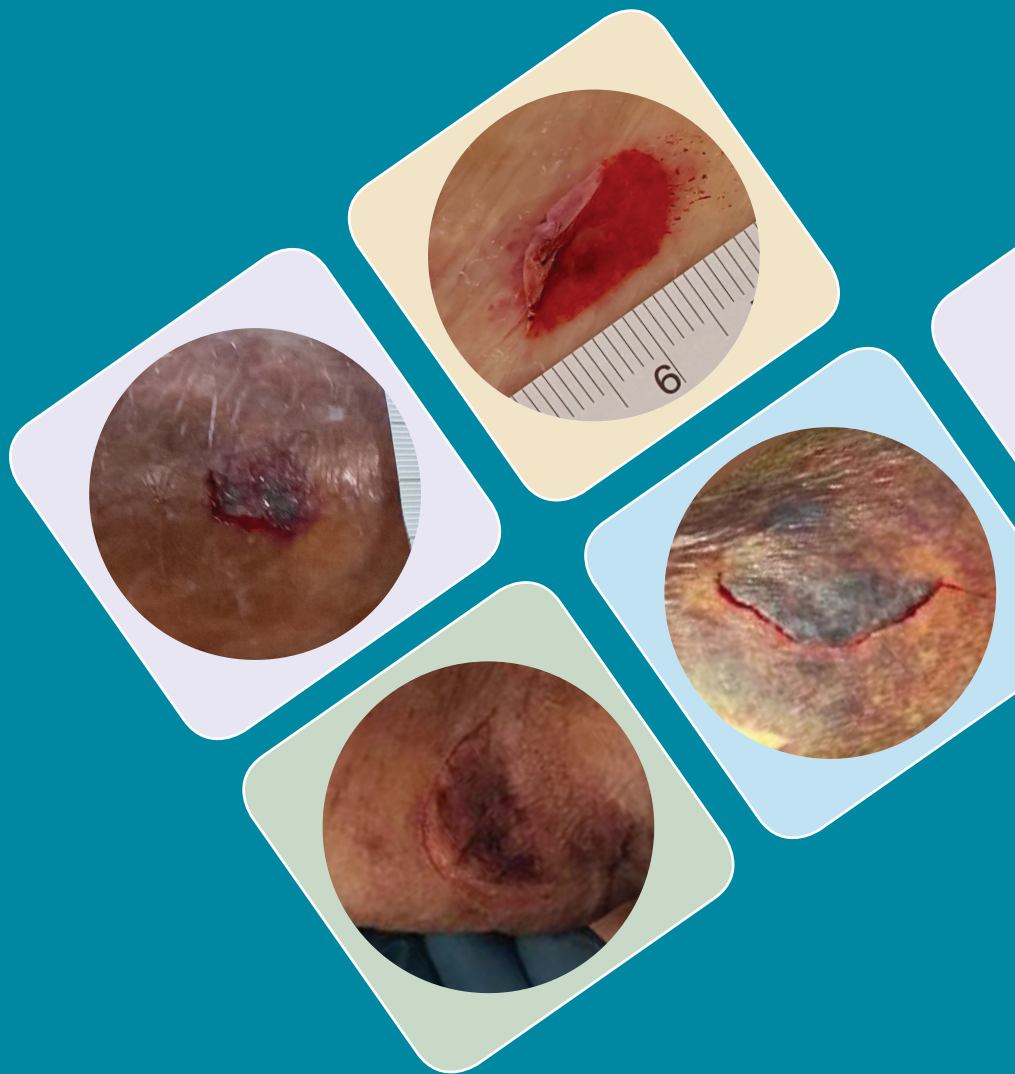


INTERNATIONAL
CASE STUDIES

Case studies evaluation: ADAPTIC TOUCH™ Non-Adhering Silicone Dressing in skin tear management

CASE STUDIES SERIES 2018



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In these cases, the ADAPTIC TOUCH™ Dressing were used with other wound care products. As with any case studies, the results and outcomes should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient's circumstances and condition.

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Indications for ADAPTIC TOUCH™ Non-Adhering Silicone Dressing

ADAPTIC TOUCH™ Dressing is designed as a primary wound contact layer for use in the management of dry to heavily exuding acute and chronic wounds, including:

- Skin tears
- Ulcerations: lower leg ulcers, pressure ulcers (category II to IV) and diabetic foot ulcers
- Surgical wounds: post-operative wounds, wounds left to heal by secondary intent, donor sites
- Partial thickness burns
- Traumatic wounds: abrasions, lacerations

NOTE: Specific indications, contraindications, warnings, precautions and safety information may exist for Systagenix and KCI (Acelity companies) products. Please consult a healthcare provider and product instructions for use prior to application.

Case studies evaluation: ADAPTIC TOUCH™ Non-Adhering Silicone Dressing in skin tear management

INTRODUCTION

Skin tears are acute wounds caused by shear, friction or trauma, resulting in separation of the skin layers (LeBlanc et al, 2013). The 2018 International Skin Tear Advisory Panel (ISTAP) Best Practice Statement defines skin tears as a traumatic wound caused by mechanical forces, including the removal of adhesive dressings. Severity may vary by depth (not extending through the subcutaneous layer) (Wounds International, 2018 [in press]). Skin tears can be very painful and distressing for the patient (Herbert, 2016), and as such skin must be protected in at-risk patients – particularly older patients with vulnerable, aged skin.

