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Marking skin graft sites

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Accuracy of graft harvest reduces wastage. We describe a simple method of calculating and marking graft sites. Prior to skin preparation, draping and anaesthetic infiltration, the lesion to be excised is marked, with an appropriate margin. A patient identification label is stuck over the lesion and peeled back (Fig 1). This template is cut out and used to mark the donor site (Fig 2) before being stuck on to the operation note (Fig 3). This accurate and clear documentation of defect and graft size in the patient's records is useful in follow-up appointments and when planning further procedures.

Figure 1 Label revealing the imprint of the proposed defect

Figure 2 The template is used to mark the graft donor site accurately.

Figure 3 The template is stuck on to the patient's operation note, as part of the diagram.