Managing Skin Tears in the Elderly Population with Adaptic Touch™ Non Adhering Silicone Dressing: A Case Series

Kimberly LeBlanc BScN RN MN CETN(C) IIWCC, Dawn Christensen BScN RN MScN CETN(C) IIWCC, Vida Johnston BScN RN WOCN CETN(C)

Introduction

Skin Tears
Skin tears represent a specific and challenging type of laceration which affects the elderly, the very young and the critically and chronically ill populations. Health care professionals must understand which patients are at risk for developing skin tears: how to prevent these wounds; and how to treat them when they occur (LeBlanc & Baranoski, 2009, Baranoski, 2003). A skin tear is a wound caused by shear, friction, and/or blunt force resulting in separation of skin layers. A skin tear can be partial-thickness (separation of the epidermis from the dermis) or full-thickness (separation of both the epidermis and dermis from underlying structures) (Thomas Hess, 2004).

The Elderly
Particularly at risk are the elderly, with more than 1.5 million skin tears reported to occur each year in adults in health care facilities. The higher risk for the elderly is due in part to the fragility of the aging skin, flattening of the basal cell layer and impaired circulation (LeBlanc & Baranoski, 2009, Baranoski, 2003). Compared to more extensive and costly chronic ulcers, skin tears are often seen as minor, inconsequential wounds. In reality these wounds are painful and can lead to potential complications if not treated appropriately (Cuzzell, 2002). Skin tears can cause stress to patients and their families and are often challenging wounds to treat due to the physical changes associated with aging and co-existing illnesses.

Prevention of Skin Tears in the Elderly
Prevention of skin tears, especially in the elderly, presents a clinical challenge for health care providers working with this population. Even the slightest bump may result in a skin tear (LeBlanc et al, 2008). Removal of adhesive tapes or dressings can cause trauma to fragile skin. Baranoski reports that skin tears occur most often in the upper extremities, nearly 80% of skin tears occur on the arms and hands, however they can occur anywhere on the body and can even be mistaken for stage II ulcers on the buttocks and back (Baranoski, 2003).

Patients who are dependent, and older are at the greatest risk for skin tears. These patients frequently acquire skin tears during routine activities of dressing, bathing, repositioning, and transferring. Independent ambulatory patients are at the second highest risk and the majority of their skin tears occur on the lower extremities (White, Karam, Cowell, 1994).

While prevention of skin tears is the primary focus for managing this problem, health care professionals working with the elderly population must be equipped to manage these challenging wounds when they occur. In recent literature there has been an increase in the attention given to these wounds, however there has been no gold standard developed for the management of skin tears.

Case Study

Through case study format, this poster reviews one treatment option available for skin tears. Shown pictorially is the use of Adaptic Touch™ Non Adhering Silicone Dressing in the care of skin tears for six elderly patients living in Long Term Care facilities. Their wounds ranged from partial to full thickness skin tears. These case studies will include photos taken at initial and final assessments, the treatment protocol, the problems encountered, patient outcomes and implications for the future.

References
5. Thomas Hess, C. 2004. Skin II. Advances in Skin and Wound Care 17(6) 277.

Population
Six elderly patients, two males and four females ranging from 79 to 95 years of age identified with Payne-Martin Category I, II and III skin tears (O’Regan 2002) of less than twenty four hours duration were treated with a non-adherent contact dressing.

Classification: Payne & Martin Skin Tear Classification (O’Regan, 2002):
Category I: Skin tears without tissue loss
• Linear type (full thickness): epidermis and dermis are pulled in one layer from supporting structures. Wound is incision like in appearance.
• Flap type (partial thickness): epidermis and dermis are separated. Flap can be completely approximated or approximated to expose no more than 1mm of the dermis.
Category II: Skin tears with partial tissue loss
• Scant tissue loss type: 25% or less of the epidermal flap is lost.
• Moderate to large tissue loss type: more than 25% of the epidermal flap is lost.
Category III: Skin tears with complete tissue loss
• The epidermal flap is absent.

Protocol
• Clean skin tear with normal saline and control bleeding.
• Approximate wound edges when possible.
• Initial digital photo if consent has been obtained (written consent by resident or POA required).
• Apply Adaptic Touch™ non-adherent silicone dressing.
• Apply appropriate secondary dressing depending on wound exudate and location when required.
• Change Adaptic Touch™ non-adherent silicone dressing Q weekly and secondary dressings as per local wound conditions and amount of exudate.
• Document with every dressing change.
• Photos at wound closure.

Results
1. Complete closure in 6 out of 6 wounds within 51 days of treatment with the Adaptic Touch™ non-adherent silicone dressing. Secondary dressings included foam with or without alginate dressings depending on the amount and type of discharge and location of the wound.
2. Compression therapy was not required in the treatment of patients with lower limb skin tears.
3. Patients did not experience any pain with application.
4. There were no signs and symptoms of infection at wound sites.
5. Nurses reported no problems encountered with the application of product.
6. Nurses reported decrease nursing time required for wound care as the product was not adherent to the fragile skin and therefore took less time for removal of dressings.
7. Nurses reported an increase in patient comfort during dressing changes.

Conclusion
While prevention of skin tears is the primary focus for managing skin tears, health care professionals working with the elderly population must be equipped to manage these challenging wounds when they occur. In recent literature there has been an increase in the attention given to these wounds, however there has been no gold standard developed for the management of skin tears.

Through case study format, this poster highlighted one treatment option available for skin tears. The results demonstrate the need for further study into the wound healing benefits of non-adherent dressings in the treatment of skin tears and its cost effectiveness.

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