

EWMA 2023

THE 33RD CONFERENCE OF THE
EUROPEAN WOUND MANAGEMENT
ASSOCIATION



WOUND CARE – FROM ART TO SCIENCE
DALL'ARTE ALLA SCIENZA: L'EVOLUZIONE DELLA CURA DELLE FERITE

MILAN, ITALY
3 – 5 MAY
2023



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WOUND CARE – FROM ART TO SCIENCE
DALL'ARTE ALLA SCIENZA: L'EVOLUZIONE DELLA CURA DELLE FERITE



MILAN, ITALY
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2023

LE SKIN TEARS

Gianluca Castiello, RN,MSN

Consigliere AISLeC



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Il sottoscritto Castiello Gianluca

ai sensi dell'art. 3.3 sul Conflitto di Interessi, pag. 17 del Reg. Applicativo dell'Accordo Stato-Regione del 5 novembre 2009,

dichiara

che negli ultimi due anni NON ha avuto rapporti diretti di finanziamento con soggetti portatori di interessi commerciali in campo sanitario



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Skin tears: definizione



Flap



(The International Skin Tear Advisory)

“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 K et al. Best practice recommendations for the prevention and management of skin tears in aged skin. Wounds International 2018.



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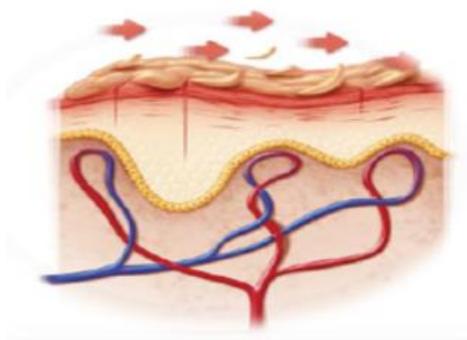


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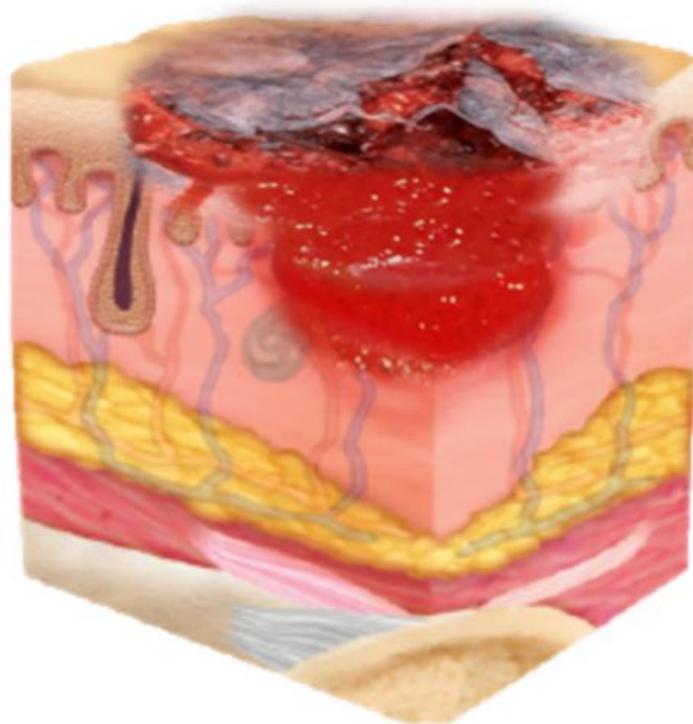


Skin tears: eziologia

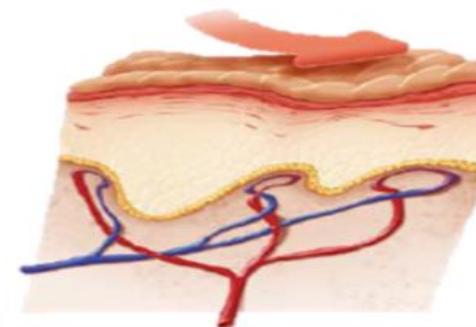
Frizione



Spessore Parziale



Forze di taglio



Spessore Totale



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Skin tears: eziologia

- Normale processo di invecchiamento → cambiamenti nella pelle che la rendono più fragile → più vulnerabile ai danni, comprese le lacerazioni cutanee.
- Ridotta capacità della pelle di rigenerarsi + sistema immunitario protettivo meno efficiente → pazienti anziani ↑ rischio di rottura pelle (anche a seguito di forze o traumi minori) (Voegeli, 2007)



