

# The use of a hydrophilic foam dressing with a soft silicone wound contact layer in the management of superficial wounds

Kumal Rajpaul - Senior Tissue Viability Lead Nurse, Kings College Hospital, London

## Introduction

Superficial skin tears or lacerations are commonly seen in elderly patients (Malone et al, 1991). With the changes that occur in ageing skin, partial or full separation of the outer layers of the skin can easily occur as a result of trauma, shearing and friction forces. Whilst many skin lacerations can be simply managed; compromised management or complications to healing can increase morbidity or mortality risks while the management of fragile skin can be particularly problematic to treat (Bianchi, 2012). Skin tears commonly go unreported and whilst the prevalence of skin tears in the UK is not known, studies confirm an estimated 1.5 million incidences in the USA annually (Baranoski S, 2005). The ideal dressing for application to a skin tear is described to be “easy to apply, provide a protective anti-shear barrier, optimise the physiological healing environment, 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, and be cost effective,” (Stephen-Haynes J, Carville K, 2011). The ease of removal of the dressing is also important to prevent any further damage to the wound and peri-wound area. A dressing that is difficult to remove is likely to cause trauma possibly attributing to increased wound-related pain, reduced quality of life for the patient, and delayed healing (Hollinworth H, 2006).

## Aim

The aim of this case study is to discuss the use of a hydrophilic foam dressing with a soft silicone wound contact layer in the management of superficial wounds; predominately in relation to skin lacerations, skin tears and second-degree (partial thickness) burn injuries. Pretibial lacerations are one of the most frequently seen skin tears that occur on the lower limb of elderly patients as a result of trauma. Skin tears are often mismanaged and as a result may become chronic wounds (Flanagan, 2013).

## Case Study 1

An elderly patient with very thin, translucent, fragile skin sustained a traumatic skin tear to the tibial crest. The skin tear was classified as a category 1b (skin tear audit research classification) where the edges of the skin tear can be realigned to the normal anatomical position (without undue stretching), and the skin or flap colour is pale, dusky or darkened (Carville, et al., 2007).



The skin appeared bruised and retracted. The skin was advanced and steri strip applied to secure in place. Hydrophilic foam dressing with a soft silicone wound contact layer was applied to secure the advanced skin to minimise the risk of friction and shearing forces and to reduce the risk of further damage and skin tears. The dressing stayed in place effectively with a retention bandage.



At the first dressing change 3 days later, the dressing was removed atraumatically for both the wound and the surrounding tissue. The ease of removal made it comfortable for the patient and there was no pain reported. The dressing was able to retain the exudate produced by the wound and minimise the effects of maceration to the surrounding tissue. Due to the anatomical location of the injury it was necessary to use a retention bandage to hold the dressing in place.

## Case Study 2

A patient admitted with second-degree burns with blistering to the forearm and ischium.



There were multiple satellite lesions with superficial skin loss from the blistering with a clean wound bed. The main aim of the treatment was to keep the wound bed clean and manage exudate from the lesions. The hydrophilic

foam dressing with soft silicone wound contact layer was applied to protect the area and reduce the risk of further trauma to the wound bed and peri-wound area. The dressing was conformable to the area, remained in place and comfortable to the patient.

On the first dressing change the dressing maintained a clean moist environment encouraging re-epithelisation at the wound edges. The dressing was easy to remove due to the atraumatic nature of the dressing; reducing the pain for the patient. Fluid absorbency and retention was adequate and the dressing was suitable for continued treatment. The injuries continued to improve and went on to be re-epithelised and heal.

## Results

At the first dressing changes, improvement was noted in both cases. Absorbency and retention of wound exudate were encouraging in the hydrophilic foam dressing with soft silicone wound contact layer. The dressings were conformable and offered protection to the peri-wound area, adequate to prevent further trauma. The quality of the dressing resulted in a satisfactory clinical outcome for the patient and the user. The dressing offered atraumatic removal resulting in a reduction of pain in both instances offering clinician's alternative treatment options in a challenging environment.

## Key elements

- Ease of application
- Atraumatic on removal and minimised pain on removal
- Exudate management
- May require retention dressing

## References

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