QUICKGUIDE

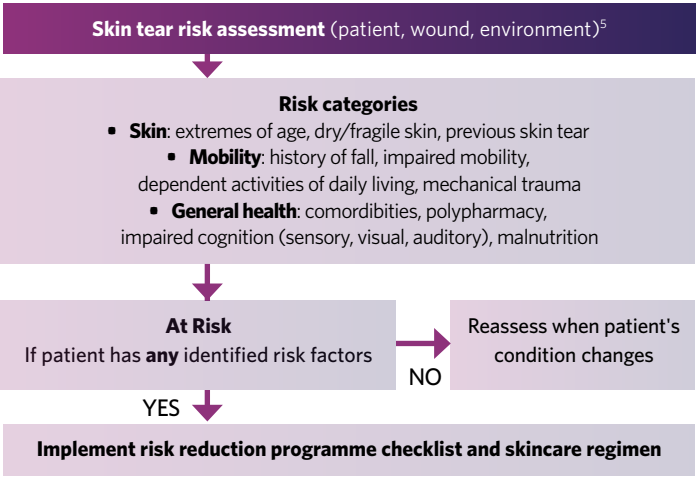
Managing skin tears in practice

It is estimated that prevalence of skin tears may be underreported and in fact be greater than pressure ulcers[1] – to date, no prevalence data is available for the UK, so the cost to patients and the NHS is not fully known[2]

Wounds INTERNATIONAL

What are skin tears?

- Skin tears are acute wounds caused by shear, friction or trauma, resulting in separation of the skin layers[3]
- Skin tears can be full or partial thickness and can occur anywhere on the body – most commonly seen on the hands, arms and lower legs
- 70–80% of skin tears occur on hands or arms[4]
- It is estimated that prevalence of skin tears may be underreported and in fact be greater than pressure ulcers[1] – to date, no prevalence data is available for the UK, so the cost to patients and the NHS is not fully known[2]
- A US study reported 1.5 million skin tears affect in-patients every year[4]
- The ageing population means that incidence of skin tears is increasing (elderly patients have fragile skin and are at increased risk)[4]
- Skin must be protected in at-risk patients and skin tears managed to avoid further damage and complication[4]
- Skin tears can be painful and distressing for the patient[4]



Managing skin tears step by step (adapted from Wounds UK[5])

Patient presents with skin tear

Control bleeding Apply pressure/elevate the limb

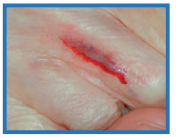
Irrigate the wound As per local protocol

Perform wound assessment and categorise skin tear

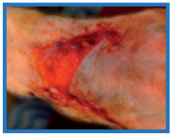
Document findings and record as per local protocol

Skin tear categories

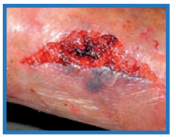
Type 1
No skin loss



Type 2
Partial flap loss



Type 3
Total flap loss



Set treatment goals

- Avoid further trauma
- Protect periwound skin (e.g. use skin barrier)
- Manage exudate for optimal moist wound healing
- Prevent infection
- Minimise pain
- Implement prevention protocol

Approximate the wound edge
If skin is viable, ease the skin flap into position

Apply dressing
Select appropriate dressing based on treatment goals

Review and reassess
Monitor the wound for any changes and revise treatment plan according to progress

Dressing selection for managing skin tears

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:[1]

- Control bleeding
- Be easy to apply
- Provide a protective anti-shear barrier
- 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
- Not cause trauma on removal
- Optimise quality of life and cosmesis
- Be cost-effective

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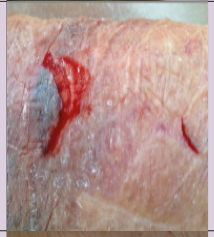
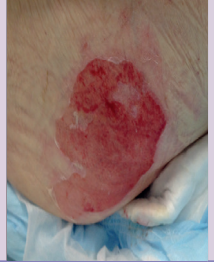
Dressing selection for managing skin tears

STAR skin tear classification system	ISTAP skin tear classification system		Skin tear treatment options as recommended by ISTAP	Acelity™ dressing options
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)	**Type I: Skin tear without tissue loss** No skin loss; linear or flap tear, which can be repositioned to cover the wound bed		**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.	ADAPTIC TOUCH™ Non-Adhering Silicone Dressing KERRAFOAM™ Gentle Border with EXUSAFE™ Technology KERRALITE COOL™ Dressing or KERRALITE COOL™ Border Dressing for painful nil to low exuding wounds.
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)	**Type II: Partial flap loss** Flap cannot be repositioned to cover the wound		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.	ADAPTIC TOUCH™ Non-Adhering Silicone Dressing KERRAFOAM™ Gentle Border with EXUSAFE™ Technology KERRALITE COOL™ Dressing or KERRALITE COOL™ Border Dressing for painful nil to low exuding wounds.
Category 3 A skin tear where the skin flap is completely absent	**Type III: Total flap loss** Entire wound bed is exposed		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.	ADAPTIC TOUCH™ Non-Adhering Silicone Dressing KERRAFOAM™ Gentle Border with EXUSAFE™ Technology KERRALITE COOL™ Dressing or KERRALITE COOL™ Border Dressing for painful nil to low exuding wounds. For bleeding, partial or total flap loss: PROMOGRAN™ Protease Modulating Matrix or 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 low or no exudate, use saline to moisten the matrix and initiate transformation into gel. Note: PROMOGRAN™ Matrix and PROMOGRAN PRISMA™ Matrix: If gel has not biodegraded, it is not necessary to remove.

References
1. Stephen Haynes J, Carville K (2011) Skin Tears Made Easy. *Wounds International* 2(4): 1-6.
2. Bianchi J (2012) Preventing, assessing and managing skin tears. *Nursing Times* 108: 13, 12-6.
3. LeBlanc K et al (2013) International Skin Tear Advisory Panel: a tool kit to aid in the prevention, assessment, and treatment of skin tears using a Simplified Classification System ©. *Adv Skin & Wound Care* 26(10): 451.
4. Hebert G (2016) No more skin tears. *Wound Care Advisor* 5: 2.
5. Wounds UK (2015) All Wales guidance for the prevention and management of skin tears. Available at: www.welshwoundnetwork.org/files/8314/4403/4358/content_11623.pdf.