**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\(^2\).

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**Dressing selection for managing skin tears**

<table>
<thead>
<tr>
<th>STAR skin tear classification system</th>
<th>ISTAP skin tear classification system</th>
<th>Skin tear treatment options as recommended by ISTAP</th>
<th>Acelity™ dressing options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1A and 1B</strong></td>
<td></td>
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</tr>
<tr>
<td>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</td>
<td>1A: Skin tear without tissue loss No skin loss; linear or flap tear, which can be repositioned to cover the wound bed</td>
<td>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.</td>
<td>ADAPTIC TOUCH™ Non-Adhering Silicone Dressing</td>
</tr>
<tr>
<td>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)</td>
<td>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)</td>
<td>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.</td>
<td>TIIELE™ Non Adhesive Hydroulcosmic Dressing</td>
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<tr>
<td><strong>Category 2A and 2B</strong></td>
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<tr>
<td>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</td>
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<td>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.</td>
<td>TIIELE ESSENTIAL™ Silicone Adhesive Foam Dressing</td>
</tr>
<tr>
<td>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)</td>
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<td>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.</td>
<td>TIIELE ESSENTIAL™ Silicone Border Dressing</td>
</tr>
<tr>
<td><strong>Category 3</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A skin tear where the skin flap is completely absent</td>
<td>A skin tear where the skin flap is completely absent</td>
<td>Control bleeding; cover wound with a non-adhesive silicone contact layer. Apply appropriate secondary dressing when required, such as a non-adhesive or silicone foam, depending on wound exudate and location.</td>
<td>TIIELE™ Non Adhesive Dressing</td>
</tr>
<tr>
<td>Type I: Skin tear without tissue loss No skin loss; linear or flap tear, which can be repositioned to cover the wound bed</td>
<td>Type I: Skin tear without tissue loss No skin loss; linear or flap tear, which can be repositioned to cover the wound bed</td>
<td></td>
<td>TIIELE ESSENTIAL™ Silicone Dressing</td>
</tr>
<tr>
<td>Type II: Partial flap loss Flap cannot be repositioned to cover the wound</td>
<td>Type II: Partial flap loss</td>
<td></td>
<td>TIIELE ESSENTIAL™ Silicone Border Dressing</td>
</tr>
<tr>
<td>Type III: Total flap loss Entire wound bed is exposed</td>
<td>Type III: Total flap loss</td>
<td></td>
<td>For infection or risk of infection, consider TIELLE™ PHMB Non Adhesive Antimicrobial Foam Dressing</td>
</tr>
</tbody>
</table>

* 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.*

**References:**
4. Wound Care Advisor (2016) No more skin tears 5-2
5. Wounds UK (2017) All Worlds guidance for the prevention and management of skin tears

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**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.
What are skin tears?

- Skin tears are acute wounds caused by shear, friction or trauma, resulting in separation of the skin layers.
- 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.
- It is estimated that prevalence of skin tears may be underreported and in fact be greater than pressure ulcers - to date, no prevalence data is available for the UK, so the cost to patients and the NHS is not fully known.
- A US study reported 1.5 million skin tears affect in-patients every year.
- The ageing population means that incidence of skin tears is increasing (elderly patients have fragile skin and are at increased risk).
- Skin must be protected in at-risk patients and skin tears managed to avoid further damage and complication.
- Skin tears can be painful and distressing for the patient.

Managing skin tears step by step (adapted from Wounds UK)

- **Control bleeding**
  - Apply pressure/elevate the limb

- **Irrigate the wound**
  - As per local protocol

- **Document findings and record as per local protocol**

- **Perform wound assessment and categorise skin tear**
  - 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 pain 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

Skin tear risk assessment (patient, wound, environment)

- Risk categories
  - **Skin**: extremes of age, dry/fragile skin, previous skin tear
  - **Mobility**: history of fall, impaired mobility, dependent activities of daily living, mechanical trauma
  - **General health**: comorbidities, polypharmacy, impaired cognition (sensory, visual, auditory), malnutrition

- **At Risk**
  - If patient has any identified risk factors

- **YES**
  - Implement risk reduction programme checklist and skincare regimen

- **NO**
  - Reassess when patient’s condition changes

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:

- **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**