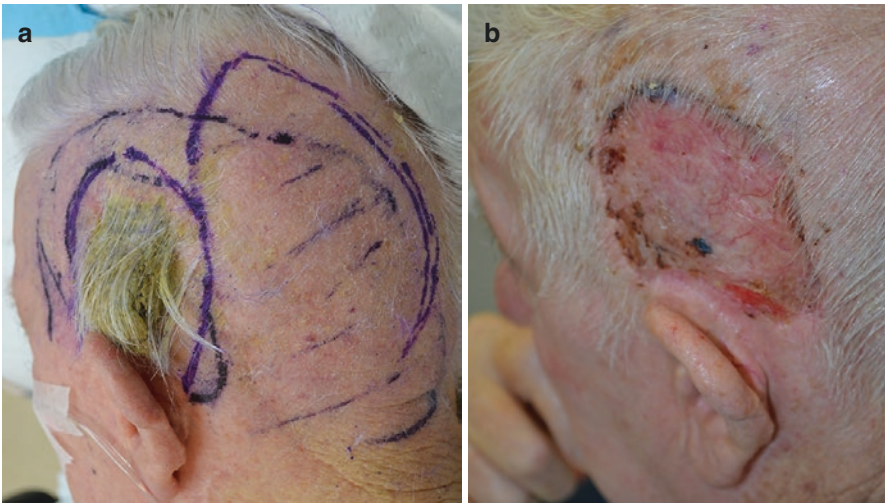
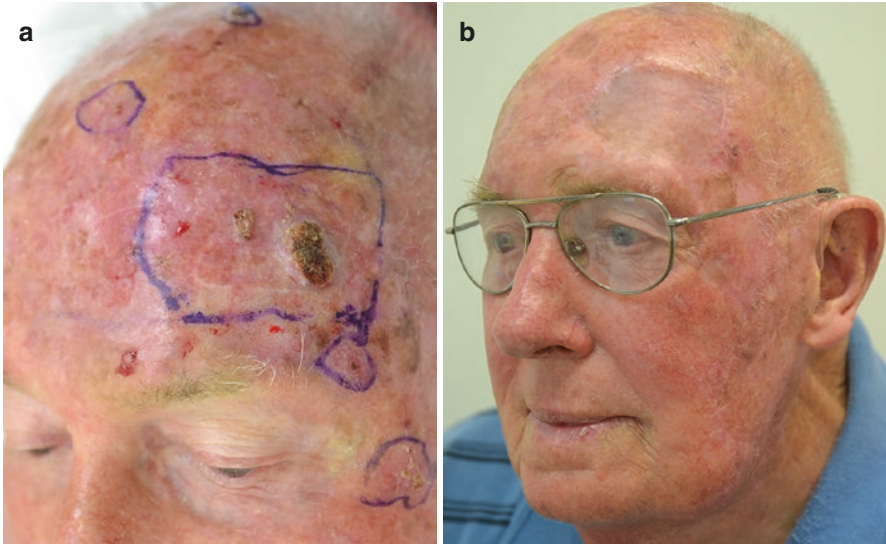


## Scalp



**Fig. 15.1** A fungating SCC on the left parietal scalp of a 92-year-old man, arising from previous incompletely excised SCC in situ (a). The initial plan for an inferiorly based scalp transposition flap was abandoned, following wide excision of the SCC, in favour of a split skin graft. Result at 2 weeks (b)

## Frontal Region



**Fig. 15.2** A recurrent multifocal SCC on the solar damaged left forehead of this 86-year-old man (a) was widely excised and repaired with a supraclavicular full thickness skin graft. Satisfactory results at 5 months (b)

