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## Skin grafting meaning

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(Definition of cutaneous graft from Cambridge Advanced Learner Dictionary & Thesaurus Â© Cambridge University Press) Also found in: Dictionary, Thesaurus, Encyclopedia, Wikipedia. Skin grafting is a surgical procedure in which the skin or skin replacement is placed over a burned or non-healing wound to permanently replace damaged or missing skin or provide temporary coverage of the wound. Tissues such as third degree burns should be covered as quickly as possible to prevent infection or leakage of fluid. Wounds that are left to heal on their own can contract, often resulting in severe scarring; if the wound is large enough, the scar can actually prevent the movement of the limbs. Unhealing wounds, such as diabetic ulcers, venous ulcers, or pressure sores, can be treated with skin grafts to prevent infection and further progression of the wound area. Skin grafting is not generally used for first- or second-degree burns, which generally heal with little or no scarring. In addition, the graft tissue and the recipient's site should be as sterile as possible to prevent infection later on which the graft could fail. The skin is the largest organ of the human body. It consists of two main layers: the epidermis is the outer layer, seated and nourished by the dermis more often. These two layers are about 0.04-0.08 in (1-2 mm) thickness. The epidermis consists of an outer layer of dead cells, which provides a resistant and protective coating, and several layers of rapidly dividing cells called keratinocytes. The dermis contains blood vessels, nerves, sweaty glands, hair follicles and oily glands. The dermis consists mainly of connective tissue, mainly protein collagen, which gives the skin its flexibility and provides structural support. Fibroblasts, which make collagen, are the main type of cell in the dermis. The skin protects the body from fluid loss, helps in temperature regulation, and helps prevent bacteria or viruses causing the disease from entering the body. Skin that is extensively damaged by unhealing burns or wounds can compromise the health and well-being of the patient. More than 50,000 people are hospitalized for burn treatment every year in the United States, and 5,500 die. Approximately 4 million people suffer from non-healing wounds, including 1.5 million venous ulcers and 800,000 with diabetic ulcers, resulting in 55,000 amputations a year in the United States. The skin for grafting can be obtained from another area of the patient's body, called an autograft, if there is enough undamaged skin available, and if the patient is healthy enough to undergo the additional surgery required. Alternatively, the skin can be obtained from another person (donor skin from cadavers is frozen, stored and available for use), called allograft, or from an animal (usually a pig) called xenograft. Allograft and xenograft only provide temporary cover-they are rejected by the patient's immune system within 7-10 days and should be replaced with an autograft. A A A The skin graft mainly takes the epidermis and a bit of the dermis, and usually heals within several days. The wound must not be too deep if a thickness of breakage is going to succeed, since the blood vessels that will feed the grafted tissue must come from the injury dermis itself. A completely thick graft involves both skin layers. Autographing to all slowness provide a better profile, a more natural color and less contraction at the grafted site. The main disadvantage of complete thick leather grafts is that the wound to the donor's site is larger and requires more careful management; Often a thickness graft must be used to cover the donor's website. A composite skin graft is used sometimes, consisting of combinations of skin and grease, skin and cartilage, or dermis and grease. Compound grafts are used when three-dimensional reconstruction is needed. For example, a wedge of ear containing the skin and cartilage can be used to repair the nose. Several artificial skin products are available for non-healed burns or wounds. Unlike allografti and xenographers, these products are not rejected by the patient's body and actually encourage the generation of new tissues. Artificial skin usually consists of a synthetic epidermis and a collagen-based dermis. This artificial dermis, whose fibers are arranged in a lattice, acts as a model for the formation of new tissues. Fibroblasts, blood vessels, nerve fibers and lymphatic vessels surrounding healthy tissue cross in collagen lattice, which eventually degrades like these cells and structures build a new dermis. The synthetic epidermis, which acts as a temporary barrier during this process, is finally replaced with a rupture autograph or with an epidermis caught in the laboratory with the patient's epithelial cells. The cost for synthetic products is around \$ 1,000 for a 40-in (100-cm) square piece of artificial leather, in addition to surgery costs. This procedure is covered by insurance. Once a leather graft has been implemented, even after healed, it must be kept carefully. Patients The skin graft is a surgical procedure with which the skin or a skin substitute is placed above a burned wound or non-healing to replace damaged skin or provide temporary wound coverage. The skin for graft can be obtained from another patient's body area, like the face and neck, as shown in the illustration above. (Illustration from Electronic Illustrators Group.) Which have grafts on the legs must stay in bed for seven-10 days, with high legs. For several months, the patient has to support the graft with a band of Ace or a Jobst footwear. Baskets in other areas of the body should be supported in the same way after healing to reduce the quantity of