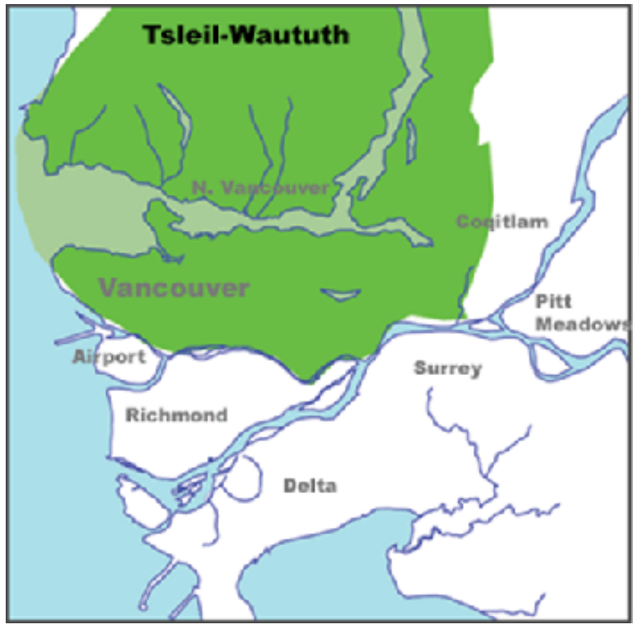
We would like to acknowledge that we are gathered today on the traditional territories of the Musqueam, Squamish and Tsleil-Waututh peoples.

Source: www.johomaps.net/na/canada/bc/vancouver/firstnations/firstnations.html



A Tear Today, A Wound Tomorrow: Understanding Skin tear management

Lauren Wolfe
Judith Hammond
June 2026

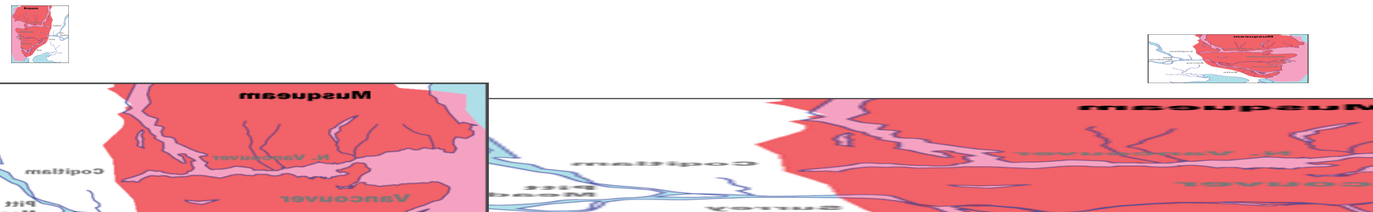
Course Objectives:

1. Identify and evaluate patient-, skin-, and environment-related risk factors
2. Apply evidence-based strategies to prevent and minimize skin tears through comprehensive risk assessment, skin protection measures, optimization of nutrition and hydration,
3. Demonstrate evidence-based assessment and management of skin tears, including accurate classification, wound assessment, preservation of viable skin flaps, selection of appropriate dressings, and monitoring of healing outcomes to optimize patient care.
4. Understanding why suturing and the use of Steristrips is generally contraindicated for skin tears
5. Explain the pathophysiological relationship between lower leg skin tears and the development of chronic venous leg ulcers
6. Apply evidence-based assessment and management of skin tears through case-based clinical scenarios.
7. Understand the support and care provided by VCH Community Home health and when to refer.

What is a Skin Tear?

“A skin tear is a traumatic wound caused by mechanical forces, including removal of adhesives. Severity may vary by depth (not extending through the subcutaneous layer)”

LeBlanc et al, 2018



A Skin Tear

- A loose flap of tissue that can usually be reapproximated.
- A high risk of becoming a complex chronic wound.
- Prevalence rates are equal to or greater than those of Pressure Injury.
- Occur at any age. (older adult, the critically ill, and pediatric and premature neonatal populations.)

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Images with patient permission

A Skin Tear – Dark skin tone

Erythema may be difficult to discern – shows are either purple or darker skin tone colour

Beneath the epidermis the wound bed appears the similar

Skin tone bias in wound care

1. Skin changes in people with dark skin tones are not observed quickly enough (Dhoonmoon et al, 2021).
2. In dark skin tones, identification of ecchymosis and senile purpura is challenging
3. Research has shown that due to differences in trans-epidermal water loss, dark skin has a lower basal water content (WC) than light skin (Alexis et al, 2021; Peer et al, 2022).

It has been suggested that a reduced WC in dark skin may result in differences in vulnerability to pressure ulcers, due to variations in skin biomechanics (Gefen, 2023). These findings may also be applicable to skin tears.

Image generated by AI

LeBlanc, Kimberly; Dhoonmoon,Luxmi;Samuriwa R. Skin tears and skin tone. *Wounds Int*. 2024;(January):1-6.

