

MORE EFFICACY AND MORE COMFORT IN THE TREATMENT OF SKIN TEARS



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1. Problem

Skin tears are acute wounds which occur by friction and/or shearing on the skin of elderly. A number of structural and functional changes in the ageing skin cause progressive atrophy. Skin tears mostly are painful wounds, which can take a long healing time. A cognitive impairment, malnourishment, prolonged use of corticosteroids and/or anticoagulants, immobility and some comorbidities are the most important recognized risk factors for skin tears.

Payne and Martin defined and classified this wound type in 1993. More than ¾ of all skin tears can be classified as a category 1 where the skin flap can almost be replaced totally. In Category 2 and 3 we observe respectively a partial and a total tissue loss.

2. Goal:

Since the publication 'Using a soft silicone-coated net dressing to manage skin tears*' we did not discover other innovative treatments for Skin Tears category 1. The aim of this case study was to evaluate a new one-sided silicone woundcontact layer in the treatment of skin tears.

3. Method:

We have treated 5 skin tears with a new one-sided soft silicone coated dressing**. The method of treatment was the same as presented in the publication of 2002. Our observations were focused on differences in comfort and efficacy in the healing process in comparison with the classic soft silicone-coated net dressing. A photo documented case study will illustrate the results.



Skin tear category 1: skin damage on frail elderly skin.



Repositioning the skin towards the initial location.



Perfect fixation with a one sided soft silicone wound contact layer.



Skin healing at day 12 and at day 8.



4. Results:

In every case we observed a perfect adhesion on the skin which assured a perfect immobilisation of the skin flap. In extreme fragile skin situations we should take care at dressing changes. The adherence is somewhat higher. Because the top side of the dressing is not adhesive, it is much easier to handle. The open structure allows a good drainage of exudate. Further we remarked a high transparency which made it possible to evaluate the wound through the dressing. We did not observe any infection problem.

5. Conclusion:

The new one-sided soft silicone coated dressing has some interesting advantages. The one-sided concept is easier to handle and allows a continuous visible inspection of the wound. Not one significant disadvantage has been observed in this case study.

* Journal of WoundCare VOL 11, N° 10. Nov. 2002

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