It is estimated that prevalence of skin tears may be underreported and could in fact be greater than the prevalence of pressure ulcers (Carville and Smith, 2004). A US study reported 1.5 million skin tears affect inpatients every year (Herbert, 2016). Therefore, when a skin tear does occur, it should be managed to avoid further damage and complications (Herbert, 2016).

WOUND CARE MANAGEMENT FOR SKIN TEARS

Wound care products for skin tear management should optimise wound healing and not increase the risk of further skin damage. This includes specialist dressings and products to cleanse and moisturise the skin (Wounds International, 2018).

Dressing selection is a key element of managing skin tears and it is important to select the appropriate dressing with treatment goals in mind. As such, the ideal dressing for managing skin tears should:

- Manage bleeding
- Be easy to apply and remove
- Be non adherent and not cause trauma on removal
- Provide a protective anti-shear barrier
- Minimise pain
- Optimise the physiological healing environment (e.g. moisture, bacterial balance, temperature, pH)
- Be flexible and mould to contours
- Provide secure, but not aggressive, retention
- Afford extended wear time
- Optimise quality of life and cosmetic factors
- Be non-toxic
- Be cost-effective (Carville and Smith, 2004; Wounds International, 2017; 2018).

Non-adherent mesh dressings (e.g. lipidocolloid mesh, impregnated gauze mesh, silicone mesh, petrolatum) are recommended for use on ISTAP Skin Tear Types 1, 2 and 3 (LeBlanc et al, 2016; Wounds International, 2018). Non-adherent mesh dressings facilitate moisture balance for multiple levels of wound exudate and allow atraumatic removal. They may require a secondary dressing (LeBlanc et al, 2016; Wounds International, 2018).

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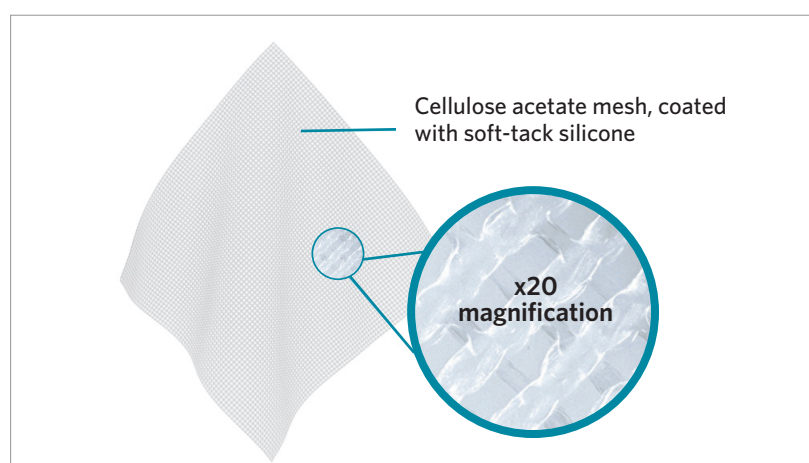
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Non-adherent wound contact layers dressings have also been shown to minimise adherence to the wound bed and pain upon removal (O'Donovan et al, 1999; Terrill and Varughese, 2000; Benbow and Iosson, 2004; Meaume et al, 2005). In a randomised controlled trial evaluating the clinical benefits of cellulose acetate mesh (CAM) coated with a soft silicone in the management of acute wounds, 97.06% ($n=33$) of the CAM group did not report dressing adherence during any of the assessments, and the CAM dressing performed as well as the flexible polyamide net contact layer dressing (Pierrefeu-Lagrange et al, 2018).

ADAPTIC TOUCH™ NON-ADHERING SILICONE DRESSING

ADAPTIC TOUCH Dressing is a non-adherent, flexible, open-mesh primary wound contact layer composed of cellulose acetate coated with a soft tack silicone (Bianchi and Gray, 2011; Figure 1). The mesh design allows exudate and blood to pass freely to an absorbent secondary dressing, to reduce the risk of exudate pooling, maceration and secondary dressing adherence to the wound (Stephens et al, 2010a; 2010b; 2010c).

Figure 1.
ADAPTIC TOUCH™
Dressing






ADAPTIC TOUCH Dressing has been found to be atraumatic to the wound and surrounding skin (Bianchi, 2011; Bianchi and Gray, 2011). The dressing may be left in place for several days depending upon amount of exudate (See Instructions For Use), and the soft-tack facilitates dressing change as dressing remains *in situ* during dressing application (Bianchi 2011; Wounds International, 2013). ADAPTIC TOUCH Dressing is associated with patient comfort and is designed to minimise both adherence and pain at dressing change (Stephens et al, 2010a; 2010b).

CASE STUDIES SERIES: ADAPTIC TOUCH DRESSING IN PRACTICE

This International Case Studies Evaluation describes use of ADAPTIC TOUCH Dressing in the management of patients with skin tears. Eight case studies are presented from Canada, the Netherlands and the United Kingdom. All of the skin tears included in this report were classified as Category 1A, 1B, 2A or 2B according to the STAR Skin Tear Classification system or Type 1 or Type 2 as classified in the ISTAP Skin Tear Classification (Table 1).

Reviews took place every 5-7 days, at which point clinicians and patients were able to provide feedback on wound progression and various aspects of the dressing regimen's performance, including wound size, condition of the wound bed, patient comfort and exudate management.

