



Treatment and management of skin tears in clinical practice

<<**Presenter Name**>>

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<<Date>>



Definition of a Skin Tear

“A skin tear is a traumatic wound caused by mechanical forces, including removal of adhesives.

Severity may vary by depth (not extending through the subcutaneous layer)”¹

Skin tears presentation



STAR Classification system (2007)^{2,3}



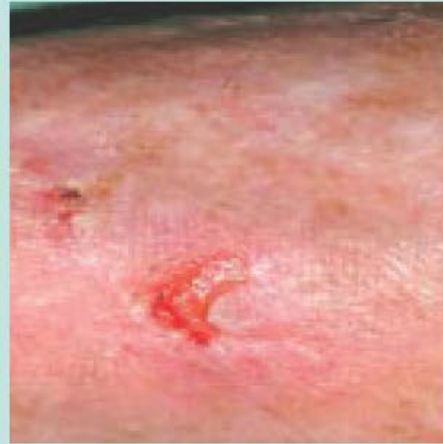
Category 1a

A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is not pale, dusky or darkened



Category 1b

A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is pale, dusky or darkened



Category 2a

A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is not pale, dusky or darkened



Category 2b

A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened



Category 3

A skin tear where the skin flap is completely absent

STAR^{2,3} Pathway



S^{2,3}

Control bleeding and clean

- Select appropriate cleanser
- Assist in bleeding control
- Clean wound if needed



T^{2,3}

Tissue alignment

- Align skin flap (where possible) over wound
- Use moistened glove to roll skin flap if able



A^{2,3}

Assess and dress

- Consider factors affecting wound healing (holistic health assessment)
- Assess surrounding skin
- Categorise using STAR^{2,3} classification
- Select appropriate dressing
- In the direction of the skin flap, draw an arrow on top of the dressing



Category 1a and 1b
Skin flap can be realigned



Category 2a and 2b
Skin flap cannot be realigned



Category 3
No skin flap

Product solution

ALLEVYN[◇] Gentle
or
ALLEVYN Gentle Border

R^{2,3}

Review and re-assess

- Reassess within 5 days unless signs and symptoms of infection, if concerned, or if dressing needs changing.
- Determine date of wound review and dressing change; document
- Remove the dressing in direction of the arrow
- Monitor for changes in the wound and exudate
- Assess surrounding skin integrity



STAR^{2,3} Treatment of Skin Tears



To optimise healing, management of skin tears is best carried out at the time of injury.

1. Control bleeding and clean the wound according to protocol²
2. Realign (if possible) any skin or flap²
3. Assess degree of tissue loss and skin or flap colour using the STAR^{2,3} Classification System²
4. Assess the surrounding skin condition for fragility, swelling, discolouration or bruising²
5. Assess the person, their wound and their healing environment as per protocol²
6. If skin or flap colour is pale, dusky or darkened reassess in 24-48 hours or at the first dressing change²

Treatment of Skin Tears¹

Control bleeding and cleanse the wound according to protocol

Control bleeding

- Apply pressure and elevate the limb if appropriate.
- When controlling bleeding is the main goal, dressings to assist with haemostasis may be used.



Cleanse

- Cleanse/irrigate the wound as per local protocol and remove any residual debris or haematoma; gently pat the surrounding skin dry to avoid further injury.
- If viable, re-approximate the skin flap to use as a 'dressing.' Ease the flap back into place using a gloved finger, dampened cotton tip, tweezers or a silicone strip.



Treatment of Skin Tears¹

Manage infection/inflammation & consider moisture balance/exudate control

Manage infection/inflammation

- Wound inflammation from trauma should be distinguished from wound infection.
- Wound infection can result in pain and delayed wound healing; diagnosis of infection should be based on clinical assessment and appropriate infection control measures taken



Consider moisture balance/exudate control

- Skin tears tend to be dry wounds, but there may be some circumstances in which exudate is an issue
- Moisture balance is essential to promote wound healing and to protect the peri-wound skin from maceration.
- Observe the volume and viscosity of the exudate when selecting a topical wound dressing



Treatment of Skin Tears¹

Monitor wound edge/closure

Monitor wound edge/closure

- Skin tears are acute wounds that should typically proceed to closure in a timely fashion and follow an acute wound closure trajectory of 14–21 days.
- Ensure that all potential factors that could delay healing (e.g. diabetes, peripheral oedema, nutritional issues) have been addressed.
- Compression therapy should be considered if the wound is on the lower leg. Before applying compression, a full leg assessment including vascular assessment – e.g. ABPI - should be carried out.



Suitable dressings for skin tears⁴

When skin tears occur, it is vital that the wound care products chosen will optimise wound healing and not increase the risk of further skin damage.

