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REFERENCES AND RESEARCH


THE IMPORTANCE OF DONOR SKIN

More than forty-five years of experience with donor skin in burn centres has shown that donor skin is effective as a temporary wound dressing in burns.

Donor skin is an ideal biological coverage under which the burn or wound can heal. This can be attributed to the angiogenic or granulation effect of donor skin. It is due to this quality that donor skin is also ideally suited for treating chronic wounds or other problematic wounds.

INDICATIONS FOR THE USE OF DONOR SKIN

- Wounds with poor conditions
- Chronic wounds/decubitis
- Diabetic wounds with poor circulation
- Wounds involving avascular structures such as exposed bones and/or tendons
- Wounds that are slow to heal in patients with systemic diseases and/or neurological abnormalities or after exposure to radiation
- Acute wounds that need to be temporarily covered
- Large scale operation wounds

Donor skin is suitable for use as a temporary cover for large scale operation wounds (extensive excisions), offering temporary protection against infection, desiccation and reducing bleeding. In a subsequent operation, this donor skin can be replaced by transplants of the patient's own skin and there is a very good chance the graft will take.

- Oncology

In treatment of malignant skin tumors it is often highly advisable to first extensively excise the tumor and not initially close the wound with an autologous skin transplant. The operation wound can be closed temporarily, after excision, with the donor skin while awaiting the pathology report concerning severity of the tumor. Only after the results of the investigation are known the necessary re-excision may take place or the wound can be closed with an autologous skin graft. In practice, patients experience with this procedure are very positive when there is any doubt about the extent of the tumor (tendril-like growing tumors) and it has proven to be a very good alternative.

DONOR SKIN FOR BURNS

Donor skin can be used on second and third degree burns.

Second degree burns

Donor skin acts as a “biological” bandage when treating second degree burns. The donor skin ensures that pain is reduced considerably and acts as a temporary replacement for the patient’s own damaged skin. The donor skin forms a scab allowing the rapid regrowth of the patient’s own skin underneath. This scab dries out and falls away. The treatment considerably reduces the chances of hypertrophic scarring.

Third degree burns

Another application is the double covering in cases of third degree burns (“sandwich grafting”). After the removal of necrotic skin, the wound is transplanted by the patient’s own (autologous) meshed skin. The donor skin is then placed over this as protection, thus allowing the autologous skin graft to grow undisturbed. Donor skin may also be used to help improve the wound bed in third degree burns, acting as pretreatment for a later autologous skin transplant.

OTHER APPLICATIONS FOR DONOR SKIN

Donor skin is also well suited for the treatment of difficult, problematical and chronic wounds. The ultimate effect of donor skin is providing good conditions in the wound bed in preparation for a transplant of the autologous skin.

The biological environment and the initiation of vessel growth by the donor skin makes it possible for the wounds to heal, which would otherwise not be possible due to the poor condition of the wound. By periodically changing the donor skin, a general debridement (cleaning) of the wound can take place and the wound bed will be infiltrated with new fine blood vessels (“granulation tissue”) which is required for the conditions needed for survival of an autologous skin graft.
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REFERENCES AND RESEARCH


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