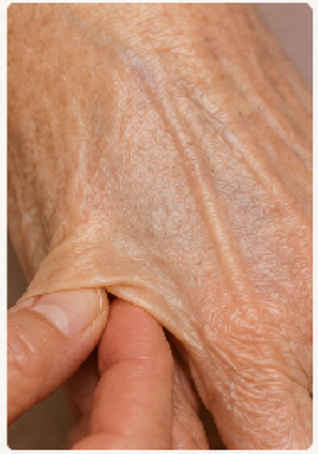
Risk Factors:

- Advanced Age
- Dry Skin
- Poor Nutritional Status
- Cognitive Impairment
- Visual Disturbances
- Balance and/or Mobility Issues
- Medications
- Disease process that impact tissue oxygenation, balance and compromise the skin

Image generated by AI

AT RISK SKIN

SKIN CHANGES COMMON IN OLDER ADULTS

SENILE PURPURA	AGED SKIN	DRY SKIN	ECCHYMOSIS (BRUISE)	FRAGILE SKIN
				
Senile purpura are purple patches caused by bleeding under the skin from fragile blood vessels, usually on the arms and hands.	Aged skin is thinner, less elastic, and may have wrinkles, fine lines, and a rough texture due to loss of collagen and natural oils.	Dry skin appears roug dry, flaky, and thin. It may crack or peel and can feel tight or itchy due to decreased moisture and oil production.	Ecchymosis (bruise) is discoloration caused by bleeding under the skin from injury or minor trauma.	Fragile skin is thin, delicate, and easily injured or torn, with minimal trauma.

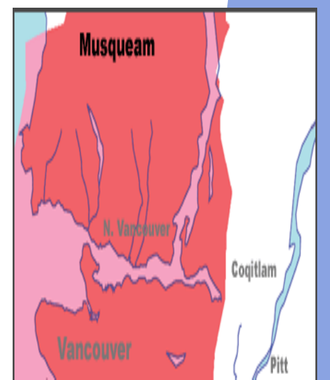
These skin changes increase the risk of bruising, tears, and delayed healing.
Gentle skin care and protection are essential.

Image’s generated by AI

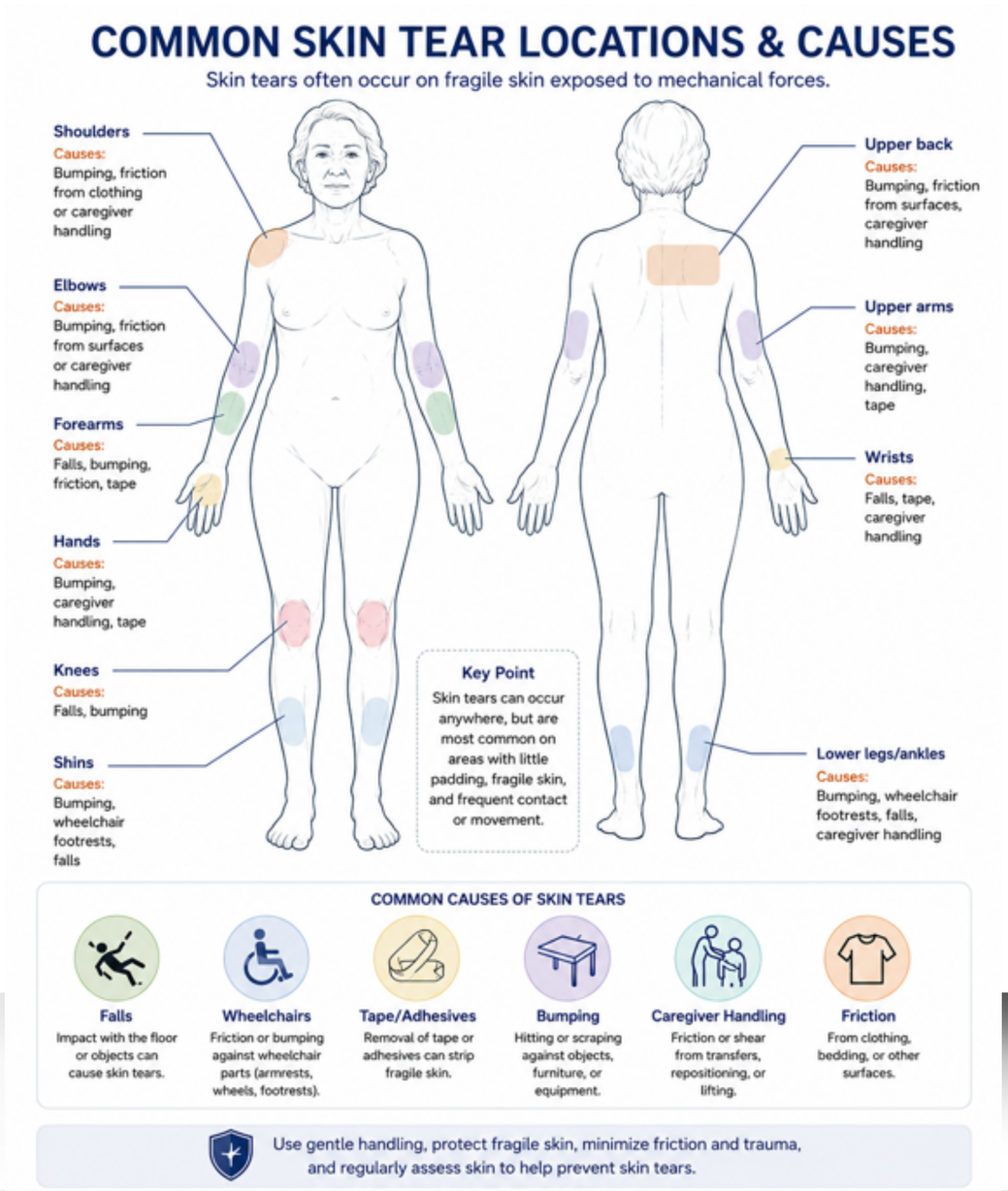
Mechanical Forces

Image generated by AI

- Shearing
- Friction
- Blunt Trauma
- Falls
- Equipment Injury
- Removal of Adherent Dressings/ Tape
- Handling During Routine Care and Transfer
- Physical Environment
- Medical Devices

