

Skin Tears: Keeping It Together

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Skin tears are traumatic wounds caused by a separation of the epidermis and dermis. These two skin layers are joined together by a wave-like basement membrane that prevents sliding. As the skin ages, this membrane flattens, allowing the skin to slip back and forth and increasing its vulnerability to external forces. Aging skin also is compromised by decreased elasticity, decreased collagen and sebaceous gland function, and adipose tissue loss.

Although frequently no injury incident is identified, skin tears can result from wheelchair injuries, bumping into objects, tape removal, injuries during transfers, and falls.¹ Eighty percent of all skin tears occur on the arms or hands. Patients at risk for skin tears often are found to have poor mobility or dexterity, impaired vision, cognitive difficulties, or decreased sensation — all of which can lead to falls and accidents.

Prevention strategies to avoid skin tears include keeping the skin well moisturized and protected. The use of soap is discouraged. Emollient-based cleansers for bathing are preferred and moisturizers should be applied to the skin at least twice a day. Bedrails padded with a pillow or blanket, arm sleeves, and pants can protect frail skin. It is crucial to assess persons at risk for falling. Proper lifting and positioning techniques must be implemented to avoid friction and shear injuries to the skin.

Skin tears should be managed with topical therapies that protect the skin from further damage and promote healing; treatment choices vary. Skin tears can be painful, so it is essential to choose an atraumatic, nonadherent dressing. Dressings should maintain a moist, clean environment, absorb exudate, and protect periwound skin; dressing changes, as well as the use of adhesives and tape, should be minimized. The skin tear should be monitored for infection. Skin tears are often unavoidable, but how they are managed can have a drastic effect on elderly patients and their caregivers. ■

Reference

1. Jones J. Understanding skin tears: the “why’s” and “how’s”. *Healthy Skin*. 2007;4(2):12–16.

Commentary from Ferris Mfg. Corp.

Because of age-related skin changes and disease processes, skin tears are a common occurrence in the older population. If a skin tear occurs, it is crucial to choose an appropriate dressing that will protect and heal the skin tear and not cause further trauma.

In a representative case study,¹ a 51-year-old female long-term care resident with multiple comorbidities suffered fall injuries to her right lateral shin, causing a hematoma and a painful full-thickness skin tear. The skin tear was dressed twice a day with an antibiotic ointment and a nonadherent dressing. The wound was draining light yellow purulent exudate so it was managed with a PolyMem Silver® dressing. PolyMem was chosen because of the clinician’s prior success using PolyMem on skin tears — the dressings support moist wound healing; help reduce edema, bruising, and pain; help concentrate the inflammatory cells necessary for healing into the site of injury; and do not adhere to the wound bed. The dressings serve as a robust silver reservoir, releasing silver ions as exudate is drawn into the dressing. PolyMem Silver dressings have been shown to be less toxic to healing cells than many other silver-containing dressings as well as a dressing that does not contain silver.²

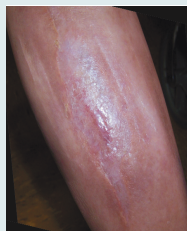
This patient experienced immediate pain relief. After 1 week, the silver-containing dressing was replaced by the standard PolyMem dressing (without silver) because there was no purulent drainage. The standard PolyMem dressing contains the same healing benefits as the silver dressing without the small-particle elemental silver. Daily dressing changes and manual cleansing continued for 2 weeks because of bleeding and slough. Once the wound bed was clean and bleeding abated, dressing changes gradually decreased to every 5 days. No manual cleansing was required; PolyMem dressings contain a built-in wound cleaner that continually cleanses the wound bed. ■

References

1. Ricciardo L. Complete Pain Relief Using Polymeric Membrane Dressings to Treat a Category III Skin Tear to Complete Closure. Poster Presentation at the WOCN Society’s 39th Annual Conference, Salt Lake City, Utah. June 10–13, 2007.
2. Burd AB, Kwok CH, Hung SC, et al. A comparative study of the cytotoxicity of silver-based dressings in monolayer cell, tissue explant, and animal models. *Wound Rep Reg*. 2007;15:94–104.



January 10, 2006: the wound measures 13 cm x 5 cm x 0.1 cm, is painful, and the wound edges are indurated and swollen.



April 6, 2006: wound closure. The skin tear healed in only 3 months — much more rapidly than the clinician would have expected using other dressing approaches.

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