeric membrane dressing, secured with adhesive film. Later dressings were sometimes covered with cloth tape. Polymeric membrane dressings without borders should ideally be applied with a “window-pane” technique to allow the patient to benefit fully from the dressing’s ability to create the ideal moisture balance in the wound bed.

The first dressing change.

The polymeric membrane dressing comes off easily without causing discomfort to the patient. No wound cleansing is needed – the dressing has continuously removed contaminants. The time to change the dressing is only a fraction of the amount of time, which is visible through the dressing back. In skin graft donor sites, the first change is generally after 2 – 3 days; the second change after 5 – 7 days.

Epithelialized skin graft donor site:

The wound required only two dressing changes. The patient was pain free the whole time.