contracture. The garnet skin does not contain sweat or oil glands, and must be lubricated every day for two or three months with a bland oil (for example, mineral oil) to prevent drying and crack. Leather skin graft risks those inherent in any surgical procedure involving anesthesia. These include drug reactions, breathing problems, bleeding and infection. In addition, the risks of a allotrapero procedure include the transmission of infectious diseases. A skin graft should provide a significant improvement in the quality of the wound site, and may prevent serious complications associated with burns or non-curing wounds. that is taken from the body of a person and grafted to another person. AututoGraft â€"tessuto that is taken from a part of a person's body and transplanted into a different part of the same person. Collagen - a protein that provides structural support; the main component of connective tissue. DERMIS - the substrate of the skin, containing blood vessels, nerves, hair follicles and oil glands and sweat. Epidermis - the outer layer of the skin, consisting of a layer of dead cells performing a protective function and a second layer of division cells.fibroblasts â€"a cell type that is found in connective tissue; Produces Collagen.Keratinocytes â€"the cells found in the epidermis. Keratinocytes in the outer surface of the epidermis are dead and form a difficult protective layer. The cells below divide to reintegrate the supply.xenograft â€"tessuto that is transplanted from one species to another (for example, pigs to humans). Lafaliaries of a graft may result from poor blood flow, swelling or infection. Burning Association. 625 N. Michigan Ave., Suite 1530, Chicago, IL 60611. (800) 548-2876. http://www.ameriburn.org.American Diabetes Association. 1701 North Beauregard Street, Alexandria, VA 22311. (800) 342-2383. http://www.diabetes.org.Gale Encyclopedia di medicina. Copyright 2008 The Gale Group, Inc. All rights reserved. [Injection] transplant. The term grafting is preferred in the case of skin grafting and synthetic innes such as artery-venous innation. Glued grafting the healthy skin patch system on a denudata area to provide epithelial coating; Skin can come from another area with healthy skin from the patient's body or body of a skin donor. The most important function of the skin's eldest is to promote healing of large surfaces that have been burned or wounded, or that have become ulcers or carcinogens. If burns or other wounds are wide, the graft can avoid extensive scars with unsightly tissue that can not perform all the necessary functions of normal skin. Skin contractures can therefore be avoided. The skin to be grafted is usually cut from the chest, thigh, buttocks, abdomen, lower neck or behind the ear. It can be removed in very thin strips or as a thin layer of superficial skin, and must be inserted in its new position without delay. Ifis inevitable, it is placed in saline or refrigerated solution. in this type of free graft, the skin is cut completely from the body before the transplant and then is sewn in position; a pressure dressing or fabric is appliedis used. Then the skin must depend on its nourishment from the surrounding tissue in the new location. If a large thick skin area containing a lot of underlying tissue has to be moved, the traditional method was to do so by means of a peduncular flap. For example, a wounded hand that needs a skin graft would be tied against the abdominal wall to receive a pedestrian in skin from the abdomen. However, the introduction of microsurgery has eliminated much of the need for this type of graft. A skin graft can sometimes be done with the simple procedure of cutting a piece of healthy skin from a part of the body, such as the back or thigh, and sewing it to the wounded area. Small arteries from the tissues surrounding the area then grow in transplantation, feed it with blood and promote normal growth. If the area to cover is wide, you can sew on it a number of separate patches, forming islands of skin that will thrive with healing until covering the entire area. With the advent of microsurgery, much of the inconvenience and long waits necessary for a transplant of skin lembies were eliminated. Now it is possible for a surgeon to perform those that are called free tissue transfers. The cutaneous flap is removed from the donor site and transferred directly to the distant receiving site, where the circulation to the free flap is restored through anastomosi microvascular. There are many different types of cutaneous, cutaneous or dermal triggers, epidermal, full thickness, split-split, split-split, inlay, mesh, pinch, sieve and Ol innest of Thiersch. See also flap.Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing and Allied Health, 7th edition. Â© 2003 by Saunders, an imprint of Elsevier, Inc. All rights reserved. Do you want to thank TFD for its existence? Talk to a friend, add a link to this page, or visit the webmaster page for fun and free content. Link to this page: Skin Grafting While skin grafting can provide an acceptable result in careful scrotal defects, in this case it would have appeared unsightly, as the hairless, skeletonized contour of the pubic region, spermatic cords and testes would be evident.[sup.6,18,19] Muscle flaps, such as gracilis, covered by skin grafts are an alternative, but lack sensation; if the muscle flaps are innervated to preserve bulk, they may cause unwanted contraction; conversely, if they are denervated, they can atrophy over time.[sup.14,20]-[sup.24]A key to successful skin grafting is to perform the procedures about 10 days after the primary procedures to allow sufficient time for the formation of an appropriate vascular bed at the vessel site that provides the blood supply to the skin grafts. grafts.

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