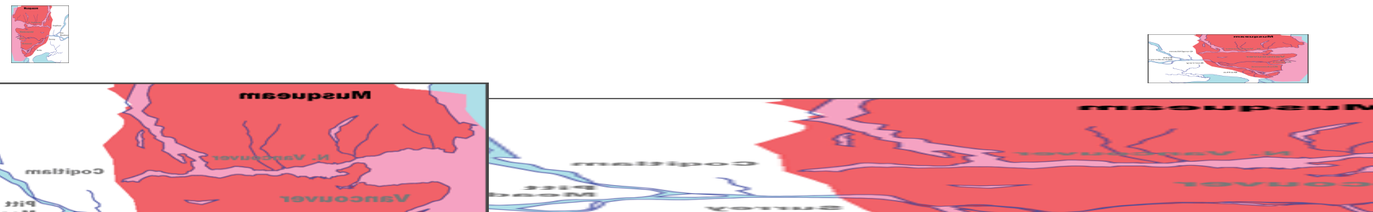


Common Sites for Skin Tears



Skin Tear Facts

- 40-50% of skin tears have no observable cause
- Lower extremities skin tears healing may be impaired by arterial insufficiency
- Lower extremities skin tears may develop into Venous Ulcers if venous insufficiency is present and not managed



Skin tear prevention and management is based on modifying risk factors around:

General Health

Educate clients and caregivers about skin tear risk and prevention

Fragile skin can tear with the slightest touch/bump.
Itchiness

Encourage nutrition and hydration

Protein and hydration is essential for skin health and wound healing. Most elderly don't get enough protein or liquids

Medication Review

Blood thinners, Cortisone,

Skin tear prevention

modifying risk factors around:

Skin

- Inspect skin daily
- Implement an individualized skin care plan
- Use pH balanced no rinse cleansers
- Moisturize skin twice daily – with special attention to arms and legs
- Avoid adhesives
- Trim finger nails and minimize or avoid jewelry
- Consider using protective clothing

Prevention - Protective Clothing

DermaSaver Skin Sleeve

Classification	Friction/Shear Prevention Device
Key Points	• Breathable, long-lasting, reusable, anti-microbial, anti-shear sleeve for both arm and lower leg •
Indications	•
Precautions	•
Contraindications	•
Formats & Sizes	•

Posey Heel/Elbow Protector

Classification	Friction/Shear Prevention Device
Key Points	
Indications	
Precautions	
Contraindications	
Formats & Sizes	

SkinSleeve Protector

Classification	Friction/Shear Prevention Device
Key Points	• Latex-free, non-compression, knitted cotton/nylon/spandex 4-way stretch sleeve for both arms and lower legs • Washable
Indications	• Use to protect extremities against bruises, minor abrasions, skin tears
Precautions	• Correct sizing is necessary to prevent undue pressure (too tight) or to prevent the sleeve from slipping (too loose). • Remove sleeve at least once a shift to do a skin assessment of the extremity. • Do not pull the sleeve off as this may cause a skin tear to the limb or damage the sleeve itself; remove the sleeve by gently working it off the limb.
Contraindications	• NA
Formats & Sizes	Sleeves for arms and legs • Arm: measure the length and the widest circumference of the forearm o SM (Red) 21.5 cm(W) x 39.5cm(L) o MED (Green) 28cm(W) x 42cm(L) o LG (Yellow) 28cm(W) x 46cm(L) o XL (Blue) 33cm(W) x 51cm(L) • Leg: measure the length and the widest circumference of the lower leg o MED (Green) 26cm(W) x 42cm (L)

