WOUND CARE TODAY

Skin tears

About skin tears

- Skin tears are commonly seen in elderly and neonatal patients, because of the fragility of the skin in these two groups[1].
- Patients with lower limb oedema, malnutrition, dry skin conditions or those who have been on long-term steroid therapy or take multiple medications, are also at risk of skin tears[2].
- Many skin tears can be avoided by removing the factors that cause them, e.g. friction and shear forces, or objects which may be bumped into, resulting in trauma[1].

Patient assessment

- **Take a patient history**
  To see if the patient has a history of skin tears, or risk factors for skin tear development.

  To establish how the skin tear happened, e.g. trauma or friction/shear forces so they can be prevented in future.
- **Evaluate the wound**
  Consider the location of the wound, its dimensions, tissue types present in the wound, and the degree of flap necrosis, if present. The colour, volume, consistency and odour of wound exudate should also be considered.
- **Assess surrounding skin**
  Fragile and/or dry skin is at further risk of damage and will need managing to prevent this.

Categorise the skin tear [3]

Category 1: Skin tears without tissue loss		Category 2: Skin tears with partial tissue loss		Category 3: Skin tears with entire loss of tissue
a. Linear	**b. Flap**	**a. Less than 25%**	**b. More than 25%**	
› Edges can be realigned without stretching › Skin/flap is not pale, dusky or darkened	› Edges can be realigned without stretching › Skin/flap is pale, dusky or darkened	› Edges cannot be realigned › Skin/flap is not pale, dusky or darkened	› Edges cannot be realigned › Skin/flap is pale, dusky or darkened	› A skin tear where the skin flap is completely absent › Refer to tissue viability team

Cleanse the wound

- Gently irrigate the wound with saline or running tap water to remove debris and dirt.

Reapproximate

- If a viable skin flap is present, ease it back into position (reapproximate) using tweezers or gloved fingers. If difficult to align, use a moistened swab for 5–10 minutes to rehydrate the area.
- On robust skin, wound closure strips can be used to secure large flaps or micro-adherent closure products for fragile skin. Avoid the use of staples, sutures and traditional adhesive strips, as traction and further trauma may result.
- Record reapproximation in patient notes.

Protect the surrounding skin

- Apply a skin barrier product to surrounding skin.

Dress the wound

- Apply a non-adherent or atraumatic dressing (without tension) to secure the flap, leaving a 2cm overlap around the wound.
- Leave dressing in place for as long as possible to minimise flap disturbance.
- Wear time will be determined by wound conditions, e.g. wounds producing large volumes of exudate may require more frequent dressing changes.
- Mark the dressing with an arrow to indicate direction of removal to minimise flap disturbance.

Review and reassess

- Gently lift the dressing, working away from the attached skin flap. Silicone-based adhesive removers may be used to reduce trauma to the surrounding skin.
- Monitor for changes in the wound. If the skin flap is pale, dusky, or darkened, reassess within 24–48 hours for further breakdown.
- If signs of infection are present, manage according to local guidelines/refer.
- If healed, discontinue dressing and use good skin care (washing/moisturising) to prevent recurrence.

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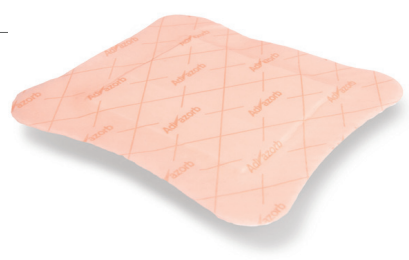

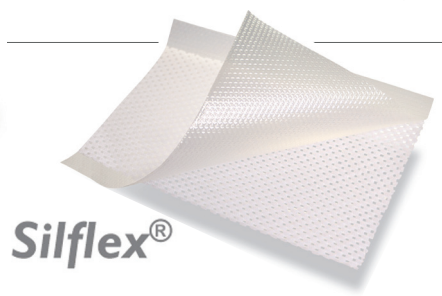

Advazorb® Border is an absorbent, atraumatic, self-adhesive bordered dressings with a perforated soft silicone wound contact layer, suitable for use on category 1 skin tears, while Silflex® is a non-adherent, atraumatic soft silicone dressing, which reduces pain at dressing change and is indicated for use on category 2 and 3 skin tears.
For more information and to download this poster, go to: www.woundcare-today.com, or www.advancis.co.uk

1. Stephen Haynes J, Greenwood M (2014) *Wound Care Today* 1(1): 58–64
2. Beldon P (2006) *Wound Essentials* 1: 108–9
3. Carville K, Lewin G, Newall N, et al (2007) *Primary Intention* 15(1): 18–28

This document is a guide only and does not diminish the requirement to exercise clinical judgement and follow local policy. The publishers and Advancis Medical cannot accept responsibility for the use of this information in clinical practice.