

Be skin tear aware



Understanding and
managing skin tears

Easy to miss

Skin tears are painful and distressing injuries that occur more often than people may realise. This common skin condition affects individuals with increased skin vulnerability and a lack of awareness means they are regularly misidentified, mistreated or even ignored.

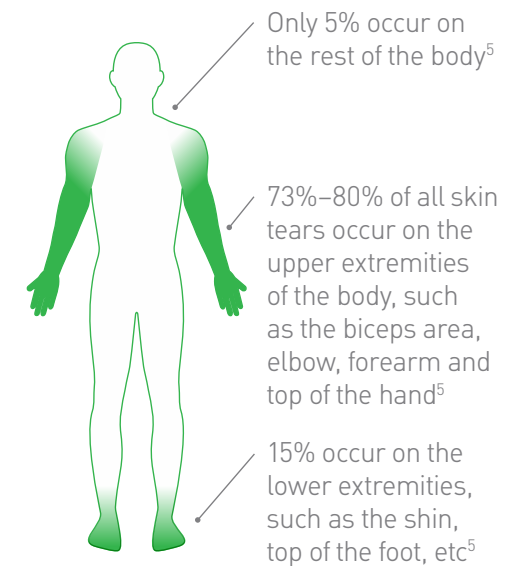
1.5m

More than 1.5 million institutionalised adults per year¹ are at risk of developing skin tears.

15.5%

15.5% reported incidence rate among patients aged over 65².

Skin tears are more prevalent than pressure injuries^{3,4}



The International Skin Tears Advisory Panel (ISTAP) defines skin tears as: *a traumatic wound caused by mechanical forces, including removal of adhesives. Severity may vary by depth (not extending through the subcutaneous layer)*⁶.



When skin becomes vulnerable

The skin is our largest organ. It regulates our temperature, gives us vital information about our surroundings, and protects us from harm. But at some stages of life, skin can become vulnerable, fragile and less able to withstand the everyday bumps, bruises and other impacts that come its way. That's when skin becomes more vulnerable to skin tears.

Skin tears are high risk, acute wounds but not always present as such. They are often missed, misdiagnosed and mistreated which can easily result in a skin tear becoming a more complicated wound. Not only does this make them harder to treat and more expensive to treat, but it prolongs healing and impacts quality of life for the patient.

According to Kim Le Blanc (Former President of ISTAP); “as many as 50% of skin tears may result in the transition to severe wound infections and chronic wounds.”

Patients suffering from skin tears complain of pain and decreased quality of life. By recognising patients at risk, preventing skin injuries, and using the appropriate treatment methods, patients can be spared of undue pain and suffering. When assessed accurately and treated correctly, skin tears can heal within approximately 4 weeks⁶.

Mölnlycke is working with ISTAP, the International Skin Tears Advisory Panel to raise awareness of this common yet often ignored problem.



Easy to treat

Once you know the risk factors, and what to look for, skin tears are much simpler to identify and treat successfully.



Focus on the flap

The first thing to look for is the skin flap. This will help you to diagnose whether the wound is a skin tear, and assess its severity. You can then follow the treatment protocol on the following page to select the correct treatment pathway and dressing.

Where present, the flap can also provide valuable protection to the wound itself. By reapproximating it over the wound bed and covering it with a soft-silicone dressing, you can help get healing underway and let it continue undisturbed.

[See pages 6-7](#)



Set healing in the right direction

If dressings are not applied gently and removed in the correct direction, they can disturb the skin flap, causing pain and distress and disrupting healing. Mepitel® One now features a simple removal symbol to secure progress across dressing changes.