Assessment

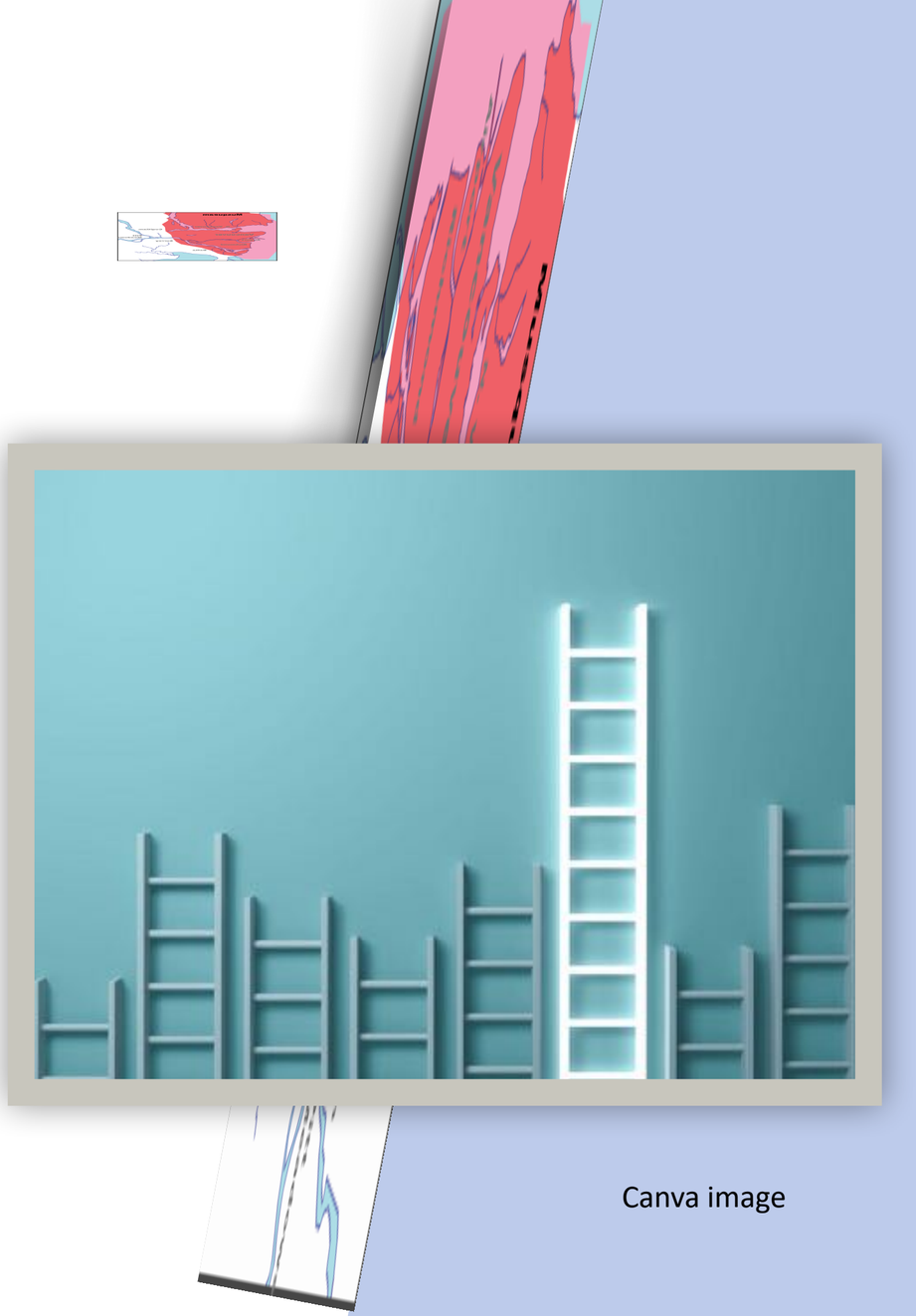
ISTAP Classification System

Type 1: No Skin Loss	Type 2: Partial Flap Loss	Type 3: Total Flap Loss
		
Linear or Flap Tear which can be repositioned to cover the wound bed	Partial Flap loss which cannot be repositioned to cover the wound bed	Total Flap loss exposing the entire wound bed

Image used with permission from ISTAP site

Treatment Goals:

- Preserve the skin flap
- Maintain integrity of peri-wound skin
- Re-approximate the edge of the wound
- Reduce risk of infection
- Reduce risk of further injury



Canva image

Initial Injury

Cleanse

Reapproximate

Match the skin to injury

Assess

Management of the Flap - recap

- Control bleeding
- Cleanse wound
- Re-approximate skin flap if able

Skin Tears

Suturing and steristrips:

- •Skin tears typically occur in patients with fragile, aged, or corticosteroid-affected skin that may not tolerate suture tension.
- •Suturing can cause further tissue damage, enlarge the wound, or create additional skin tears ("cheese-wiring" effect).
- •Current best-practice recommendations emphasize preservation and re-approximation of viable skin flaps, use of atraumatic dressings, and alternative closure methods when appropriate (e.g., adhesive strips, silicone-based dressings, or tissue adhesives in selected cases).
- •Treatment should focus on maintaining skin viability and minimizing trauma rather than routine primary closure with sutures.

Images with patient permission

Skin Tears - Management

Images with patient permission

Recommended Dressings

Should I use an Antimicrobi

- Cyanoacrylate: Marathon
- Non adherent: Mepitel and gauze
- Cover Dressing Acrylic: Tegaderm absorbent
- Cover Dressing Silicone: Mepilex with or without Calcium Alginate

All dressings are part of the BC Provincial Formulary and are on contract.

Treatment: Dressings

- Mark the cover dressing with an arrow to demonstrate which direction the dressing should be removed and write: Remove here
- Use adhesive removers to minimize trauma

- Take time to remove dressings slowly. Support the skin by pressing down.

NSWOC arm and photos of products

Case study

1st photo day 3 after injury

May 15 – 3 days later

Images with patient permission

Let's discuss Hydrogen peroxide and wound cleaning.
Consider Hypochlorous Acid

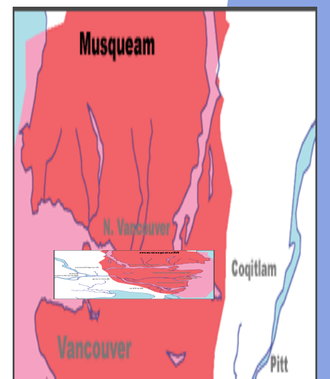
May 12th - SkinTear – Type 2

- Sustained during gym workshop
- Measurements 7-10cm
- Cleansed by gym staff – hydrogen peroxide
- At home – sprayed with hydrogen peroxide and non adherent gauze and transparent film applied

Let's discuss Is the wound infected?

May 15th

- OTC abx – Neomycin-polyxine B-pramoxine, advertised effective against MRSA
- Second skin moist gauze applied
- No pain



Case study

Inflammation vs. infection?

