

# Management of Elderly Fragile Skin Using ActivHeal® Non Adhesive Foam

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## Introduction:

A skin tear is simply defined as a traumatic wound resulting from separation of the epidermis from the dermis (Malone *et al.* 1991). Skin tears are acute wounds caused by trauma which can be found anywhere on the body but most commonly on the extremities such as arms or on the tibial area. However they can quickly become chronic wounds as they are very difficult to heal due to poor vascularisation of the area. The incidence of skin tears increases with age with a 25 per cent incidence in 60-69 year olds to an increase of 45 per cent in patients of 85 years and over (Groeneveld *et al.* 2004)

The Payne-Martin Classification System for Skin Tears (1993) defines a skin tear as a traumatic wound occurring principally on the extremities of older adults as a result of friction alone or shearing and friction forces which separate the epidermis from the dermis (partial-thickness wound) or which separate both the epidermis and the dermis from underlying structures. Therefore, to optimise healing, management of these wounds is best carried out at the time of injury. (Cooper, Clark & Bale 2006)

ActivHeal® Non Adhesive Foam is a soft, conformable, highly absorbent dressing which can be used as a primary dressing to protect granulation and epithelial tissue or as a secondary dressing. The dressing is used to absorb exudate, maintaining an optimum moist wound healing environment. Cooper (2006) states that the most effective way of treating a skin tear is to use the skin flap as a dressing and where possible bring the wound edges together. The treatment aim was to heal the wound using the viable flap to promote healing by primary intention. The exposed dermal area would be healed as quickly as possible by secondary intention without causing pain to the patient or allow complications such as infection or further trauma of skin to occur.

## Method & Results:

Patient A was admitted to the unit with a fresh sizeable skin tear to her left shin, furthermore the skin on her right leg was in danger of further breakdown. Her past medical history included left hemi paresis due to cerebral infarct, osteoarthritis, hypertension, shingles and low mood.

**Initial dressing: 8/07/2010**

Left leg: The skin tear and flap measures 7cm at the widest point. The dermis and the epidermis had been pulled apart, however the flap was almost intact proximally. Distally the epidermal flap was lost leaving a small area of dermal tissue exposed. The wound was assessed and found to have no necrosis or slough, low levels of exudate and no sign of infection, additionally the flap was also viable. A contact layer was used as a primary dressing on the surface of the wound to avoid adhesion, to protect the flap and minimize trauma when the dressing was removed. As the patient had fragile skin it was decided to use ActivHeal® Non Adhesive Foam as a secondary dressing to promote an optimum moist environment to facilitate wound healing. This was then secured with a tubular bandage.

Right leg: Multiple areas of bruising to tibial area and friable skin. Therefore it was decided to use ActivHeal® Non Adhesive Foam secured with a tubular bandage to protect from further damage and to allow the bruising to diminish.



**Date of dressing change: 15/07/2010**

Left leg: No trauma to wound when dressing removed. Proximal wound margins almost complete. Distal end of wound appears smaller and has granulation tissue present, some small areas of epithelialisation. No signs of infection or wound breakdown.

Right leg: Continues to remain protected. No skin breakdown. Continuing with dressing regime.