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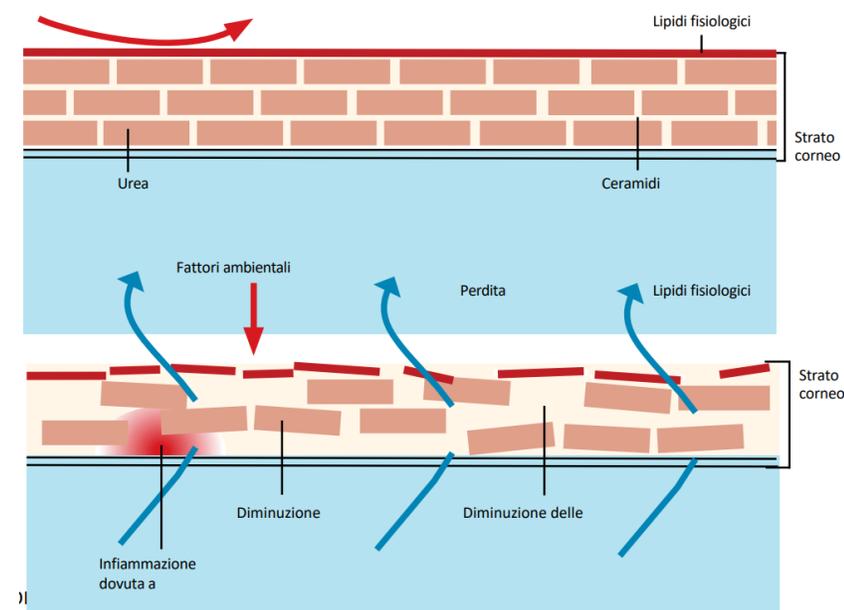
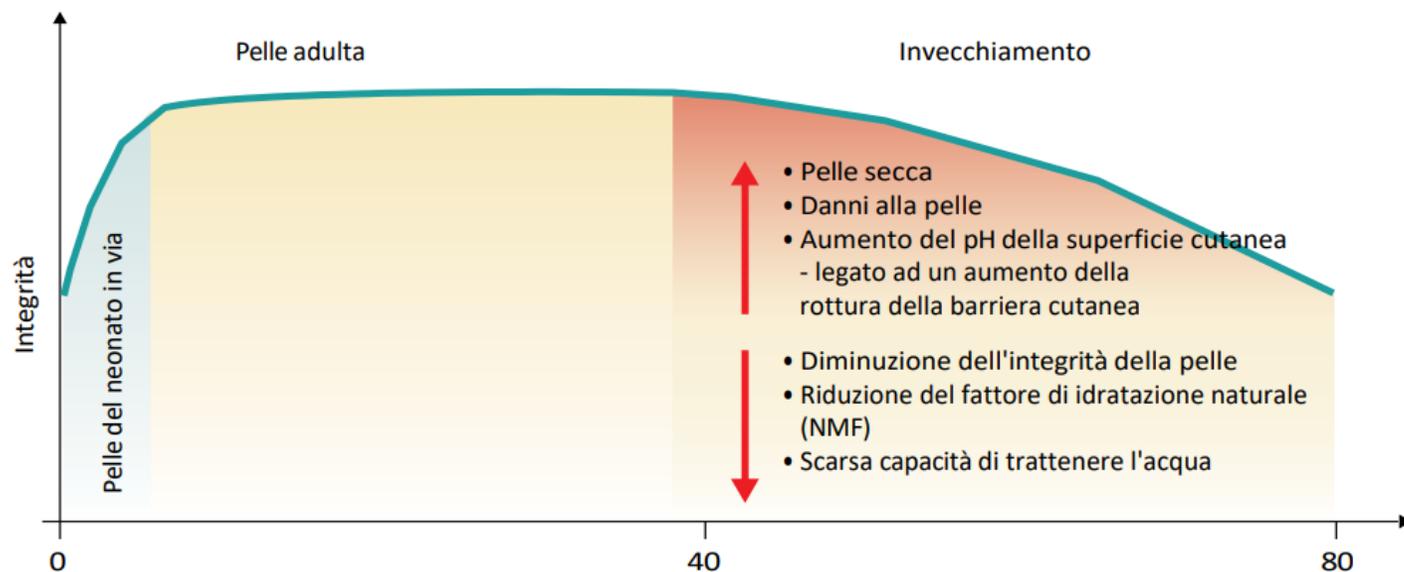
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Skin tears: eziologia