May 15 – 3 days later

Images with patient permission

Local infection (covert)

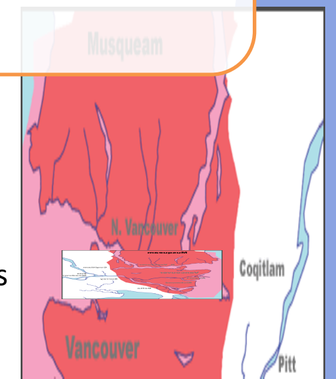
- Hypergranulation
- Bleeding/Friable
- Epithelial bridging
- Wound breakdown
- Delayed healing beyond expectations
- New or increasing pain
- Increasing odour

Local infection (overt)

- Erythema
- Local warmth
- Swelling
- Purulence
- Delayed healing beyond expectations
- New or increasing pain
- Increasing odour

Spreading infection

- Increasing erythema
- Lymphangitis
- Crepitus
- Wound breakdown/dehiscence
- Malaise
- Loss of appetite
- Inflammation



International Wound Infection Institute (IWII) Wound infection in clinical practice. Wounds International 2016

Treatment Plan provided:

Applied OTC abx (neomycin-polymyxin B - pramoxine, advertised as effective for MRSA) and second skin moist gauze. Reapplied dressing. Nonadherent gauze and tegaderm
Not painful.

What are the negatives with the applied dressing?

a. No infection
b. Applied a lot of moisture to the wound bed
c. Trapped the moisture under the dressing by using a transparent film as a cover dressing

What would have been a better dressing?

Best Practice

Images with patient permission

Day 4

No pain

Cleansed with warm water

Daughter suggested abx – pt said no

Is the erythema spreading?

Day 7

Erythema advancing

Cephalexin 500mg qid x 7days

Daily dressing changes

Cleansed with tap water

What could we have done differently?

Why did she develop an infection?

Is the Flap still viable?

Day 12

Black dots to to periwound
- ? Senile purpura

No fever, Painful

Erythema - spreading

Induration vs. oedema?

Went to ED

Flap is no longer viable

What would you recommend topically?

Wound Trajectory

Images with patient permission

Day 12-13

Cleansed with NS

Ceftriaxone and doxycycline

Inadine and cover dressing

Referred to UBC Urgent care for wound care and abx

Where should she have been referred to?

Is this still a skin tear?
What would be the goals of the wound care?

Continued abx

Urgent care – cleansed with NS, erythema outlines, Inadine and cover dressing

Wound care?
Dressing care ?

Wound Trajectory

Images with patient permission

Day 17

Urgent care

Advised wound bed is too dry

Switched to bactigras-paraffin and chlorhexidine

Assessment?

Day 18

Primary care provider used POCUS and xray - r/o abscess

Suggested Plastics for wound debridement

SOPH – ED – no abscess

Referral to OPAT

Assessment?

RN – 'gentle debridement with Anasept"
Applied Bactigras and cover dressings
Referred back to urgent care
Thoughts?

Day 20

Wound bed is unhealthy, continued erythema? advancing

Day 21?

Starting to granulate, erythema resolving

Continued

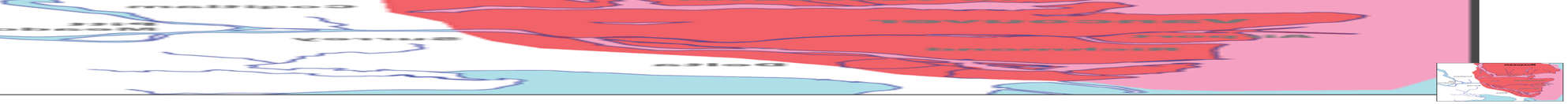
Images with patient permission

Assessment?

Take home points for this Case Study?

Best Practice

Images with patient permission



Put in whats a definte no vs. whats choice

Cleaning with hydrogen peroxide
Cleaning with Chlorhexidine
Compression? Missed then almost 1 month later double layer
Tubigrip - size?

Exercise stopped – advised not to?
Liquid Iodine instead of Inadine
Leg elevation
Debate and often interchange Bactigras vs. Inadine
Iodine paste using clear jelly and covered with bactigras?
Peeling skin is a good sign as resolving edema
Started Ensure?
Referral to Pacific Spirit for wound care

Reflection on some of the practices and instructions

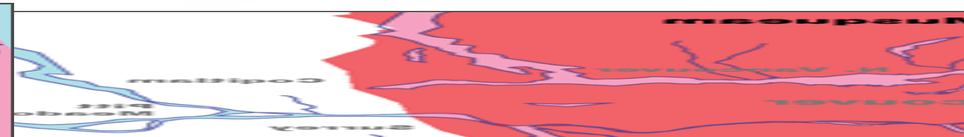
Resources & Services

VCH: Home Health vs. Wound Care clinics

Private

Connecting Learners with Knowledge (Skin and Wound Community of Practice) – www.clwk.ca

