

# Practice Innovation: Skin Tear Treatment That Changes Outcomes

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## Introduction:

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Skin tears are wounds resulting from trauma to the skin. Many skin tears are treated with basic wound care products, such as petroleum based products with gauze wrap. In our experience, this treatment frequently does the following:

1. causes pain upon removal
2. increased trauma to the wound bed and to the patient
3. requires frequent dressing changes (every 1–2 days)
4. dries out
5. adheres to the wound bed

## Objective:

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The objective of this practice innovation was to do the following:

1. decrease pain during dressing changes
2. decrease trauma to the wound bed and the patient
3. decrease need for frequent dressing changes
5. provide a product which is easier for the clinician to use.

## Methodology:

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This clinical evaluation was conducted at our medical center on 8 patients with skin tears. We trialed two non-adherent dressings:

- A lightly absorbent, non-adhesive dressing with non-adherent technology\*
- An adhesive bordered lightly absorbent dressing with non-adherent technology\*\*

The dressings incorporate a unique non-adherent lipido-colloid contact layer that contains carboxymethylcellulose to help maintain moisture, allow pain-free removal, manage exudate, and reduce caregiver time through longer wear time.

\* Restore® DUO absorbent dressing with TRIACT Technology from Hollister Wound Care

\*\* Restore® TRIO adhesive absorbent dressing with TRIACT Technology from Hollister Wound Care

## Case Study #1:

FP is a 76 year old male with multiple comorbidities who fell at home. He sustained multiple skin tears to bilateral upper extremities from the fall.

### Initial Assessment 2/7/11:

#### Wound #1:

**Left arm skin tear:** 9 cm x 3 cm  
40% granular  
60% fibrin/slough  
moderate amount serosanguinous exudate



#### Wound #2:

**Right arm skin tear:** 7 cm x 4 cm  
35% granular  
65% fibrin/slough  
moderate amount serosanguinous exudate



### Follow-Up Assessment 2/14/11:

#### Wound #1:

**Left arm skin tear:** 7 cm x 2 cm  
48% reduction in wound surface area  
100% granulation tissue



#### Wound #2:

**Right arm skin tear:** 7.5 cm x 2.5 cm  
33% reduction in wound surface area  
100% granulation tissue



#### Results:

- Dressing facilitated autolytic debridement process to achieve 100% granulation tissue in the wounds in one week
- Patient reported no pain or discomfort with the dressing changes
- Patient reported no pain or discomfort while wearing the dressing
- Dressings remained in place for one week

**Treatment:** Applied adhesive bordered non-adherent dressing\*\* to both wounds, to be left in place one week until follow-up appointment.

## Case Study #2

JB is a 68 year old male with history of uncontrolled Type II Diabetes, hypertension and depressive disorder. Admitted to hospital for unresponsive and respiratory distress. He developed left forearm swelling, blistering, skin tears and tissue loss.

### Initial Assessment 11/22/10:

#### 4 skin tears on the Left forearm

Wound #1: 2.0 cm x 2.5 cm

Wound #2: 0.5 cm x 0.5 cm

Wound #3: 2.5 cm x 2.0 cm

Wound #4: 3.0 cm x 1.5 cm



**Treatment:** Applied non-adhesive dressing with non-adherent technology\* and secured with gauze wrap. Dressings were left in place for 5 days. Patient was discharged 11/25/10, and family caregiver was instructed to change dressing every 5 days.



On 12/13/10 patient was readmitted to hospital for uncontrolled Type II Diabetes with complications. Resumed use of the same non-adhesive, non-adherent dressings. Wound resolved 12/28/10.

### Follow-Up Assessment 12/28/10:

All left forearm wounds resolved.



#### Results:

- All wounds completely healed
- Patient reported dressings were comfortable to wear
- Improvements seen with each dressing change and small amount pinpoint bleeding seen only with first dressing application
- Patient tolerated dressings well with no pain between dressing changes and very minimal pain with dressing changes that quickly resolved

## Case Study #3

MF is an 88 year old female with multiple co morbidities with traumatic skin tear to left anterior shin and cellulitis. The patient was hospitalized and treated with IV antibiotics. Post discharge, the patient was seen in our Outpatient Wound Healing and Treatment Center.

### Initial Assessment 1/7/11:

#### Full thickness skin tear on the left lower leg/shin

2.0 cm x 2.0 cm

100% granulation tissue

scant serous exudate

No signs of infection



**Treatment:** The patient was put on a treatment protocol that involved cleansing with wound cleanser, applying the non-adhesive non-adherent dressing\*, and securing with a conforming gauze wrap. Dressings were to be changed once a week by the patient's family.

#### Follow-Up Assessment 1/20/11:

The patient was seen at wound clinic and the wound was resolved.



#### Results:

- Wound was 100% resolved in 13 days
- Patient reported no pain with dressing changes
- Family caregiver reported that the dressing was easy to apply and remove, and did not adhere to the wound bed

#### Conclusion:

We found that these new non-adherent dressings were very effective in managing skin tears. This practice innovation decreased dressing adherence to the wound bed and resulted in excellent healing rates for our patients. We found that these dressings offer the following additional benefits:

- Allow dressings to stay in place 5–7 days versus petroleum-based dressings which require dressing changes every 1–2 days
- Help maintain a moist wound healing environment
- Pain-free dressing removal as reported by patient
- Provide the convenience of a 2-in-1 or 3-in-1 dressing
- Easy to use for caregivers at home

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