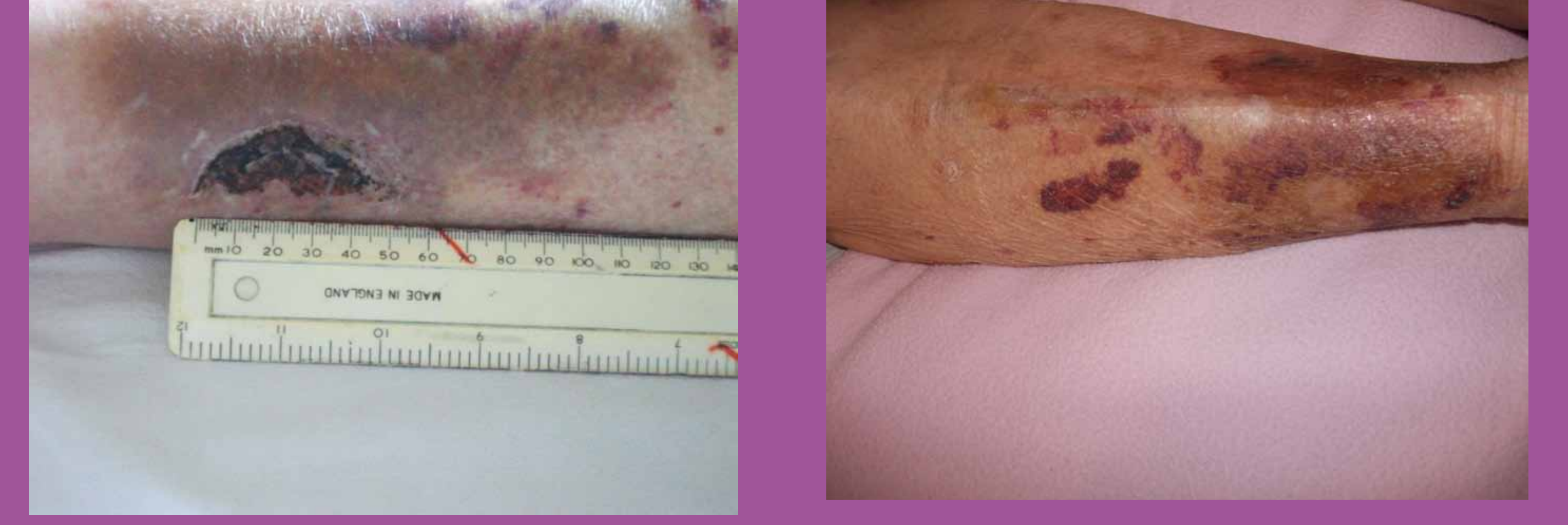


**Date of dressing change: 8/08/2010**

Left leg: A good level of wound healing has been achieved.

Right Leg: Bruising has greatly reduced. Skin has remained intact.

Patient was discharged from the unit back into the community. The District Nurses were requested to moisturise both legs then continue with ActivHeal® Non Adhesive Foam and were held in place with a tubular bandage to protect the delicate newly healed tissue and prevent tissue breakdown.



**Date of dressing change: 11/07/2010**

Left leg: No signs of trauma when the dressing was removed. Flap remained intact. Shows first signs of healing. Exudate levels remain low. No maceration to surrounding skin. Patient described the dressing change as "comfortable"

Right leg: Bruising looks less red and vulnerable. Bruises appear flatter.



**Date of dressing change: 19/07/2010**

Left leg: Continues to show improvement. Proximal wound margins now apposed. No signs of maceration or breakdown of surrounding skin. Distally, wound area has reduced in size and contains both granulation tissue and epithelial tissue. No necrosis or slough. Exudate levels remain low. The patient remained comfortable during the dressing change.

Right leg: Showing improvement to the bruising although skin still remains fragile, therefore still remains protected. Continue with dressing regime.



**Conclusion:**

Managing patients with fragile skin can be very challenging for clinicians. ActivHeal® Non Adhesive Foam proved to be an effective dressing when used in the treatment of a patient with fragile skin. Furthermore the dressing did not adhere to the skin tear and cause further damage.

The patient reported the dressing changes to be comfortable and no trauma was caused to the wound on removal. The wound healed quickly without further skin breakdown or infection. The exudate levels were handled effectively allowing a moist wound healing environment.

ActivHeal® Non Adhesive Foam was also used to protect fragile, vulnerable skin from further breakdown.

ActivHeal® is a range of first option wound care products which promote moist wound healing. The range consists of generic dressings that are priced significantly less than brand name equivalents. In Dumfries and Galloway ActivHeal® Alginate, ActivHeal® Hydrogel, ActivHeal® Adhesive Foam and ActivHeal® Non Adhesive Foam have been available on Formulary in both the Acute and Community settings for over two years and have already demonstrated significant cost savings for the Health Board. While cost savings have been achieved it is also important to demonstrate that these products do not compromise patient care in any way and that clinicians are satisfied with patient outcomes.

**References:**  
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