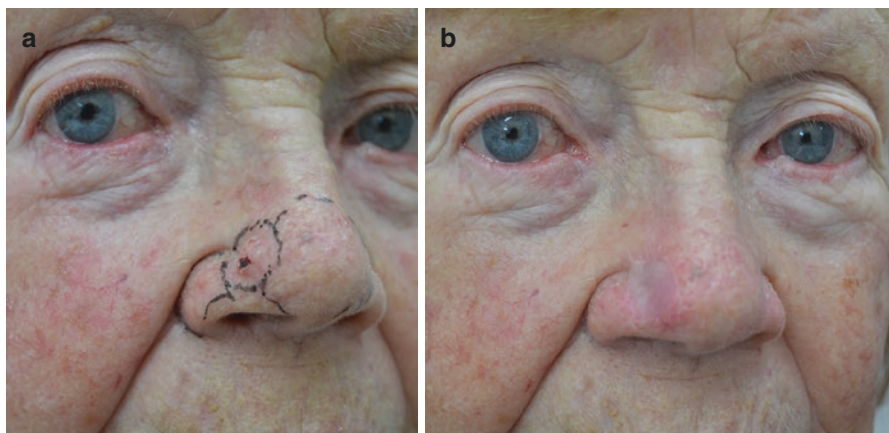
### Nose



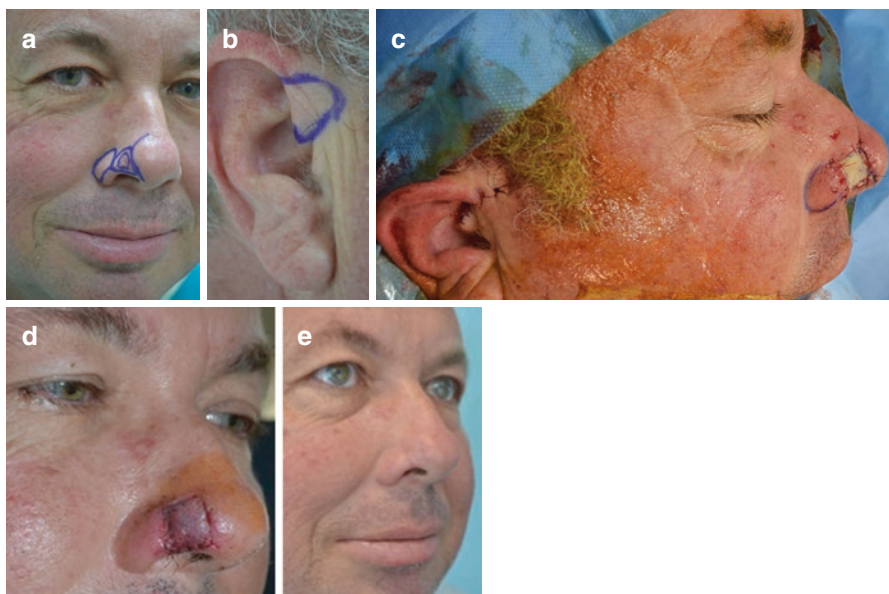
**Fig. 15.3** A multifocal BCC on the dorsum of the nose in this 52-year-old woman was excised as a dorsal aesthetic subunit (a) and repaired with a supraclavicular full thickness skin graft. Results at 10 days (b) and 2 years (c). Appearance of the right supraclavicular donor scar at 1 year (d)



**Fig. 15.4** A nodulocystic BCC of the nasal bridge of this 56-year-old woman was excised (a) and repaired with a preauricular full thickness skin graft (b). Results of the nose (c) and donor site (d), at 4 months

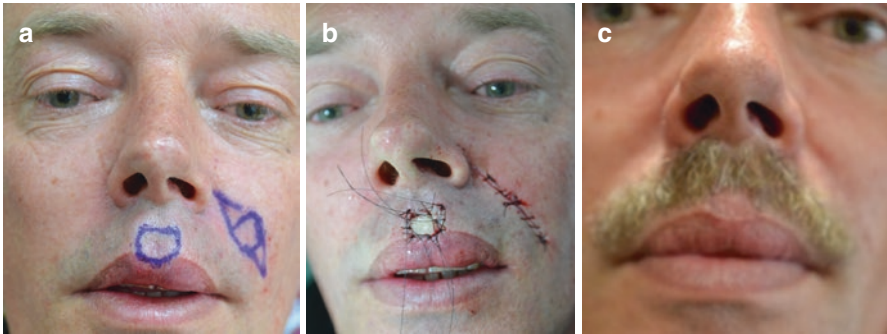


**Fig. 15.5** A nodulocystic BCC on the right ala-nasal tip junction of the nose of an 83-year-old woman, was excised and repaired with a preauricular full thickness skin graft (a). Appearance at 4 months (b)



**Fig. 15.6** An infiltrating BCC close to the right nostril rim in a 51-year-old man with type 2 diabetes mellitus was excised as a soft triangle aesthetic subunit (a). A composite graft taken from the right helical root (b) was used to reconstruct the full thickness defect (c). A de-epithelialised cephalad extension of the graft improved the graft take. The graft is revascularised at a week (d). Result at 2 years (e)

## The Upper Lip



**Fig. 15.7** A biopsy-proven infiltrating BCC of the central upper lip in this 43-year-old man was widely excised, and the defect was repaired with a full thickness skin graft from the left nasolabial fold region (a, b). Result at 4 weeks (c)

### Notes

Full thickness skin grafts achieve a very good reconstruction on the face of older patients (>70 years). They can also give an excellent aesthetic reconstruction in younger patients, providing the donor site is selected with care.

There is plenty of spare full thickness skin in the neck regions of our elderly patients for donor skin.

The split skin graft ('old faithful') should never be left out of the reconstructive toolbox.

Harvesting a split (partial thickness) skin graft with the traditional Humby, Cobbett or Watson skin grafting knives is still mandatory for any competent plastic surgeon.

For the face, matching of colour and texture for an aesthetic graft repair is the key issue. Patience is also a virtue. The preauricular, postauricular, supraclavicular and nasolabial donor sites are best for small- to moderate-sized defects. For larger defects where a full thickness skin graft is selected, the inner arm is a useful donor site and can be closed directly.