International Skin Tear Advisory Panel (ISTAP) – www.skintears.org



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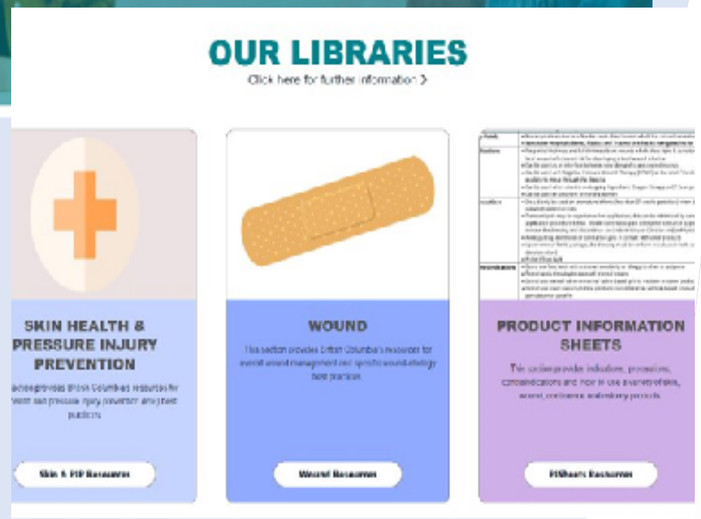
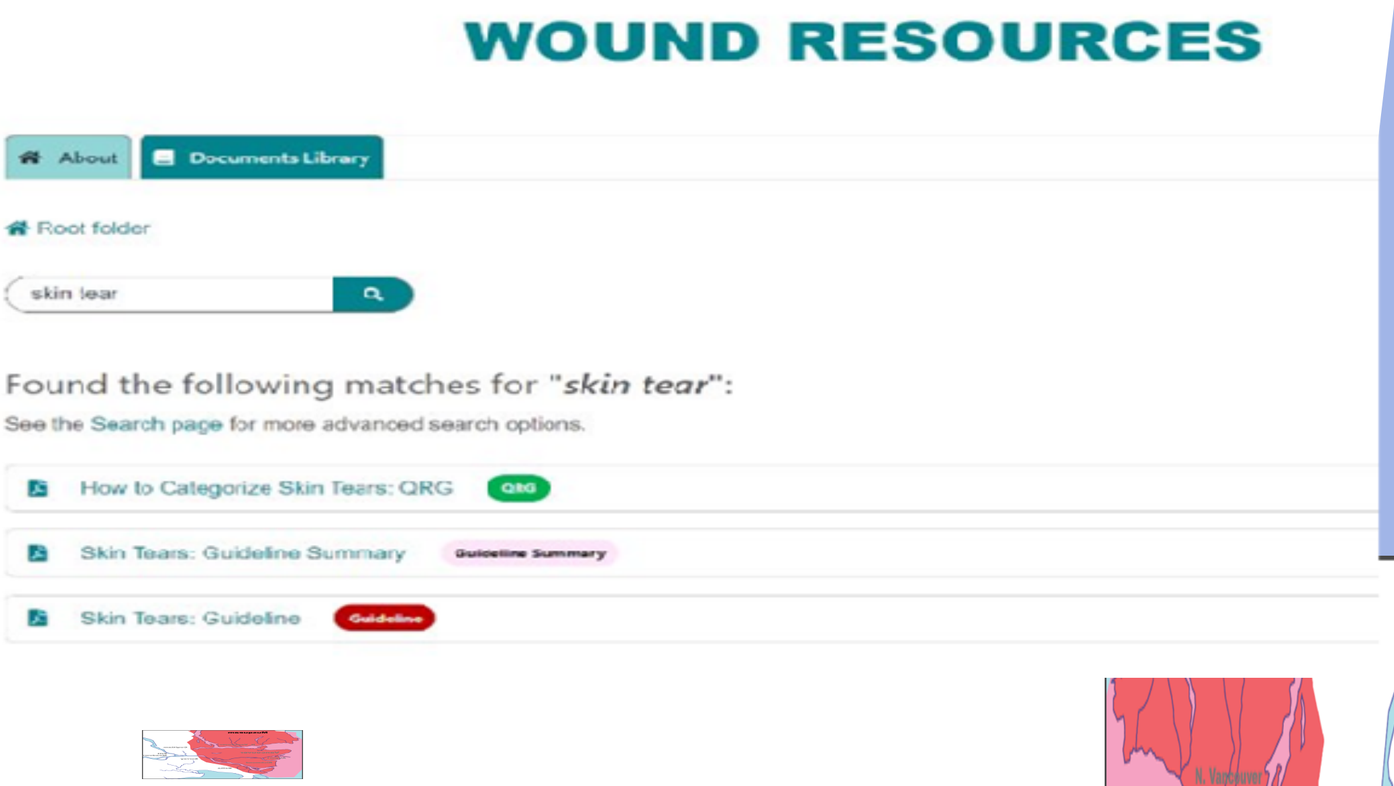
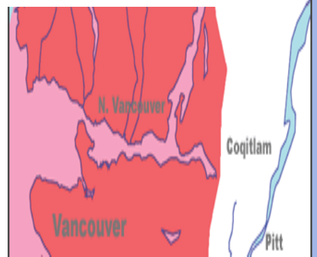
Resources

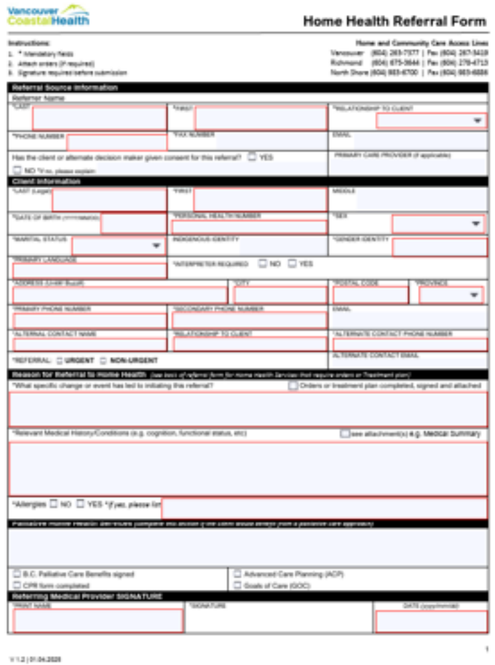






VCH
Wound Clinics

REFERRAL FORM



Vancouver Coastal Health

Home Health Referral Form

Instructions:
1. * Mandatory fields
2. Attach orders (if required)
3. Signature required before submission