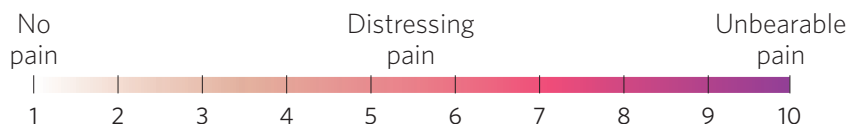
Table 1. Skin tear classifications and appropriate dressing selection from the Acelity dressing portfolio (Wounds International, 2017).

STAR skin tear classification system	ISTAP skin tear classification system		Skin tear treatment options as recommended by ISTAP	Acelity™ dressing options
<p>Category 1A and 1B 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 or darkened 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 or darkened. (Image represents Star 1B)</p>	<p>Type 1: Skin tear without tissue loss No skin loss; linear or flap tear, which can be repositioned to cover the wound bed</p>		<p>Based on assessment Control bleeding; approximate edges. Cover wound with a silicone contact layer. Apply appropriate secondary dressing when required, such as a non-adhesive or silicone foam, depending on wound exudate and location.</p>	ADAPTIC TOUCH™ Non-Adhering Silicone Dressing TIELLE™ Non Adhesive Hydropolymer Dressing with LIQUALOCK™ Technology TIELLE ESSENTIAL™ Silicone Adhesive Foam Dressing TIELLE ESSENTIAL™ Silicone Border Silicone Adhesive Foam Dressing For infection or risk of infection, consider TIELLE™ PHMB Non Adhesive Antimicrobial Foam Dressing
<p>Category 2A and 2B 2A: A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap is not pale or darkened 2B: A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is pale or darkened. (Image represents Star 2B)</p>	<p>Type 2: Partial flap loss Flap cannot be repositioned to cover the wound</p>		<p>Control bleeding; approximate edges. Cover wound with a silicone contact layer. Apply appropriate secondary dressing when required, such as a non-adhesive or silicone foam, depending on wound exudate and location.</p>	ADAPTIC TOUCH™ Dressing TIELLE™ Non Adhesive Dressing TIELLE ESSENTIAL™ Silicone Dressing TIELLE ESSENTIAL™ Silicone Border Dressing For infection or risk of infection, consider TIELLE™ PHMB Non Adhesive Antimicrobial Foam Dressing
<p>Category 3 A skin tear where the skin flap is completely absent</p>	<p>Type 3: Total flap loss Entire wound bed is exposed</p>		<p>Control bleeding; cover wound with a non-adhering silicone contact layer. Apply appropriate secondary dressing when required, such as a non-adhesive or silicone foam, depending on wound exudate and location.</p>	ADAPTIC TOUCH™ Dressing TIELLE™ Non Adhesive Dressing TIELLE ESSENTIAL™ Silicone Dressing TIELLE ESSENTIAL™ Silicone Border Dressing For partial or total flap loss: when controlling bleeding is the main goal, use PROMOGRAN™ Protease Modulating Matrix; or use PROMOGRAN PRISMA™ Wound Balancing Matrix when at risk of infection*

* Apply as a primary wound contact layer, then cover with an appropriate secondary dressing. For minimal to low exudate, use saline to moisten the matrix and initiate transformation into gel. Note: PROMOGRAN™ Matrix: If gel has not biodegraded, it is not necessary to remove

NOTE: Specific indications, contraindications, warnings, precautions and safety information may exist for Systagenix and KCI (Acelity companies) products. Please consult a healthcare provider and product instructions for use prior to application.

Feedback was also provided on whether the dressings caused the patient pain during wear time and dressing change. Pain measurements were provided at each review on a Visual Analogue Scale (VAS) between 1 and 10.



Photographs were taken at review in the majority of cases to document wound progression. Any relevant additional advice or treatments were reported.

SUMMARY

Overall, the clinicians and patients involved in this evaluation were satisfied with use of ADAPTIC TOUCH Dressing in the management of skin tears as all the skin tears healed within 2–5 weeks. ADAPTIC TOUCH Dressing allowed non-traumatic dressing changes and conformed to body contours and difficult-to-dress areas, such as the elbow. The clinicians found the dressing easy to apply and remove, and all of the patients in the study reported high levels of comfort during wear time and a decrease in reported pain scores. Moreover, ADAPTIC TOUCH Dressing within the holistic skin tear management plan, provided an optimal moist wound healing environment when used in conjunction with an appropriate secondary cover dressing, protecting the periwound skin and avoiding trauma and pain for patients with fragile skin.

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Case 1: Trauma-free use of ADAPTIC TOUCH™ Non-Adhering Silicone Dressing on a lower leg skin tear

Author: Alita Jaspas, MSc in Wound Healing & Tissue Repair, RN Expertise Centrum Woundzorg, The Netherlands

INTRODUCTION

This is a frail 89-year-old female with a history of osteopenia. She attended the clinic with a skin tear on the calf of her right leg, caused by bumping into her bed the day before.

The skin tear was classified as Category 1B according to the STAR Skin Tear Classification system, as the edges of the tear could be realigned to the normal anatomical position without undue stretching. The flap of the skin tear was dark in colour, with granulation tissue on the wound bed. The skin tear measured 4.3cm (length) x 1.9cm (width) x 0.2cm (depth) (Figure 1). The wound showed no signs of active bleeding and there were low levels of thin, haemoserous exudate. The surrounding skin was inflamed and bruised, but the patient did not experience pain (1 out of 10 on a VAS).