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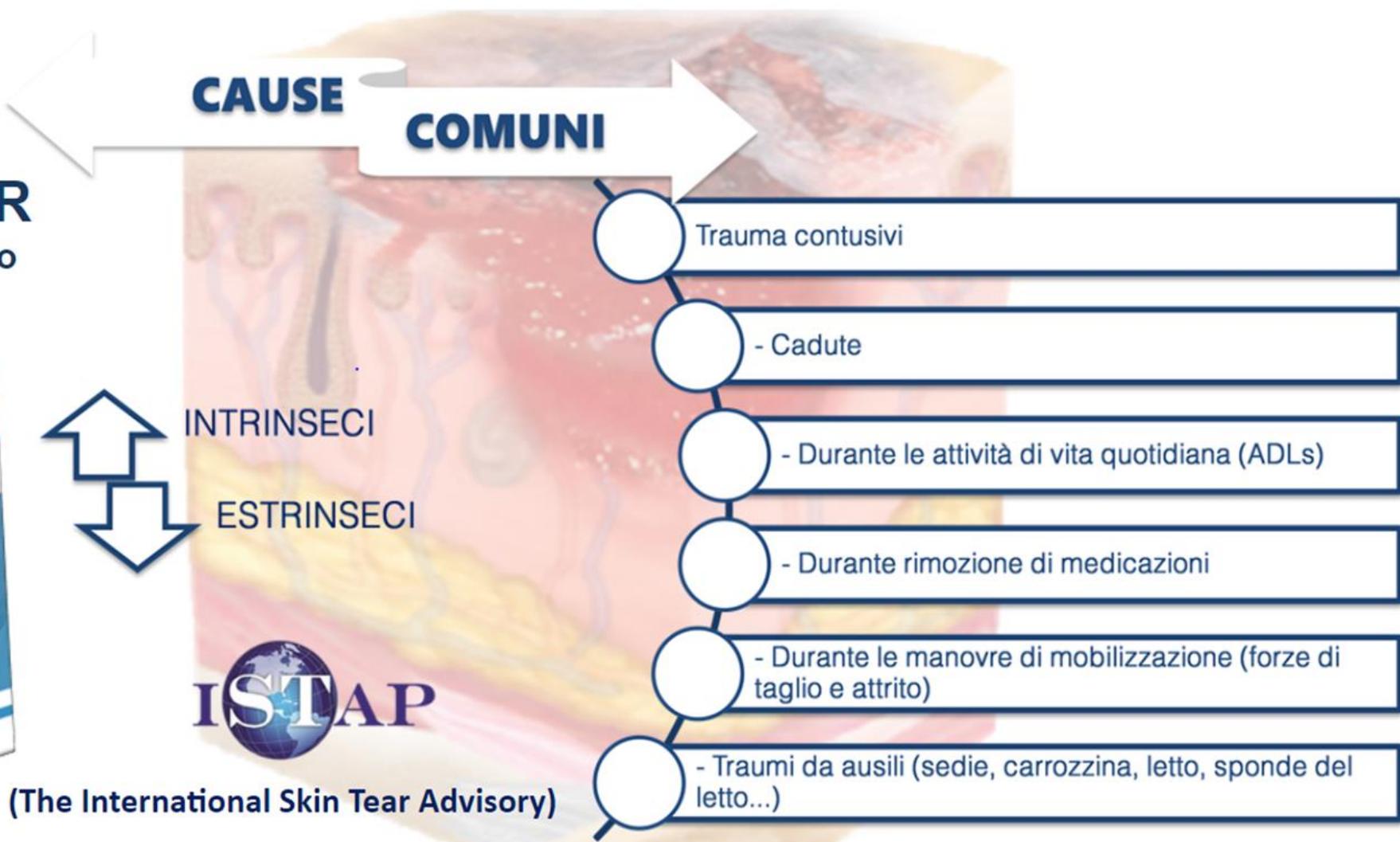


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SKIN TEAR

fattori di rischio



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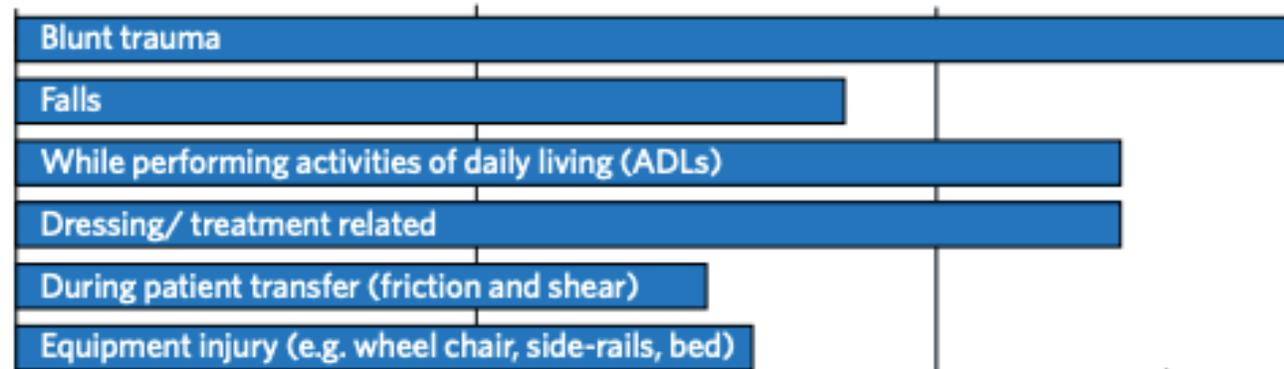


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Skin tears: eziologia

Quasi la metà delle *skin tears* compaiono senza apparente causa documentata



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Epidemiologia e popolazione a rischio

- Nelle lungodegenze: **2,23-92%**, anche se le stime variano e possono essere più basse (Strazzeri et al, 2017; LeBlanc, 2017; LeBlanc et al, 2013; Sanada et al, 2015; Skiveren et al, 2017; Woo et al, 2015)
- Sul territorio: 4,5-19,5% in tutte le fasce d'età (Carville e Lewin, 1998; LeBlanc et al, 2008)
- Nei setting per acuti: 6,2-11,1% (Chang et al, 2016; Hsu e Chang, 2010; McErlean, 2004; Santamaria et al, 2009)
- Nelle persone in cure palliative: 3,3-14,3% (Amaral et al, 2012; Maida et al, 2012)
- In terapia intensiva e nelle sale operatorie: **la prevalenza è sconosciuta**



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Epidemiologia e popolazione a rischio

Anziani e neonati: popolazioni più a rischio di sviluppare questa tipologia di lesione



- Letteratura: studi d'incidenza su *skin tears* limitati; studi di prevalenza con risultati variabili → *topic* poco studiato, nonostante l'alta prevalenza e le ingenti risorse finanziarie assorbite.
- Clinica: problematica scarsamente approfondita e trattata



