

SKIN TEAR MANAGEMENT: ACCURATE INTERVENTION TO ACHIEVE AN OPTIMAL RESULT



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In the elderly, skin changes can cause progressive atrophy and make these patients more susceptible to damage, resulting in “skin tears”. These are painful, acute wounds generally caused by friction and/or shearing, resulting in separation of epidermis from dermis. More than three-quarters of all skin tears can be classified as Category 1, where the skin flap can be replaced totally. Categories 2 and 3 represent a partial and a total tissue loss, respectively. This poster summarises the way in which skin tears are successfully managed in the Wound Care Centre.

Category 1: Skin tears without tissue loss (photo 1).

Cleanse the wound with physiological saline.

Replace the flap in its original position (photo 3).

Cover the wound with a Mepitel® dressing and leave it *in situ* until day 6 (photo 3).

Place an absorbent dressing over the Mepitel (photo 4).

Use a bandage that exerts light pressure to secure the primary dressings.

Change the absorbent dressing daily, until day three or four (photo 5).

About 83% of skin tears will be healed within one week (photos 6 + 7).



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Category 2: Skin tears with partial tissue loss.

The procedure for managing skin tears with a limited loss of tissue is practically identical to that for managing Category 1 skin tears. As exudate production decreases, desiccation of the wound needs to be prevented. Placing a hydrogel dressing such as Normlgel over the Mepitel can help to hydrate the wound. At day six, when the skin flap has grown into the wound, the treatment continues as for Category 3 skin tears.



Category 3: Skin tears with total tissue loss.

If skin has been ripped off during the trauma, or the flap has necrotised, the wound requires a moderately moist environment and is treated as an abrasion. The dressing must protect the wound against bacterial invasion and reduce pain. The large amounts of exudate can be managed by Mepilex®, Mepilex Border or Mepilex Transfer.



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PREVENTION POLICY

1. Protect the frail skin

- use emollient
- encourage use of long sleeves or stockings
- apply bandages
- use special leg protectors
- apply protective film before using adhesives

2. Prevention in daily care

- apply anti-phlebitis stockings carefully
- have short fingernails or wear gloves
- do not wear jewellery during care
- use tilt technique to prevent shearing
- transport patients carefully

3. Safe environment

- provide adequate lighting
- look out for small furniture
- upholster sharp borders of furniture or bed surroundings with soft material

4. Education

- provide information about precautions
- provide information about treatment
- provide information about healing process
- give extra training to health providers on prevention and standard care plan