The wound was cleansed with polyhexanide solution and the skin flap re-approximated. ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was chosen as the primary dressing to provide a protective anti-shear barrier and optimise healing of the wound. A secondary dressing of TIELLE™ Non Adhesive Hydropolymer Dressing with LIQUALOCK™ Technology was applied and fixed with a bandage. Dressing change was planned for 5 days' time.

Review 1 (+5 days):

ADAPTIC TOUCH Dressing was easy to remove, did not cause damage to the skin and allowed exudate to pass through to the secondary dressing and avoid pooling. The wound had reduced slightly in size to 4cm (length) x 1.8cm (width), with the wound bed showing healthy granulation tissue. The flap was now adhered to the wound bed (Figure 2).

The clinician was highly satisfied with the new treatment regimen, and the patient had not experienced pain from the wound during wear time or at dressing change. The wound was cleansed with polyhexanide solution, and the ADAPTIC TOUCH Dressing, TIELLE Non-Adhesive Dressing and bandage were applied as before.

Review 2 (+10 days):

At the next dressing review, 5 days later, the wound had closed. There was no trauma caused to the skin, or pain or discomfort for the patient on dressing removal (Figure 3). The closed skin tear was left exposed and follow-up advice for the patient included wearing trousers instead of skirts where possible.

FINAL COMMENTS

For this patient, the skin flap was successfully re-approximated and the skin tear healed within 10 days. The dressing regimen of ADAPTIC TOUCH Dressing and TIELLE Non-Adhesive Dressing successfully managed exudate for optimal moist wound healing, while protecting the periwound skin and avoiding trauma and pain for this patient with fragile skin.



Figure 1: Initial assessment



Figure 2: Review 1 (+5 days)



Figure 3: Review 2 (+10 days)

Case 2: ADAPTIC TOUCH™ Non-Adhering Silicone Dressing used for a painful right elbow skin tear

Author: Alita Jaspas, MSc in Wound Healing & Tissue Repair, RN Expertise Centrum Woundzorg, The Netherlands

INTRODUCTION

A 79-year-old female patient presented 4 days after injury with a skin tear to her right elbow caused by bumping on the stairs. The patient has history of bowel cancer, polymyalgia rheumatica and a heart rhythm disorder.

The skin tear measured 3.4cm (length) x 1.8cm (width) (Figure 1) and was classified as a Category 1B skin tear according to the STAR Skin Tear Classification system, as the flap was dark in colour and the edges of the tear could mostly be realigned to the normal anatomical position. The wound showed no signs of bleeding, exudate or signs of infection, and the surrounding skin was dry and flaky.



Figure 1: Initial assessment

When the wound first occurred, it was dressed with a dry gauze, which adhered to the wound bed and was painful. The patient removed the dry gauze and, as a result, the wound had since been exposed.

The wound was cleansed with polyhexanide solution, and ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was chosen as the primary dressing to create a moist healing environment, and to minimise dressing adherence and pain during wear time and dressing change. TIELLE™ Non-Adhesive Hydropolymer Dressing with LIQUALOCK™ Technology was applied as a secondary dressing and secured with a fixation (non-elastic) bandage. The next dressing change was planned for 4 days' time. The patient hoped the dressing would stay in place and not cause pain on removal. The patient was advised not to remove the dressing during this time.

Review 1 (+4 days):

At review 1, the wound had not been painful so the patient had not tampered with the dressing. Removal of ADAPTIC TOUCH Dressing was easy, pain free and caused no further damage to the skin. The wound had decreased in size to 3.2cm (length) x 1.1cm (width) (Figure 2), and the surrounding skin was healthy with some residual bruising. There was granulation tissue present and a small amount of exudate, which was not concerning to the clinician.

The clinician and patient were both highly satisfied with treatment as less dressing changes were required. As a result, the dressing regimen was re-applied as before.

Review 2 (+10 days):

At the second dressing review, the patient continued to experience no pain, and the wound had decreased in size to 3cm (length) x 0.9cm (width) (Figure 3). Exudate had been able to pass through into the secondary dressing to avoid pooling, and so the surrounding skin was in a healthy condition. The clinician and patient remained highly satisfied with treatment, so the dressing regimen was continued as before.

Review 3 (+18 days):

The wound was now fully healed, with the first thin epithelium layers present (Figure 4). During the last week, the patient had been pain-free and found the dressing comfortable during wear time. The ADAPTIC TOUCH Dressing was easy to remove, avoiding further damage to the skin. As this patient was prone to skin tears on her arms, she was advised to use additional protective sleeving.

FINAL COMMENTS

Despite the patient having impaired skin integrity, complete healing of the skin tear to the elbow occurred in 18 days. For this generally hard-to-dress area, the dressing regimen conformed well to the body contours. The treatment plan implemented improved the patient's quality of life, with fewer dressing changes required and reduced pain and increased comfort during wear time.