The ideal dressing for managing skin tears should¹:

- Control bleeding
- Be easy to apply and remove
- Not cause trauma on removal
- Provide a protective anti-shear barrier

- Be flexible and mould to contours
- Provide secure, but not aggressive, retention
- Afford extended wear time
- Be cost-effective

If possible, leave the dressing in place for several days to avoid disturbing the skin flap.³

The skin flap should not be disturbed for at least 5 days to allow for adherence to the cellular structures below.⁴

Unsuitable dressings for skin tears¹

Skin closure strips¹

Expert opinion suggests that adhesive strips are no longer a preferred treatment option or choice for skin tears.

Gauze¹

Using gauze is not recommended, as it does not secure the flap and there is increased risk of flap displacement when changing the secondary dressing, increasing the risk of skin necrosis.

Iodine-based dressings¹

Iodine causes drying of the wound and peri-wound skin. A major risk factor for skin tear development is listed to be dry skin.

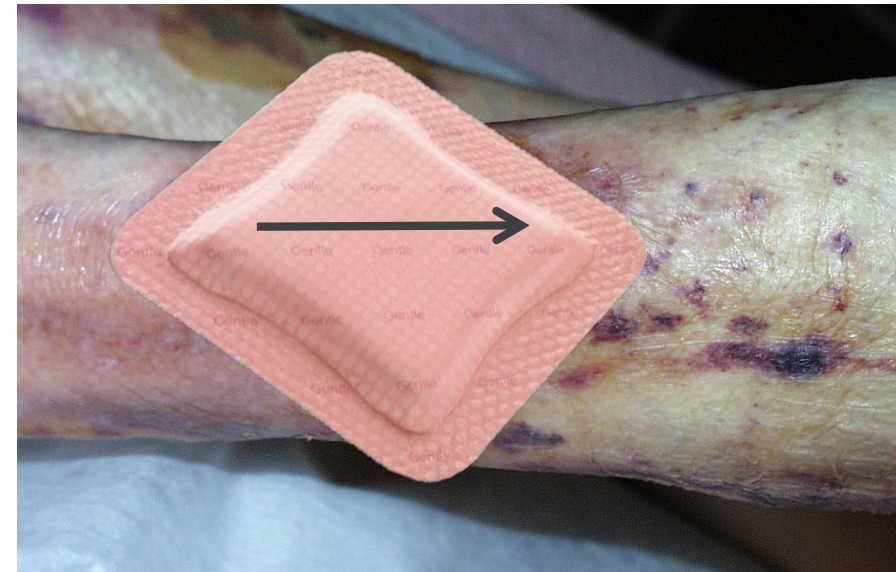


Removal of dressing^{1,3}

Drawing an arrow on the top of the ALLEVYN[®] Foam Dressing can help prevent removing the dressing against the skin tear.

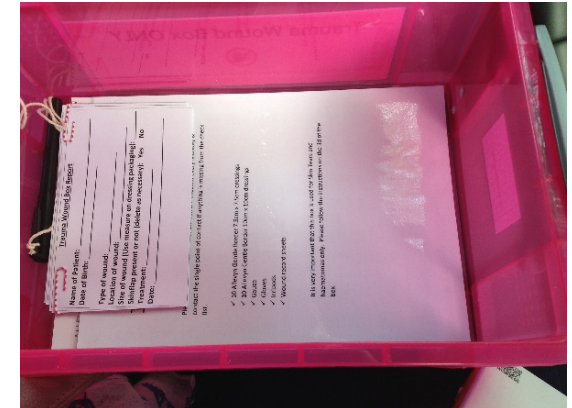


Always remove the dressing in the direction of the arrow.



Introducing skin tear boxes

- Care Plans
- STAR^{2,3} Classification tool
- Wound Assessment Chart
- Prevention Guide
- Foam dressings
- Rationale for use – flow chart
- Correct dressing use
- Patient information leaflet



Summary of tips & tricks in practice



Mark the dressing with an arrow to indicate the correct direction of removal and make sure that this is clearly explained in the notes.^{1,3}



Adhesive removers can be used when removing the dressing to minimise trauma. ^{1,3}



Take time to remove dressings slowly.¹



Consider using a skin barrier product to protect the surrounding skin (e.g. to prevent maceration if the wound has high exudate levels).¹



Use an emollient to soften and smooth wider skin area and prevent further tears.¹



Continue to monitor the wound for changes or signs of infection; if there is no improvement (e.g. after four assessments) or the wound deteriorates, refer to appropriate specialist as per local protocol.¹

Any questions?

1. LeBlanc et al. (2018). Best practice recommendations for the prevention and management of skin tears in aged skin. Best Practice, Wounds International
2. Carville K, Lewin G, Newall N, et al. STAR: a consensus for skin tear classification. Primary Intent 2007;15(1):18-28.
3. Stephen-Haynes J, Carville K. Skin tears made easy. Wounds International. 2011;2(4):1-6.
4. LeBlanc et al. (2016). The Art of Dressing Selection: A Consensus Statement on Skin Tears and Best Practice, ADVANCES IN SKIN & WOUND CARE VOL. 29 NO. 1 page 45

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