

Skin Grafting in Patients Taking Anticoagulants

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Abstract

Background: Many surgical patients take anticoagulant medications, such as aspirin, warfarin, clopidogrel, and enoxaparin, for a variety of medical conditions, including atrial fibrillation, myocardial infarction prevention, deep vein thrombosis, pulmonary embolism, and stroke. Little research has been published regarding the perioperative use of these medications in patients undergoing split-thickness and full-thickness skin grafting.

Methods: The objective of our work was to report the outcomes of skin grafting procedures in individuals taking anticoagulation medications. We conducted a retrospective chart review based upon skin graft ICD-9 codes of all patients who underwent skin grafting by a single plastic surgeon at a single institution over the course of one year.

Results: Of the 43 patients identified, 13 were taking some form of anticoagulant therapy. Seven patients were taking warfarin, one was taking the combination of warfarin and enoxaparin, one was taking the combination of clopidogrel and aspirin, one was taking aspirin alone, and the remaining three were on clopidogrel alone. All of the patients underwent skin grafting with wound VAC placement over the grafted skin for the first five post-operative days. All tolerated the procedure well. No blood transfusions were required, and there was no graft loss.

Conclusions: We feel that anticoagulant therapy does not pose an increased risk for skin grafting patients. Additionally, we feel that the benefits these medications convey to the patients outweighs the risks of the skin grafting procedure itself, and the overall wound healing outcome.

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