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Zone di insorgenza

- 80% → arti superiori (braccia e mani)
- 15% → arti inferiori
- 5% → altre zone



Baranoski, 2003; Xiaot et al., 2009; LeBlanc et al., 2011; Sanada et al., 2015; Chang et al., 2016



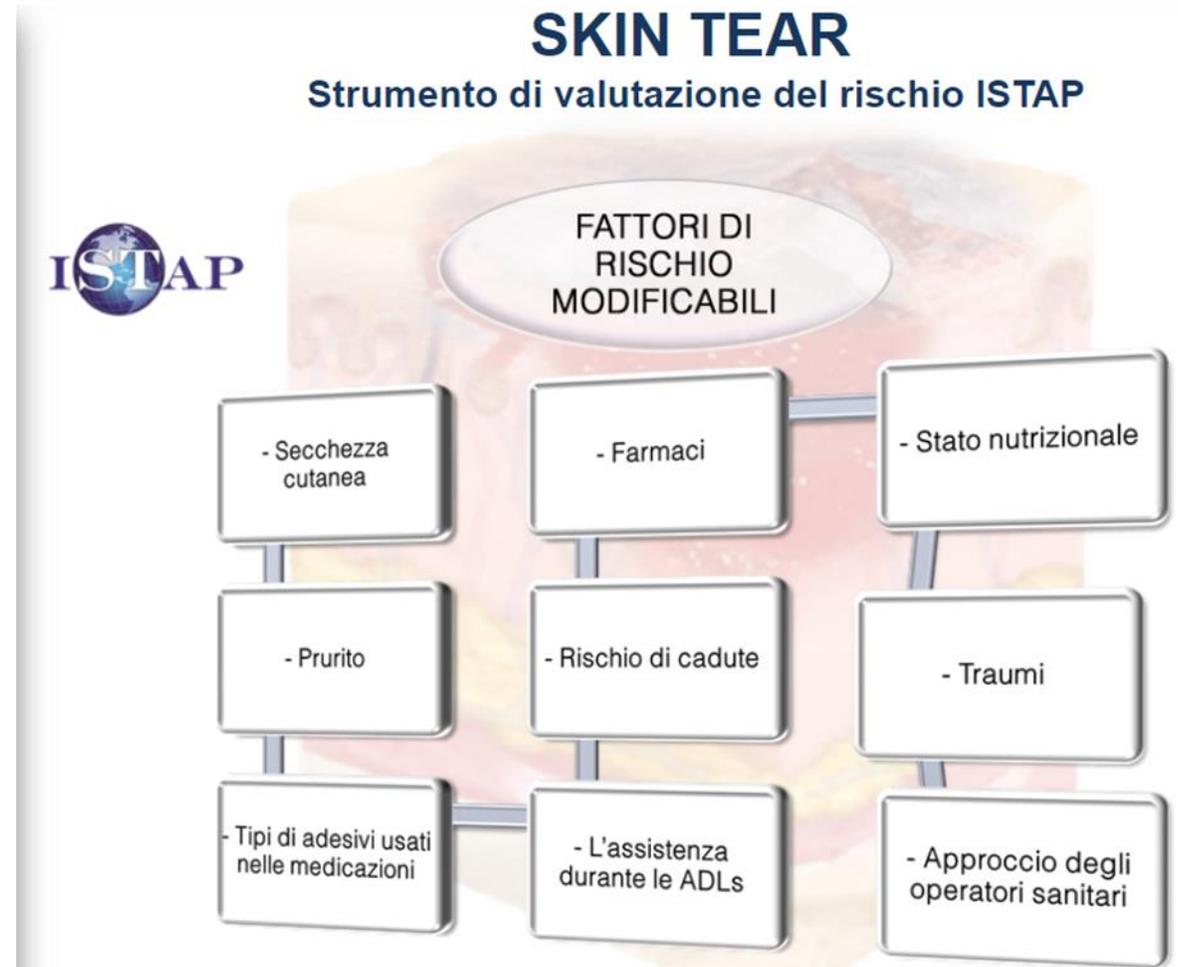
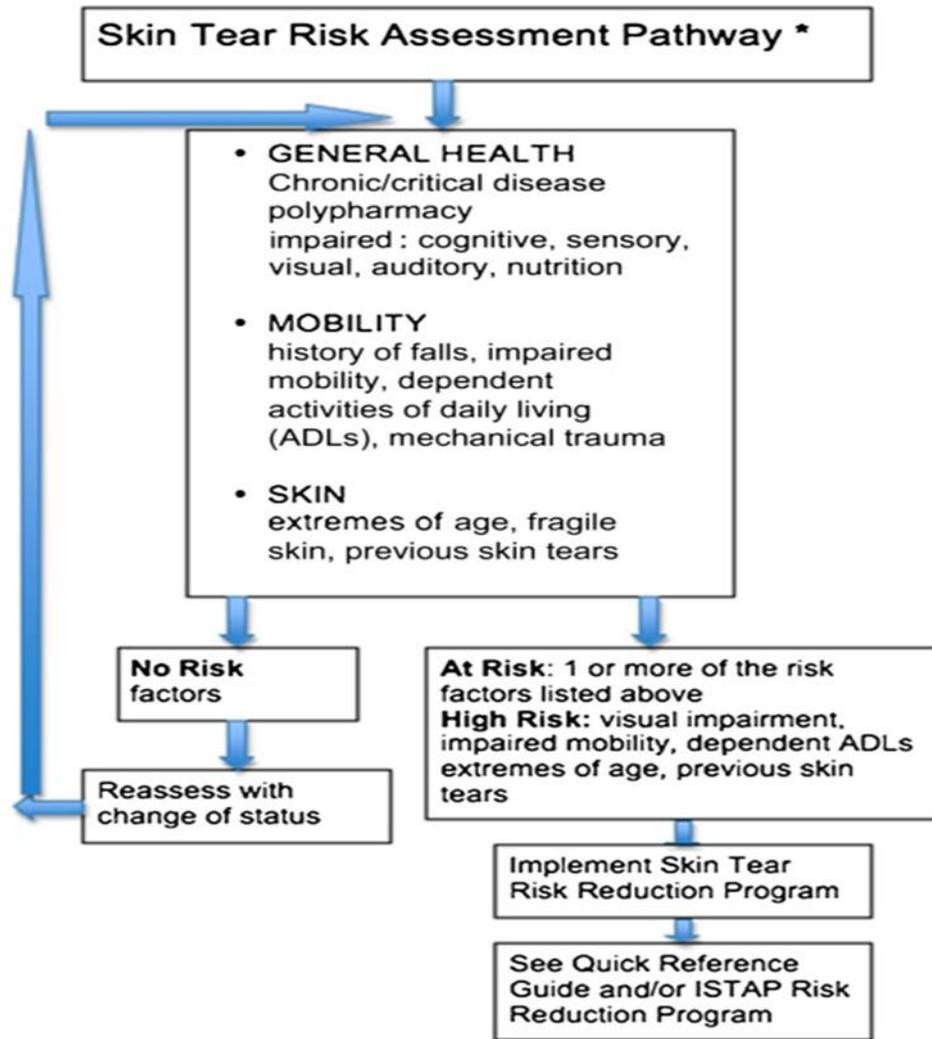
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Assessment e classificazione

