

RESKIN ACADEMY

SKIN TEAR

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INTRODUCTION

'Skin at risk' is a common problem among elderly people (>80 years) living in nursing homes, geriatric wards in hospitals or at home. Older people very often have thin, vulnerable and dry skin. This skin has lost most of its elasticity and will tear apart when external shearing forces react on the skin. Skin at risk ends, in a short notice- if not treated properly -, as a skin tear or other skin lesion as a result of external factors which can be:

- Mechanical (hurting skin against hard or sharp object)
- Scratching when itching (ex leg ulcers) >>> scratch injury
- Moist/ humidity >>> intertrigo
- Shearing or friction (external prostheses user, wheelchair user,...)

In nursing homes, skin tears appear among 5% of the population at any time. The time for healing can be estimated at 2 à 3 weeks. The treatment is very uncomfortable for the patient and is usually very painful. In general, patients have multiple skin tears (average 2,5/patient) on different spots such as legs, arms, ... An adequate but simple and easy treatment would be very beneficial for these patients.

CASE REPORT

PATIENT SITUATION

A 76 year (° 14/10/1934) old man is injured after a nasty fall. At his elbow, a skin tear class1 without tissue loss and a skin tear class 2 with major tissue loss are diagnosed. The patient has a very vulnerable skin, thin and dry and shows signs of dehydration. The patient has a score 14 on the scale of Norton. He is mentally healthy, has a minor mobility problem and is continent. The nutritional status of the patient is sufficient.

USED TREATMENT AND RESULTS

Two skin tears are diagnosed on the left arm (Picture 1). The wounds are cleansed, disinfected and dried. In order to limit the risk for infection and to eliminate all blood underneath, the flaps are lifted and cleansed.



Picture 1



Picture 2



Picture 3

Two RESKIN® silicone dressings- large enough to cover the wound and surrounding skin - are applied with a light compressive bandage on top. On July 8th the class two skin tear evolves towards a class 3 three skin tear with full tissue loss. The dressing is saturated with exudate and blood. After removal of the dressing the wound is cleansed. During the cleansing, the loose parts of the epidermis get loose. A new RESKIN® silicone dressing is applied after cleansing and drying of the wounds and surrounding skin. (Picture 2).

On July 15th, the dressings (applied under a light compression bandage) are once again removed. On July 23th, the dressing is removed and almost full healing is visible (total healing time: 16 days). (Picture 3)

From then on, a RESKIN® silicone dressing is applied to prevent further friction.

DISCUSSION

RESKIN® silicone dressings are very helpful to take care of skin tears and are easy to use / to apply and support wound healing. The adhesive of the dressing is sufficient to guarantee a perfect care of the wounds and cause no irritation.

CONCLUSION

RESKIN® silicon dressings was a cheap, easy in use and non irritating dressing. The dressing supported wound healing and prevented further skin tear injuries.