

Brief Notes on Skin Grafting in Horses ~ Stacie G. Boswell, DVM

- Wounds heal by contraction & epithelialization
- Delayed healing in horses: Motion, infection, concurrent disease, tension, exuberant granulation tissue, neoplastic transformation, poor blood supply
 - *Wounds of distal aspect of limb account for more than 60 % of all equine wounds*
- **A skin graft is indicated for a large wound, & to accelerate healing of other wounds**
- Graft types: pedicle or free; full or split-thickness; pinch, punch, tunnel, island, seed
- Recipient requirements: vascular, free of infection & necrosis
- Adheres by fibrin, nutrition initially by imbibition, then vessels & fibroblasts d4-5 (inosculation and neovascularization)
- Graft failure: fluid accumulation, movement, infection
- Graft procedure:
 - Trim & prep wound/granulation tissue (0-48h prior)
 - Consider a biopsy to rule out habronema, neoplasia, pythium
 - Clip & prep donor site – usually underneath mane, use local block
 - Harvest & implant grafts
 - May use biopsy punches *or* 20g needles with bent bevel and blade to harvest, with #15 blade to implant
 - Store harvested grafts on saline-soaked gauze
 - Start distally so view is not obscured by blood, then work proximally
 - May or may not close donor sites
 - Bandage with non-stick pad and antibiotics
 - Expect 50-75% survival