Home and Community Care Access Lines
Vancouver (604) 269-7377 | Fax (604) 267-5418
Richmond (604) 675-3644 | Fax (604) 279-4713
North Shore (604) 983-6700 | Fax (604) 983-6686

Referral Source Information
Referrer Name
*CLIENT
*PHONE NUMBER
*FAX NUMBER
*RELATIONSHIP TO CLIENT
EMAIL
Has the client or alternate decision maker given consent for this referral? ☐ YES ☐ NO *If no, please explain
PRIMARY CARE PROVIDER (if applicable)

Client Information
*LAST (LEGAL)
*FIRST
MIDDLE
*DATE OF BIRTH (YYYY/MM/DD)
*PERSONAL HEALTH NUMBER
*SEX
*MARITAL STATUS
INDIGENOUS IDENTITY
*GENDER IDENTITY
*PRIMARY LANGUAGE
*INTERPRETER REQUIRED ☐ NO ☐ YES
*ADDRESS (Unit#/Street)
*CITY
*POSTAL CODE
*PROVINCE
*PRIMARY PHONE NUMBER
*SECONDARY PHONE NUMBER
EMAIL
*ALTERNATE CONTACT NAME
*RELATIONSHIP TO CLIENT
*ALTERNATE CONTACT PHONE NUMBER
ALTERNATE CONTACT EMAIL
*REFERRAL ☐ URGENT ☐ NON-URGENT

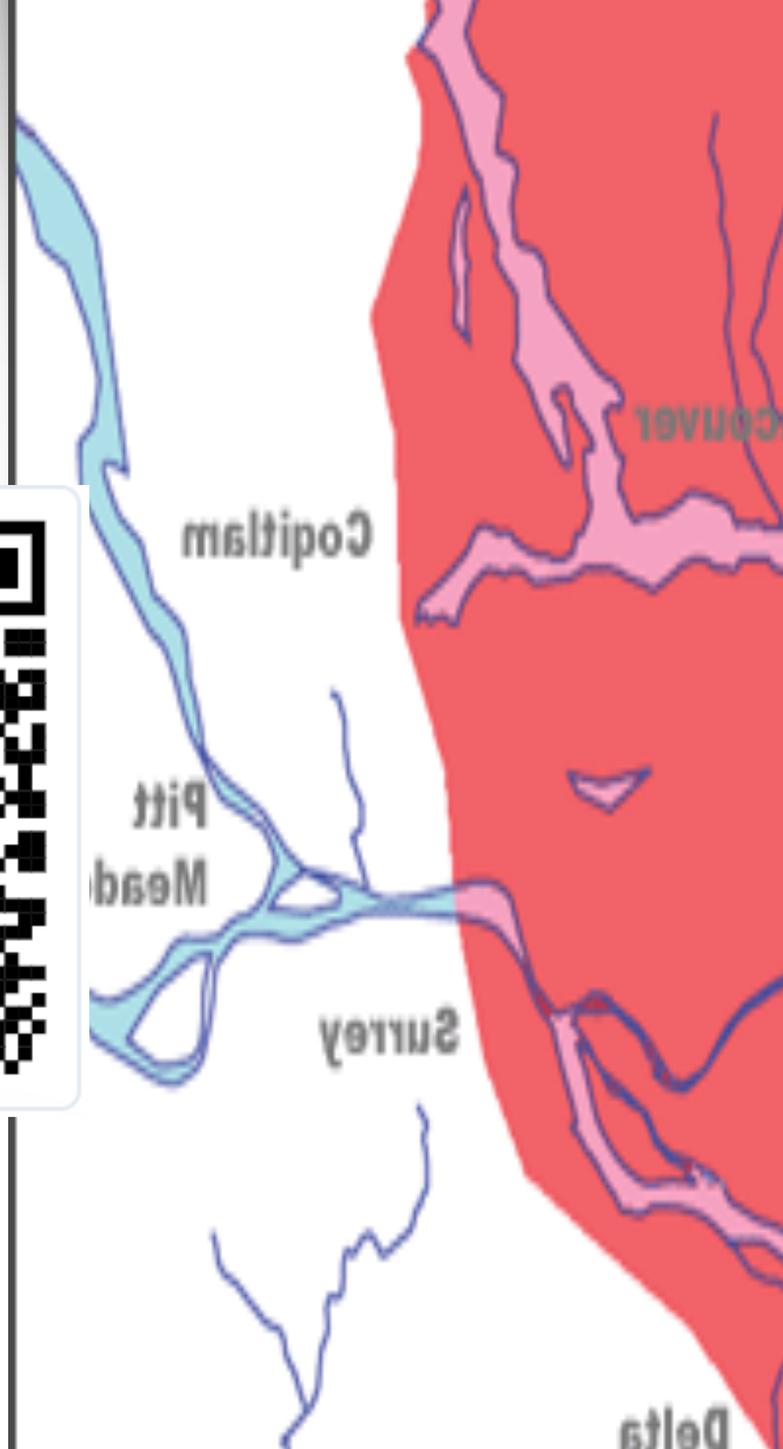
Reason for Referral to Home Health (Use back of referral form for home health services that require orders or treatment plans)
*What specific change or event has led to initiating this referral? ☐ Orders or treatment plan completed, signed and attached
*Relevant Medical History/Conditions (e.g. cognition, functional status, etc) ☐ see attachment(s) e.g. Medical Summary
*Allergies ☐ NO ☐ YES *If yes, please list
Palliative Home Health services complete this section if your client would benefit from a palliative care approach
☐ B.C. Palliative Care Benefits signed
☐ CPR form completed
☐ Advanced Care Planning (ACP)
☐ Goals of Care (GOC)