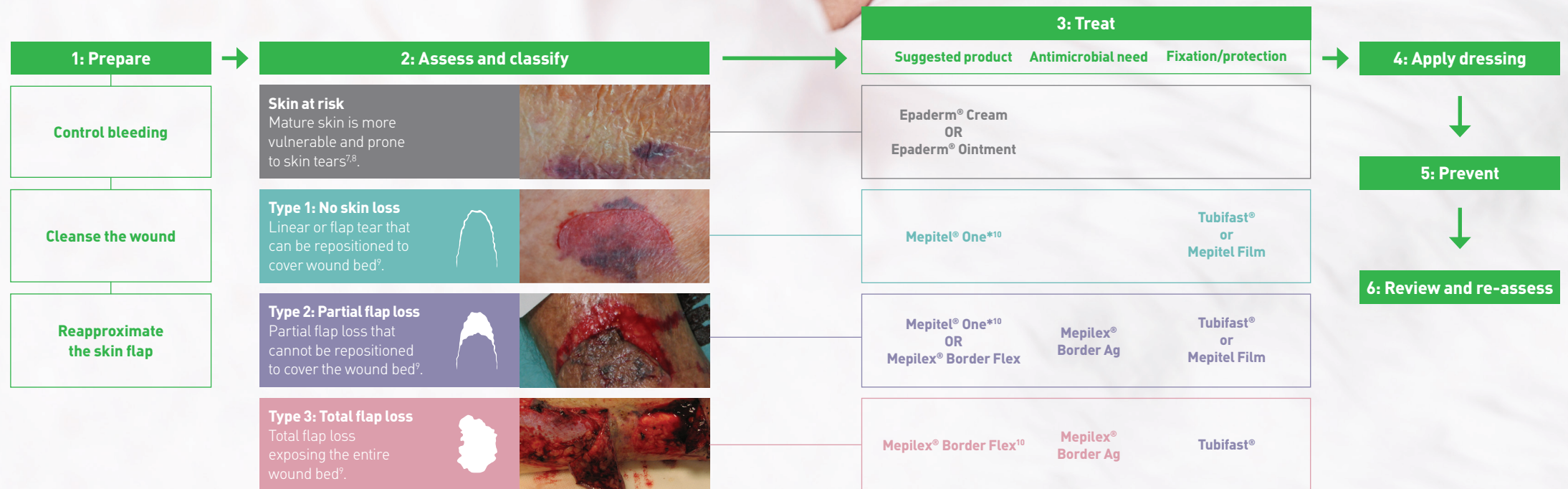
[See pages 8-9](#)

ISTAP defines the skin flap as: a portion of the skin (epidermis/dermis) that is unintentionally separated from its original place due to shear, friction and/or blunt force. This concept is not to be confused with tissue that is intentionally detached from its place of origin for therapeutic use eg. Surgical skin grafting⁶.



Assessing and treating skin tears

Mölnlycke has developed a simple classification guide to skin tears in accordance with the proposed standardisation of identifying and documenting skin tears produced by ISTAP.



*Plus secondary dressing Mesoft[®] or Mesorb[®].

Mepitel® One

For undisturbed healing

Mepitel® One is a single sided wound contact layer featuring Safetac® soft silicone. It's uniquely designed to facilitate safe and undisturbed healing including gentle and safe removal on skin tears where the flap is fully or partially intact¹¹⁻¹³.

Gentle

Reduces pain and skin damage for patients^{11,12,14}.

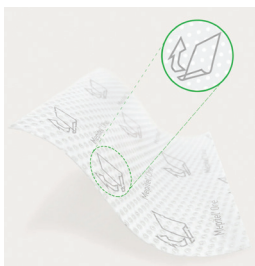
Durable

Supports undisturbed healing¹¹⁻¹⁴.

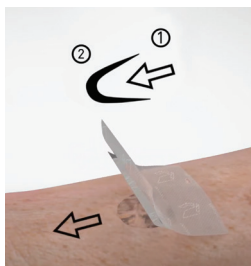
Safe to use

Supports healing progress¹² and care providers.

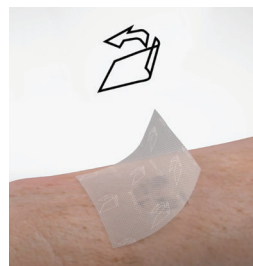
How to apply and remove a Mepitel® One dressing



Prepare the wound for dressing and reapproximate the skin flap.



Apply the dressing along with the direction of the flap.



Remove the dressing in the direction according to the removal symbol.



Scan the QR code to watch our application video



9/10
More than 9/10 patients preferred dressings with Safetac® over other dressings¹⁵.

Mepilex® Border Flex

For smart exudate management

Our next generation of flexible dressings are suitable for skin tears with total flap loss and/or higher levels of exudate.

Stays on, uniquely conforms

Supporting undisturbed healing for up to 7 days¹⁷.

Smart exudate management

Absorbs, channels and traps exudate¹⁸.

Safetac® soft silicone

Reduces pain and skin damage for patients^{15,19,20}.



3 to 7

A change in dressing change protocols from 3 to 7 days to promote undisturbed healing¹⁶.