Type 1: No skin loss



Linear or flap tear which can be repositioned to cover the wound bed

Type 2: Partial flap loss



Partial flap loss which cannot be repositioned to cover the wound bed

Type 3: Total flap loss



Total flap loss exposing entire wound bed

Documento ISTAP 2018 → raccomanda il sistema di classificazione sviluppato nel 2013

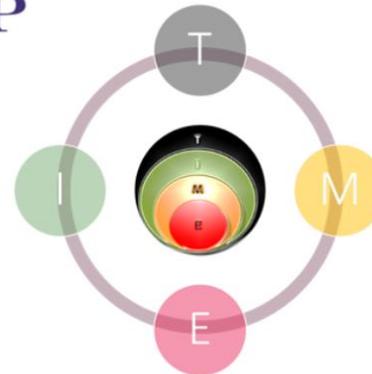
Beeckman D. & Van Tiggelen H. (2018) International Skin Tear Advisory Panel (ISTAP) Classification System – Italian version. Skin Integrity Research Group (SKINT), Ghent University. Available to download from www.skintghent.be.

Management

TRATTAMENTO CHIRURGICO



Esecuzione di un innesto cutaneo a spessore totale per ricoprire il difetto di sostanza



TRATTAMENTO CONSERVATIVO



Promuove la guarigione della ST con la minima quantità di trauma possibile per la lesione e per il paziente

L'approccio al trattamento delle Skin Tears segue quello di tutte le ferite →

→ basato sul WBP (Wound Bed Preparation), un approccio sistematico che affronta quattro aspetti chiave secondo l'acronimo T.I.M.E. S.



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Raccomandazioni sul trattamento

Trattamento deve mirare a:

- preservare il lembo cutaneo
- gestire il tessuto circostante
- riavvicinare i bordi della ferita (senza allungare la pelle)
- ridurre il rischio di infezione



LeBlanc K et al. Best practice recommendations for the prevention and management of skin tears in aged skin. *Wounds International* 2018

.Sibbald RG, Williamson D, Orsted HL, Campbell K, Keast D, Sibbald D. Preparing the wound bed: Debridment, bacterial balance and moisture balance. *Ostomy/Wound Management*. 2000;46 (11):14-35.



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Raccomandazioni sul trattamento

- Controllo del sanguinamento
 - Detersione/ evacuazione ematoma
 - Gestione del dolore
 - Riposizionamento dei lembi vitali sulla ferita
-
- ❖ Ferite traumatiche acute → tendenza alla guarigione per prima intenzione
 - ❖ Tempo di guarigione medio → 3-21 gg (in assenza di complicanze)
 - ❖ Complicanza più comune e grave → 'infezione



LeBlanc K et al. Best practice recommendations for the prevention and management of skin tears in aged skin. Wounds International 2018

.Sibbald RG, Williamson D, Orsted HL, Campbell K, Keast D, Sibbald D. Preparing the wound bed: Debridment, bacterial balance and moisture balance. Ostomy/Wound Management. 2000;46 (11):14-35.



