

# Skin Tear Management: accurate intervention to achieve an optimal result



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**Problem:** In elderly patients, a number of structural and functional changes in ageing skin can cause progressive atrophy. Such changes make the patient more susceptible to damage resulting in “skin tears”, these are acute wounds that are generally caused by friction and/or shearing, resulting in separation of epidermis from the dermis. These wounds are painful wounds and may take a long time to heal. Cognitive impairment, malnourishment, prolonged use of corticosteroids and/or anticoagulants, immobility and some co-morbidities are the most important recognized risk factors for skin tears.

Payne and Martin defined and classified this wound type in 1993. More than three quarters of all skin tears can be classified as Category 1 where the skin flap can be replaced totally. Category 2 and 3 represent a partial and a total tissue loss respectively.



Photo 1: Category 1



Photo 2: Category 2



Photo 3: Category 3

**Aim:** The primary aim of skin tear treatment is to achieve rapid and efficient wound healing in which the comfort of the patient is of the utmost importance. In this case study, the management of a (Category 1) skin tear is illustrated.

**Case study:** A 93-year old woman suffered a traumatic wound when she fell and injured her left leg against the edge of the bed. The wound bled profusely due to the patient’s daily medication of aspirin (160 mg), after a period of 5 hours the patient’s daughter took her to the wound centre for treatment.

In the first examination the skin flap could not easily be observed until the wound had been cleansed with saline. When this procedure had been completed, the skin flap was identified and re-positioned. The skin flap was not at this stage considered to be devitalised and therefore had a good chance of recovery.

Mepitel was used as the primary dressing to treat this skin tear, this dressing was chosen, because it adheres softly to the intact skin, and can be retained in place for up to one week. In addition to Mepitel, a secondary absorbent dressing was used in conjunction with a compression bandage to dress the wound. The dressings were retained in place for 7 days without being changed, after this period the dressings were removed to reveal an almost totally healed skin tear.



Photo 4 (day 0)



Photo 5 (day 0)



Photo 6 (day 0)



Photo 7 (day 8)



Photo 8 (day 15)



Photo 9 (day 22)

**Conclusion:** This skin tear case study was presented as a difficult wound to treat, but, using a defined protocol (that has previously been published in the Journal of Wound Care, 2002) a successful outcome was achieved.

This study highlights the significant importance of time to treatment when replacing skin flaps in the treatment of skin tears. If there has been a delay (a few hours) in the treatment of such a wound, then there is a high risk of infection and necrosis. In this study, the use of a Mepitel dressing allowed observation of the wound and its surroundings without removal of the dressing, enabling tissue evaluation and early indication of any potential problems.

It is noteworthy to say, that in elderly patients a prevention policy inclusive of a safe environment is highly important to protect against such injuries.