**Be part of the team;
stay skin tear aware.**

By educating yourself, and other members of your team, you can play a key role in helping to reduce the unnecessary pain and suffering caused by skin tears.

To support your efforts to tackle these wounds and stay skin tear aware, Mölnlycke Advantage offers flexible and on-demand training and education, including:

- a series of educational webinars
- an e-learning module
- additional information and educational resources

To find these resources and more, visit:
www.molnlycke.com/education

Don't let an acute wound become a serious problem

Skin tears are **easy to miss, but easy to treat** when you have the right tools, training and equipment.

We believe that if you invest more time in becoming aware of skin tears – and what to do when they occur – you can actually spend *less time* treating them.

In turn this can help to protect budgets, reduce care hours per patient, and prevent skin tears from transitioning into a more complicated, and therefore time consuming wound^{21,22}.

Together we can rethink wound care, raise standards and make a meaningful difference for the most vulnerable patients.

Find out more at:
www.molnlycke.com



References: 1. Malone, L.M., et al. The Epidemiology of Skin Tears in the Institutionalized Elderly. *Journal of the American Geriatrics Society*, 1991. 2. Konya C. et al. Skin injuries caused by medical adhesive tape in older people and associated factors. *Journal of Clinical Nursing*, 2010. 3. Carville K. et al. STAR: a consensus for skin tear classification. *Primary Intention: the Australian Journal of Wound Care*, 2007. 4. LeBlanc K. et al. Skin tears: The forgotten wound. *Nursing Management*, 2014. 5. Bryant R. A. Types of Skin Damage and Differential Diagnosis In Bryant, R.A., Nix D.P., *Acute and Chronic Wounds: Current Management Concepts*, edition 5, St. Louis, Elsevier, 2016. 6. LeBlanc K et al. Best practice recommendations for the prevention and management of skin tears in aged skin. *Wounds International*, 2018. Available to download from www.woundsinternational.com. 7. White MW. et al. Skin tears in frail elders: A practical approach to prevention. *Geriatric Nursing*, 1994. 8. Resnick B. Wound care for the elderly. *Geriatric Nursing*, 1993. 9. LeBlanc K. et al. International skin tear advisory panel: A tool kit to aid in the prevention, assessment, and treatment of skin tears using a simplified classification system. *Advances in Skin and Wound Care*, 2013. 10. Woo K. & LeBlanc K. A randomised controlled pragmatic study to evaluate the use of silicone dressings for the treatment of skin tears. Poster presentation at Wound Con Summer [virtual] conference, 2020. 11. Patton P. et al. An open, prospective, randomized pilot investigation evaluating pain with the use of a soft silicone wound contact layer vs bridal veil and staples on split thickness skin grafts as a primary dressing. *Journal of Burn Care and Research*, 2013. 12. David F. et al. A randomised, controlled, non-inferiority trial comparing the performance of a soft silicone-coated wound contact layer [Mepitel One] with a lipidocolloid wound contact layer [UrgoTul] in the treatment of acute wounds. *International Wound Journal*, 2017. 13. Collin O. Use of Mepitel One dressing following hand surgery: a case study series. Poster presentation at Wounds UK Conference, United Kingdom, 2009. 14. Edwards J. et al. Hand burn management: minimizing pain and trauma at dressing change. *British Journal of Nursing*, 2013. 15. White R. A multinational survey of the assessment of pain when removing dressings. *Wounds UK* 2008. 16. Nelson D. Better outcomes for skin tears with new 5 layer bordered foam dressings. Poster presentation at 50th Annual Conference of the Wound Ostomy and Continence Nurses' Society, Philadelphia, Pennsylvania, United States of America, 2018. Quality Improvement Project. 17. Rook S, Davies P, Frenthoff E, Würfel T. Mepilex® Border Flex — results of an observational study in German specialist wound care centres. *Wounds International*. 2019;10(11):40-3. 18. Data on file 19. Meaurio S. et al. A study to compare a new self-adherent soft silicone dressing with a self-adherent polymer dressing in stage II pressure ulcers. *Ostomy Wound Management*, 2003. 20. Woo K.Y. et al. A randomized crossover investigation of pain at dressing change comparing 2 foam dressings. *Advances in Skin and Wound Care*, 2009. 21. Stephen-Haynes J. et al. The assessment and management of skin tears in care homes. *Br J Nurs*, 2011. 22. Gray D. et al. Pilot RCT of two dressing regimens for the management of skin tears. *Wounds UK*, 2011.

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