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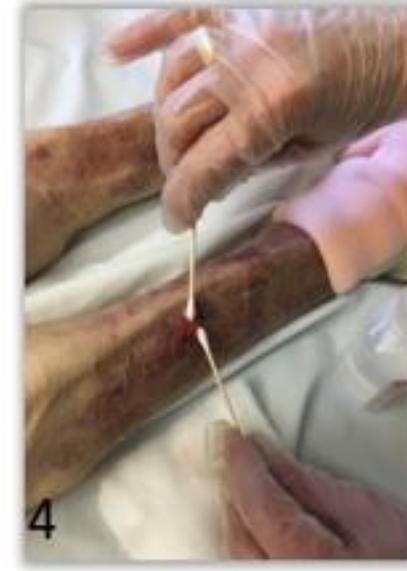


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Lembo cutaneo

Se lembo cutaneo vitale → raccomandato riposizionamento a copertura del letto di lesione, utilizzando un guanto, un batuffolo di cotone inumidito, una pinzetta o una striscia in silicone evitando traumatismi, per via **pulizia del fondo**



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Table 2. Product selection guide (LeBlanc et al, 2016)

Product Categories	Indications	Skin Tear Type	Considerations
Nonadherent mesh dressings (e.g. lipidocolloid mesh, impregnated gauze mesh, silicone mesh, petrolatum)	Dry or exudative wound	1, 2, 3	Maintains moisture balance for multiple levels of wound exudate, atraumatic removal, may need secondary cover dressing
Foam dressing	Moderate exudate, longer wear time (2-7 days depending on exudate levels)	2, 3	Caution with adhesive border foams, use nonadhesive versions when possible to avoid periwound trauma (not applicable to silicone border products)
Hydrogels	Donates moisture for dry wounds	2, 3	Maintains moisture balance for multiple levels of wound exudate, atraumatic removal, may need secondary cover dressing
2-Octyl cyanoacrylate topical bandage (skin glue)	To approximate wound edges	1	Use in a similar fashion as sutures within the first 24 h after injury, relatively expensive, medical directive/protocol may be required
Calcium alginates	Moderate to heavy exudate Haemostatic	1, 2, 3	May dry out wound bed if inadequate exudate, secondary cover dressing required
Gelling fibres	Moderate to heavy exudate	2, 3	No haemostatic properties, may dry out wound bed if inadequate exudate, secondary cover dressing required
Acrylic dressing	Mild to moderate exudate without any evidence of bleeding, may remain in place for an extended period	1,2,3	Care on removal, should be used only as directed and left on for extended wear time



Scelta della medicazione

Utilizzo di medicazioni a base di film in poliuretano e idrocolloidi → poco raccomandato → la rimozione potrebbe causare sollevamento del flap cutaneo, ritardando la guarigione

Corretta rimozione della medicazione



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SPECIAL ISSUE:

Current advances in risk assessment, prevention and treatment of skin tears

Skin tears anno 2022: An update on definition, epidemiology, classification, aetiology, prevention and treatment

Engaging the person with a lower leg skin tear in the wound healing journey: A case study

Skin Tears in an aging population: Workforce empowerment - Evaluation of a First Responder Skin Tear Wound Management Pack

Measures that patients living in the community can take for the prevention and treatment of skin tears: A comprehensive review of the literature

Prevention and management of skin tears: A survey of nurses in French-speaking Switzerland

Analysis of real-world data from North American skilled nursing facilities' skin and wound records for skin tear prevalence, healing and treatment

Comparison of a cyanoacrylate liquid skin protectant to skin closure strips for the treatment of injury-related Type I skin tears in elderly patients

A cross-sectional study using the skin tear knowledge assessment instrument (OASES) to assess registered nurses' knowledge of the identification, classification, prevention, assessment and management of skin tears in a geriatric rehabilitation hospital

Using the Iowa Model of Evidence-Based Practice to guide development of a skin tear management protocol

Skin tears: special issue luglio 2022



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Skin tears anno 2022: An update on definition, epidemiology, classification, aetiology, prevention and treatment

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Conflict of Interest: Hans Van Tiggelen, None; Dierckx Beekman, Immediate Past President, ISTAP

Keywords:

Aetiology, classification, epidemiology, prevention, skin tears, state of the science, treatment

INTRODUCTION

People with skin vulnerability are at increased risk for a range of skin injuries, with skin tears being one of the most common conditions.¹ Throughout life, there are periods of increased skin vulnerability, making people more susceptible to a variety of skin injuries.² The aim of this article is to provide a review of the scant but emerging evidence base on the epidemiology, aetiology, classification, prevention and treatment of skin tears.

1. DEFINITION AND IMPACT

The International Skin Tear Advisory Panel (ISTAP) advocates a universal taxonomy and defines skin tears as 'traumatic wounds caused by mechanical forces, including removal of adhesives. Severity may vary by depth (not extending through the subcutaneous layer).³ Although skin tears can occur in any anatomical location, they are particularly common on the extremities, such as the upper and lower limbs, or the dorsal aspect of the hands.⁴ Skin tears are reported in all healthcare settings and in all age groups, but are most common in the elderly, neonates and the critically and chronically ill.⁵