Figure 2: Review 1 (+4 days)



Figure 3: Review 2 (+10 days)



Figure 4: Review 3 (+18 days)

Case 3: Use of ADAPTIC TOUCH™ Non-Adhering Silicone Dressing on upper thigh skin tear

Authors: Kimberly LeBlanc, Clinical Nurse Specialist/Advanced Practice Nurse KDS Professional Consulting, Ottawa, Canada; Dawn Christensen, Clinical Nurse Specialist/Advanced Practice Nurse, KDS Professional Consulting, Ottawa, Canada

INTRODUCTION

This is a 98-year-old female with a history of uterine cancer, hyperlipidaemia and underactive thyroid living in a long-term care facility. A skin tear was found on the front, middle region of her upper thigh during morning care. The patient was not aware of when or how the skin tear had occurred as it was not painful, but it most likely took place within the preceding 24 hours.

The skin tear was classified as Type 1 Skin Tear as classified by the ISTAP Skin Tear Classification system, with no skin loss, the flap viable and the ability to re-approximate the flap over the area of trauma. The wound measured 2cm (length) x 1cm (width) x 0.1cm (depth) (Figure 1). There was no active bleeding, exudate or signs of infection, with the condition of the surrounding skin slightly dry and flaky. The wound was flushed with saline, the surrounding area cleansed with gauze, and the flap rolled back over the area of trauma (Figure 2).

ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was selected for use as a skin-friendly, non-traumatic dressing, in order to avoid injuring the periwound skin or lifting the skin flap at dressing change. The ADAPTIC TOUCH Dressing was applied and covered with a non-adherent secondary dressing with a skin-friendly silicone border due to the location of the skin tear.

The new dressing regimen took 10 minutes to apply, and the clinician commented it was very easy to apply. The patient and care team were advised to moisturise all intact skin twice a day – the goal being to reduce the chance of future skin tears. Dressing change was planned for 4 days' time.

Review 1 (+7 days):

The ADAPTIC TOUCH Dressing was easy to remove with no pain caused to the patient (score of 1 out of 10 on a VAS) and no lifting of the skin flap. The dressing regimen had not caused any damage to the skin (Figure 3). The flap was well approximated, with a small amount of dry blood visible along the edge. The wound showed no signs of infection, exudate or bleeding.

The clinician and patient were both highly satisfied with treatment, with the patient rating comfort during wear time as "excellent". The wound was gently cleansed with normal saline flush and loose debris and scabs were removed. The dressing regimen and patient management plan was continued as before, with twice-weekly dressing changes.



Figure 1: Initial assessment

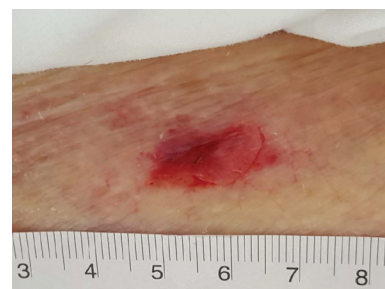


Figure 2: Flap re-approximated



Figure 3: Review 1 (+7 days)

Review 2 (+14 days):

Two weeks from initial assessment (Figure 4), the wound had improved with the healthy flap more adherent and less red. The same dressing and twice-daily moisturising regimen continued because wound healing had progressed.

Review 3 (+21 days):

The wound had now closed and healed, with all edges well approximated and no scabs visible (Figure 5). The clinician and patient were both highly satisfied with treatment, and the patient continued to rate the comfort of the dressing regimen as "excellent". The dressing regimen was discontinued as the wound had now epithelialised.

Skin barrier wipes were advised to be used on the area daily for 7 days to avoid recurrence, and the patient and care team planned to continue to moisturise skin twice a day in order to prevent future skin tears.

FINAL COMMENTS

For this patient, the skin tear successfully healed in 21 days. ADAPTIC TOUCH Dressing remained *in situ* during wear and left no residue on the wound site. The clinician found that the dressing regimen that included ADAPTIC TOUCH Dressing was very easy to use, and that it did not cause trauma to the already fragile skin of the thigh.



Figure 4. Review 2 (+14 days)



Figure 5. Review 3 (+21 days)

Case 4: Use of ADAPTIC TOUCH™ Non-Adhering Silicone Dressing on painful forearm skin tear

Authors: Kimberly LeBlanc, Clinical Nurse Specialist/Advanced Practice Nurse KDS Professional Consulting, Ottawa, Canada; Dawn Christensen, Clinical Nurse Specialist/Advanced Practice Nurse, KDS Professional Consulting, Ottawa, Canada

INTRODUCTION

This is an 85-year-old female patient with a skin tear just below the elbow on her right forearm as a result of a fall on the same day. The patient is being cared for at a long-term care facility and has history of osteoarthritis and depression.

The wound showed active signs of bleeding and low levels of thick, haemoserous exudate (Figure 1). The surrounding skin was paper-thin but essentially healthy. The patient measured pain at 6 out of 10 on a VAS.

The skin tear was classified as Type 1 Skin Tear according to the ISTAP Skin Tear Classification system, with no skin loss, the flap viable and the ability to reposition it over the area of injury. The wound was cleansed and flushed with normal saline, and gauze was used to cleanse the periwound skin. Following re-approximation of the skin flap (Figure 2), the wound measured 5cm (length) x 2cm (width) x 0.1cm (depth).

ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was selected for use as a skin-friendly, non-traumatic dressing, in order to avoid injuring the periwound skin or lifting the flap on removal. Due to location of the skin tear, ADAPTIC TOUCH Dressing was covered with an absorbent dressing with a silicone border. The care giver and patient were advised to moisturise all of the skin, except underneath the dressing in order to reduce the chance of future skin tears. The patient commented that the wound “stopped hurting” when the dressing was applied, and dressing changes were planned for twice a week.