Referring Medical Provider SIGNATURE
*PRINT NAME
*SIGNATURE
DATE (yyyy/mm/dd)

V 1.2 | 01.24.2023

- Ravensong
- 3Bridges
- Pacific Spirit
- South
- Groundspring
- Central
- Evergreen
- West Vancouver
- Richmond
- Parkgate
- Squamish
- Sunshine Coast
- Whistler

Pathways



Treatment:

When the Skin tear occurs on the lower legs

Venous insufficiency

Delayed Healing

Persistent edema and exudate

wound enlargement, skin breakdown, failure to heal

Early identification of venous disease

Start compression, improved wound healing

Venous Hypertension

edema, microvascular dysfunction, inflammation, impaired oxygen and nutrition to cells

Untreated

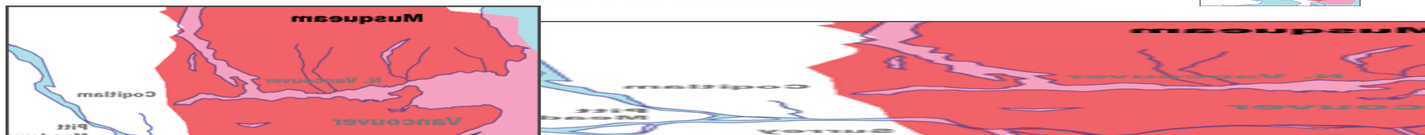
may become a VLU

Clinical practice point: Following a vascular assessment and exclusion of significant arterial disease, consider the use of compression therapy in patients with a skin tear on the lower limb.

BOX 6. Compression therapy in skin tears (for a detailed discussion on compression therapy for skin tears, see Wounds UK, 2020)

- Oedema is often present in patients with lower limb wounds and reduces healing progression; if present concomitantly, oedema is likely to negatively impact skin tear healing; note that presence of oedema may not always be obvious
- Compression therapy has been shown to reduce time to healing and improve patient outcomes in people with skin tears; a thorough assessment of perfusion status should be done prior to initiating compression (Wounds UK, 2020)
- The patient must receive a full assessment to determine whether compression is safe
- Anyone who presents with a lower limb wound should have a lower limb assessment and receive compression therapy if appropriate (e.g. up to 10mmHg in all patients, and up to 40mmHg in patients who have been deemed suitable after full vascular assessment (Wounds UK, 2020)
- If compression therapy is deemed safe for the patient, compression for arms may also be beneficial.

Nokaneng E et al. Best practice recommendations for the prevention and management of skin tears in aged skin. *Wounds International* 2025. Available to download from www.woundsinternational.com

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Coqitlam
Vancouver
Pitt
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Airport
Surrey
Richmond
Delta

Questions?

References

1.Brown, P. (2009). Quick reference to wound care (3rd ed.). (pp. 116 & 148). Canadian Agency for Drugs and Technologies in Health. (2012). Antiseptics versus potable water for wound cleansing: A review of the clinical effectiveness and guidelines. https://www.cadth.ca/media/pdf/htis/dec-2012/RC0412%20Wound%20Cleansing%20Final.pdf

2. Crow, S., & Thompson, P. J. (2007). Infection control perspectives on wound care (pp. 323-342). In Krasner, D. L., et al (Eds.). Chronic wound care. Malvern, PA: HMP Communications.

3. Kramer, A., Dissemond, J., Kim, S.,Willy, C., Mayer, D., Papke, R., Tuckmann, F., & Assadian, O. (2018). Consensus on wound antisepsis: Update 2018. Skin Pharmacology and Physiology, 31, 28-58.

4. Lu, M., & Hansen, E. N. (2017). Hydrogen peroxide wound irrigation in orthopaedic surgery. Journal of Bone & Joint Infection, 2(1), 3-9. doi: 10.7150/jbji.16690

Rodehever, G. T., & Ratliff, C. R. (2007). Wound cleansing, wound irrigation, wound disinfection. In D. L. Krasner, G. T. Rodeheaver, & R. G. Sibbald (Eds.), Chronic wound care: A clinical source book for healthcare professionals (4th ed., pp. 331-342).

4. Nokaneng E et al. Best practice recommendations for the prevention and management of skin tears in aged skin. *Wounds International* 2025. Available to download from www.woundsinternational.com

5. LeBlanc K, Baranoski S. Skin tears: State of the science—Consensus statements for the prevention, prediction, assessment, and treatment of skin tears. *Advances in Skin & Wound Care*. 2011;24(9 Suppl):2–15.

6. clwk.ca

7.International Wound Infection Institute (IWII) Wound infection in clinical practice. Wounds International 2016