Although skin tears are acute wounds that have the potential to heal through primary intention, they are

at high risk of developing into chronic wounds if improperly treated.⁶ Individuals suffering from wounds that are difficult to heal are vulnerable to prolonged pain, emotional distress, embarrassment, infection and decreased quality of life.⁴ Conducting qualitative studies that examine patient experiences and the impact of skin tears on physical, psychological and social functioning is strongly recommended.³ From a health economics perspective, skin tears can result in high labour and material costs, increased caregiver workload and prolonged hospital stays.^{7,8}

2. AN UPDATE ON EPIDEMIOLOGY

Although largely preventable, skin tears are considered common wounds with prevalence and incidence rates very similar to those of pressure ulcers.^{9,10,11} To date, only a limited number of studies have examined the prevalence and incidence of skin tears in different patient populations, healthcare settings and countries. Prevalence reflects the number of existing cases of a disease or injury at a specific point in time. Incidence refers to the number of new cases of a disease or injury over a specified period of time.^{12,13}

2.1. Prevalence of skin tears

The prevalence of skin tears is estimated between 1.1% and 41.2%, with the highest prevalence in



- Skin tears: problema significativo per assistiti e professionisti sanitari
- Lesioni poco studiate
- Sviluppate Linee Guida (LG) internazionali per prevenzione e trattamento
- Scarsa aderenza alle LG in ambito clinico



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Engaging the person with a lower leg skin tear in the wound-healing journey: A case study

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Correspondence: varga.blumarlin@gmail.com · Conflict of interest: None

Keywords:

Engagement, involvement, person-centred care, self-management, skin tears, and wound care

ABSTRACT

Background

Skin tears are common acute wounds found among aging populations and most commonly occur over the extremities. Along with increased age, risk factors include general health, mobility and skin condition. The ageing of the world's population means that the burden of skin tears will continue to increase; therefore, a focus on awareness, prevention and evidence-informed wound management is imperative.

Aim

To present a collaborative case study report of a patient in the community setting with a Type 1 skin tear.

Method

This case report includes the patient (Leslie) as a co-author, to bring the experience of the person in her own words to the forefront in her journey towards healing in a community setting.

Results

Leslie was unsure of how to care for her skin tear and felt frustrated by the variety of instructions and inconsistent approaches to her skin tear management. Decisions around her care were made without attention to her involvement. Leslie's own words describe

her experiences in the care of this initial acute wound that became hard-to-heal, but eventually closed.

Conclusion

This case study captures the impact of hard-to-heal skin tears on the individual and identifies gaps and opportunities in wound care provision. Clinicians can reflect on their care delivery models to ensure that they provide patient-centred care.

Implications for clinical practice

This case study may increase awareness among patients, providers, educators and policymakers of how we can better prevent and care for persons with skin tears and involve them in all aspects of care.

INTRODUCTION

The following case study is unique in that the individual in question is a contributing author of the manuscript. Her willingness to collaborate was based on her desire to share her journey with a skin tear, in hopes that it will inspire healthcare professionals to engage patients in their own care.

Person involvement and shared care encompasses approaches and interventions that may assist patients in participating in care planning, decision-making and care delivery.¹ This approach values the person as



- Il caso illustra l'impatto sulla persona delle skin tears di difficile guarigione e identifica le lacune sul *topic* e le opportunità di cura.
- I professionisti sanitari possono riflettere sui modelli di assistenza, per garantire un'assistenza incentrata sul paziente



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- **Obiettivo:** implementare un **protocollo condiviso** di trattamento delle *skin tears* (Wound Management Pack) che gli operatori sanitari potessero prontamente applicare al verificarsi della lesione
- I risultati hanno fornito indicazioni preliminari sul fatto che l'applicazione del protocollo è **promettente** per affrontare alcune delle sfide legate alla valutazione e alla gestione delle *skin tears* nei *stting* di cura per anziani.



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Prevention and management of skin tears: A survey of nurses in French-speaking Switzerland

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Keywords:

Prevention and management, quantitative description, skin tear, survey method, wound care specialist

ABSTRACT

Background

Skin tears are common in many care settings. Clinicians' practices show a lack of knowledge on skin tear classification, prevention and treatment, documentation problems; and a lack of uniform language.

Aim

The aim of this study is to investigate nurses' perceptions, opinions, knowledge and practices on the prevention and management of skin tears in French-speaking Switzerland.

Method

A survey was conducted among nurses and wound care specialists in Western Switzerland. Data were collected between 17 November and 14 December 2020 and analysed using descriptive statistical and thematic analysis.

Results

A total of 117 nurses and wound care specialists participated in this survey; 89% described skin tears as common. Skin tear definitions (18%, n=15), clas-

sification systems (7%, n=6) and risk factors were not well known. Prevention measures were often non-existent (67%, n=6). A standard of care was infrequent (5%, n=4). Pain (76%, n=70), delayed healing (75%, n=70) and frequent dressing changes (72%, n=67) were common issues and complications. Education on dressing choices (89%, n=80), prevention measures (88%, n=79), and aged skin issues (84%, n=77), were identified as important teaching topics.

Conclusion

The results contribute to our understanding of wound care specialists' clinical judgment on preventing and managing skin tears in French-speaking Switzerland and highlight the importance of wound care education.

Implication for clinical practice

To enhance nurses' knowledge of wound care and ensure evidence-based practices, we recommend implementing standard, unified wound curricula for nurses at the undergraduate and post-graduate levels, based on the existing European curricula.