Review 1 (+6 days):

Over the past 6 days, ADAPTIC TOUCH Dressing had been easy to remove and reapply with no pain or skin damage caused. The wound edges remained well approximated, and the wound did not re-open. ADAPTIC TOUCH Dressing allowed moisture to pass through to the secondary dressing to avoid pooling. Bruising to the surrounding area had also reduced (Figure 3).

The decision was made to continue use of ADAPTIC TOUCH Dressing, as the wound had progressed, with the flap adhering to the skin and no signs or symptoms of infection. The wound was gently cleansed with normal saline flush, and the dressing regimen and advice on skin moisturisation were continued as before.

Review 2 (+13 days):

The wound no longer showed signs of drainage and had reduced in size (3.5cm (length) x 1cm (width)) with fewer and smaller scabs (Figure 4). As a result of the positive wound progression, the dressing regimen and advice on skin moisturisation as described before were continued.



Figure 1: Immediately after fall



Figure 2: Initial assessment following re-approximation



Figure 3: Review 1 (+6 days)

Review 3 (+20 days):

After 3 weeks, the wound continued to improve, with reduced bruising to the periwound skin (Figure 5). The patient rated comfort during wear time as "excellent", with the clinician and patient both being highly satisfied with treatment. ADAPTIC TOUCH Dressing and the absorbent, non-adherent, silicone-bordered dressing were continued with twice-weekly dressing changes with appropriate advice on moisturisation also given.

Review 4 (+29 days):

The wound had completely epithelialised (Figure 6); therefore, ADAPTIC TOUCH Dressing was discontinued. The patient was advised to continue to moisturise all of her skin twice a day, in order to reduce the risk of future skin tears.

FINAL COMMENTS

For this patient, the skin tear successfully closed after a month with no additional trauma or pain caused during wear time of the dressing regimen. Throughout treatment, the patient commented that the dressing regimen had been comfortable during wear time, conforming to the difficult anatomical location of the skin tear, and not painful during dressing change. The ADAPTIC TOUCH Dressing left no residue on the skin, held the flap in place and remained *in situ* between dressing changes.



Figure 4: Review 2 (+13 days)



Figure 5: Review 3 (+20 days)



Figure 6: Review 4 (+29 days)

Case 5: Use of ADAPTIC TOUCH™ Non-Adhering Silicone Dressing on a lower leg skin tear

Author: Luxmi Mohamud, Nurse Consultant Tissue Viability, Hesa Complex Wound Clinic, Hayes, UK

INTRODUCTION

This is an 87-year-old female patient with history of osteoporosis, a progressive lung disease and asthma. She attended the clinic with a skin tear on her left lower leg, which occurred when she fell after tripping on stairs over a week ago. Before assessment by the clinician, the skin tear had been dressed with a silver dressing.

The skin tear was classified as a Category 2B according to the STAR Skin Tear Classification system, as the edges could not be realigned to the normal anatomical position. The wound comprised 80% slough and 20% granulation tissue, with low levels of serous, thin exudate (Figure 1). The patient measured pain at 7 out of 10 on a VAS. The wound showed no signs of active bleeding, and the surrounding fragile skin was dry and flaky.

ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was selected to prevent further trauma to the already fragile skin and because it can remain *in situ* for several days. A thin layer of 100% medical-grade Manuka honey was applied to the wound to debride, followed by the ADAPTIC TOUCH Dressing and a non-bordered superabsorbent secondary dressing.

ADAPTIC TOUCH Dressing was easy to apply and remove. The carer was instructed to apply moisturiser to the surrounding skin and cover the dressings with a 2-layer compression bandage. The patient was advised to elevate her leg in order to prevent oedema. Dressing change was planned for 3 days' time.

Review 1 (+7 days):

The ADAPTIC TOUCH Dressing had been easy to remove with no damage caused to the skin. The patient found dressing changes to be less painful (3 out of 10 on a VAS) with the new management regimen. The wound had reduced in size, and the depth had resolved (Figure 2). The wound now comprised 100% granulation and epithelial tissue, with no signs of infection or bleeding. Exudate was able to pass through the ADAPTIC TOUCH Dressing to avoid pooling and was contained in the secondary dressing. Wound healing had progressed well, showing healthy surrounding skin.

The clinician and patient were both highly satisfied with treatment, with the patient rating comfort during wear time as "excellent". The treatment had improved the patient's quality of life, as she was now able to wear compression hosiery instead of bandaging. The dressing regimen was continued as before in order to protect the newly healed tissue and promote maturation, along with instructions to continue appropriate daily skin care.



Figure 1: Initial assessment



Figure 2: Review 1 (+7 days)

Review 2 (+14 days):

Within 2 weeks, the wound had completely healed and was no longer painful. ADAPTIC TOUCH Dressing was discontinued and the patient was discharged from the clinic as she was able to complete skin care independently.

FINAL COMMENTS

For this patient, the skin tear healed in 2 weeks. The clinician found the dressing regimen that included ADAPTIC TOUCH Dressing to be very easy to use and could be removed without causing trauma to the fragile skin. ADAPTIC TOUCH Dressing provided a moist wound healing environment and enhanced patient comfort due to its long wear time. The clinician was highly satisfied with treatment, and commented that they would use the ADAPTIC TOUCH Dressing in the future.

Case 6: Use of ADAPTIC TOUCH™ Non-Adhering Silicone Dressing on two skin tears

Author: Luxmi Mohamud, Nurse Consultant Tissue Viability, Hesa Complex Wound Clinic, Hayes, UK

INTRODUCTION

This is a 98-year-old female patient with history of type 2 diabetes, stage 3 chronic kidney disease, atrial fibrillation and an underactive thyroid. She also has history of a cerebrovascular accident. She attended the clinic with two skin tears, one on the back of her left hand and the other on the left lower tibia, which occurred from trauma during hoisting over 3 weeks ago. The skin tears had been dressed with a low-adherent, foam bordered dressing.

According to the STAR Skin Tear Classification system, the skin tear on the hand was a Category 2B skin tear as the edges could not be realigned to the normal anatomical position, and the colour of the skin and flap was darkened. The skin tear on the tibia was classified as a Category 1B skin tear as the skin flap could be re-approximated.

The skin tear on the hand measured 30mm (length) x 10mm (width) x 1mm (depth) (Figure 1) and the skin tear on the lower leg measured 25mm (length) x 10mm (width) x 1mm (depth) (Figure 2). For both skin tears, there were low levels of thin exudate present, but no active bleeding. The patient measured her pain at 5 out of 10 on a VAS scale, and the surrounding skin was very fragile and thin.

The wounds were cleansed using a sterile saline solution. ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was selected for both wounds to prevent further damage to the fragile skin, and to extend wear time between dressing changes. ADAPTIC TOUCH Dressing was applied to both wounds, followed by gauze and a light bandage to protect the areas and prevent further skin damage.

The carers were provided with correct moving and handling techniques and a skin care regimen including emollient to moisturise the surrounding skin. Dressing change was planned for a week's time, or sooner if required.

Review 1 (+1 week):

The ADAPTIC TOUCH Dressing was easy to remove with no pain or damage caused to the skin, and exudate was able to pass through to the gauze and avoid pooling. The wounds had also not been painful during wear time (1 out of 10 on a VAS). The wound on the back of the hand had now scabbed over (Figure 3). The skin tear on the lower leg had reduced in size, measuring 1mm (length) x 0.5mm (width), and the condition of the skin tear and surrounding skin were improving.



Figure 1: Initial assessment of skin tear on the left hand

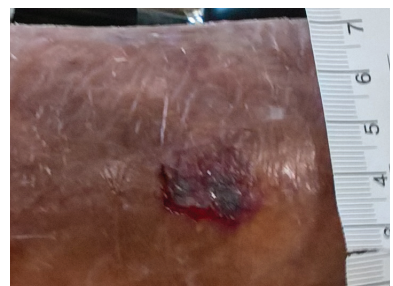


Figure 2: Initial assessment of skin tear on the left lower leg

As the lower leg skin tear was improving, the dressing regimen was continued as before to protect and continue to healing. The wound was cleansed using a sterile saline solution, and ADAPTIC TOUCH Dressing (cut in half) was applied to the wound. Advice on skin care was given and an interim dressing change was planned for a week's time.

Review 2 (+2 weeks):

After 2 weeks, the skin tear on the lower leg had completely healed (Figure 4). The dressing regimen was discontinued and the patient was discharged from care of the specialist.

FINAL COMMENTS

In 2 weeks, both skin tears had closed and healed. The clinician and patient were both highly satisfied with treatment; the clinician found the dressing regimen including ADAPTIC TOUCH Dressing easy to use, and "perfect" for skin tears due to its atraumatic and non-adhering properties. The patient described treatment as "pain free" and rated comfort of the dressing regimen during wear time as "excellent".



Figure 3: Review 1 of skin tear on the left hand (+1 week)



Figure 4: Review 2 of skin tear on the left lower leg (+2 weeks)

Case 7: Use of ADAPTIC TOUCH™ Non-Adhering Silicone Dressing for a bleeding skin tear on the elbow

Authors: Rosie Callaghan, Tissue Viability Specialist Nurse, Worcestershire Health & Care NHS Trust, Worcestershire, UK; Jackie Stephen-Haynes, Professor in Tissue Viability, Wound Healing Unit, Birmingham City University and Consultant Nurse, Worcestershire Health and Care Trust, UK

INTRODUCTION

This is a 94-year-old female nursing home resident with very thin fragile skin possibly due, in part, to steroid use for chronic obstructive pulmonary disease management. She had a skin tear to the elbow, which occurred when she took her jumper off earlier that day.

The skin tear measured 6cm (length) x 3cm (width) and was not painful (1 out of 10 on a VAS). There was some bleeding and a low amount of thin, haemoserous exudate (Figure 1). There were no signs of infection as the wound had just occurred.

The skin tear was classified as a Category 1B skin tear according to the STAR Skin Tear Classification system as the flap had bunched to one side. As per policy, the wound was irrigated with saline and the skin flap was re-approximated with wet gloved fingers. As the wound was on a problematic location – the elbow – the clinician was concerned that the flap could move again.

ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was selected for use as a gentle, non-adherent silicone dressing to keep the flap *in situ* while allowing natural wound drainage. A highly absorbent cellulose pad was applied as a secondary dressing and secured using tubular gauze. Dressing change was planned for 3 days' time. Advice was given to carers and the patient to apply emollient to help prevent skin tears and all clothes were checked for easy removal. The clinician found ADAPTIC TOUCH Dressing easy to use and conformable to the body contours. The patient was pleased that the ADAPTIC TOUCH Dressing felt "cool" on her skin.

Review 1: (+3 days)

Three days later, the condition of the wound had improved and the skin flap had remained *in situ*. The wound had not been painful since the last dressing change and was not painful during dressing change. Exudate passed through the ADAPTIC TOUCH Dressing to the secondary dressing, reducing the risk of haematoma and flap necrosis.

The clinician and patient were both highly satisfied with treatment. Only the secondary dressing and tubular gauze were changed allowing minimal disturbance to the wound. Dressing change was planned for 4 days' time.

Review 2 (+7 days)

ADAPTIC TOUCH Dressing was removed easily without damaging the skin flap and surrounding fragile skin. The patient remained pain-free during wear time and at dressing change and commented that the dressing did not pull on removal. The clinician was pleased with the healthy colour of the skin flap and that it had remained approximated. The skin tear management regimen was continued as before.



Figure 1: Initial assessment

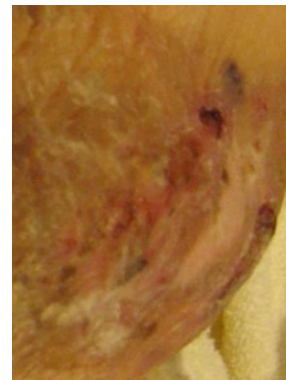


Figure 2: 3 weeks after initial injury

Review 3: (+13 days)

After nearly 2 weeks of using ADAPTIC TOUCH Dressing within the management regimen, the wound healed. The patient had continued to find the dressing comfortable and pain free during wear time, especially as it allowed her to continue with her daily activities.

FINAL COMMENTS

Within 2 weeks, the skin tear on the elbow had completely healed with minimal dressing changes required. This reduced the risk of additional trauma to the wound (Figure 2). The clinician found ADAPTIC TOUCH Dressing easy to apply and conformable to the body contours. The patient found it comfortable to wear as they were still able to move their elbow and continue with their daily activities.

Case 8: ADAPTIC TOUCH™ Non-Adhering Silicone Dressing used for skin tear for patient with a history of cerebrovascular accident

Authors: Rosie Callaghan, Tissue Viability Specialist Nurse, Worcestershire Health & Care NHS Trust, Worcestershire, UK; Jackie Stephen-Haynes, Professor in Tissue Viability, Wound Healing Unit, Birmingham City University and Consultant Nurse, Worcestershire Health and Care Trust, UK

INTRODUCTION

This is an 86-year old male nursing home resident with a history of diabetes and cerebrovascular accident (CVA). As such, he has a loss of sensory perception on his left side affected by the CVA. The patient often sustains skin tears to the limbs affected by the CVA and due to his fragile skin.

The patient presented with a skin tear on his left leg, but it was unclear when and how it had occurred. The skin tear was 2cm (length) x 2cm (width), and categorised as a Category 1B skin tear according to the STAR Skin Tear Classification system as the skin flap was intact and could be realigned. There was no exudate or signs of infection (Figure 1), but the wound was painful; the patient rated the pain as 5 out of 10 on a VAS.

The wound was irrigated with saline, and saline-soaked gauze was held on the wound for 10 minutes to hydrate the slightly dry skin flap. Once hydrated, wet gloved fingers were used to re-approximate the flap.

ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was selected for use to aid healing and limit further damage to the fragile area. TIELLE™ Hydropolymer Adhesive Dressing was applied as a secondary dressing. ADPATIC TOUCH Dressing was easy to apply and dressing change was planned for a week's time. Additional advice to follow a skin tear prevention care plan (including the frequent use of emollients) was given.

Review 1: (+7 days)

The dressing was checked daily, and there was no strikethrough to the secondary dressing. The wound had become less painful during wear time since the last dressing change (3 out of 10 on a VAS), but there was some discomfort during dressing removal of the secondary dressing due to hair pulling (2 out of 10 on a VAS). Therefore, the clinician shaved the hair around the area to avoid future discomfort.

After 1 week, the skin flap had adhered and the wound was mostly healed, apart from the edges. As both the clinician and patient were satisfied with treatment so far, skin tear management was continued as before. The periwound skin was cleaned and ADAPTIC TOUCH Dressing and TIELLE Hydropolymer Adhesive Dressing were applied. Dressing change was planned for 7 days' time.



Figure 1: Initial assessment



Figure 2: Review 2 (+14 days)

Review 2: (+14 days)

After 2 weeks, the skin tear had healed (Figure 2) and was no longer painful to the patient.

FINAL COMMENTS

The skin tear healed within 2 weeks of treatment, and during this time, the patient's pain reduced. ADAPTIC TOUCH Dressing and TIELLE Hydropolymer Adhesive Dressing were easy to use, and did not adhere to the flap or cause further trauma dressing change. It was also possible to change the secondary dressing, while leaving ADAPTIC TOUCH Dressing *in situ*, allowing minimal disturbance to the wound. The clinician would use ADAPTIC TOUCH Dressing again, especially for larger skin tears as it is flexible and moulds to the body contours.



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