- **Obiettivo:** indagare le percezioni, le opinioni, le conoscenze e le pratiche degli infermieri sulla prevenzione e la gestione delle *skin tears* nella Svizzera francese.
- **Campione:** 117 infermieri e *wound care specialists*. L'89% ha descritto le *skin tears* come comuni. Sistemi di classificazione e i fattori di rischio scarsamente conosciuti. **Misure di prevenzione spesso inesistenti.** Standard di cura poco frequente. **Dolore, guarigione ritardata e i frequenti cambi di medicazione** → problemi e complicanze comuni.
- **Educazione** sulle scelte di medicazione, sulle misure di prevenzione → identificati come argomenti didattici importanti.



A cross-sectional study using the skin tear knowledge assessment instrument (OASES) to assess registered nurse's knowledge about the identification, classification, prevention, assessment, and management of skin tears in a geriatric rehabilitation hospital

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Correspondence: marie.perreux@prh.gov.mt, Cardiff University, Wales

Keywords:

Skin tears, knowledge, nurses

ABSTRACT

Skin tears (STs) are acute traumatic wounds caused by friction, shearing and/or blunt force that result in the rupture of skin layers, the dermis and/or epidermis. Among the main causes are wheelchair injuries (mechanical trauma) and transfers, falls and the removal of adhesives. This study aimed to investigate nurses' current knowledge of the identification, classification, prevention, assessment and management of STs. The intention was to identify knowledge gaps to design an appropriate education programme for improving skills in the assessment, prevention and identification of STs, to increase awareness, and improve and facilitate existing knowledge of STs. The ST knowledge assessment instrument OASES was used, as this is a validated tool. A pilot phase determined whether the language and content of the tool were understood, and to verify the time required to complete the survey. For the main study, a questionnaire was emailed to 129 registered nurses working in a geriatric rehabilitation hospital located in Malta. In all, 101 responses were gathered over a four-week period (73.4% response rate). The overall results indicated knowledge deficits across the identification,

prevention, assessment and management domains of STs. Results for domains related to aetiology, classification and observation, and specific patient groups showed a good level of knowledge, but risk assessment, prevention and treatment showed poor knowledge. Immediate recommendations include the adoption of best practice guidelines and protocols to improve nurses' awareness and knowledge of STs. This will be facilitated by the development of an education programme to address the knowledge gaps identified.

BACKGROUND

Skin tears (STs) are acute traumatic wounds caused by friction, shearing and/or blunt force, resulting in the rupture of skin layers, the dermis and/or epidermis.¹ Among the main causes of STs are wheelchair injuries – which are a type of mechanical trauma – transfers, falls and the removal of adhesives.² Amongst elderly individuals, most STs are noted on their extremities, most commonly on the arms, the dorsal side of the hands and the lower limbs.³ STs cause significant pain and have an effect on people's quality of life.⁴ It is essential that, with an ageing population, health



- **Obiettivo:** indagare le reali conoscenze degli infermieri sull'identificazione, la classificazione, la prevenzione, la valutazione e la gestione delle *skin tears*
- I risultati globali hanno evidenziato **deficit di conoscenza** nell'identificazione, prevenzione, valutazione e gestione delle *skin tears*.
- **Raccomandazioni immediate:** adozione di Linee Guida e protocolli per migliorare la consapevolezza e la conoscenza delle *skin tears* da parte degli infermieri → programma di formazione



Using the Iowa Model of Evidence-Based Practice to guide development of a skin tear management protocol

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 National in School of the Wound Care team of New England Baptist Hospital

Correspondence: cbell@neb.org, Conflict of interest: None

Keywords:

Clinical practice, evidence-based practice, Iowa model, International Skin Tear Advisory Panel, skin tears, standardisation

ABSTRACT

This paper describes the process a wound care team used to develop a protocol to standardise the care of skin tears in an orthopaedic specialty hospital.

The aims of the project were to: 1) find a classification tool to implement standardisation and 2) develop and implement a treatment algorithm and guidelines according to current evidence.

A protocol and algorithm were developed to deal with skin tears in a standardised format. Knowledge increased 36% after an educational intervention targeting skin tear aetiology and implementation of the newly developed protocol.

INTRODUCTION

Orthopaedic patients undergoing elective surgeries are at high risk for skin tears (ST) due to risk factors such as immobility, surgical positioning, length of surgery, medical device use and anticoagulation agents that often affect the skin.^{1,2} Total joint arthroplasty (TJA) and many spinal surgeries are considered to be an elective orthopaedic surgery. Trends for TJA surgery are projected to continue to rise as the population ages and the desire for continued mobility pushes demand.³⁻⁶ More than 1 million TJA surgeries are performed annually in the United States (U.S.), with projected increases of up to 4 million annually by 2030. Within the U.S., there is a projection of 11 million citizens who will be living with a hip

or knee arthroplasty by 2030.⁶ Total shoulder arthroplasty (TSA) surgery continues to increase, with more than 800,000 patients currently living in the U.S.⁶ Spine surgery statistics are difficult to assess, due to the number of differing surgical interventions, but by all projections will continue to increase.^{7,8} Common risk factors for elective orthopaedic surgeries include: advanced age, degenerative disease, limited function and female sex.⁹⁻¹³

The literature has reported ST prevalence rates equal to or greater than pressure injuries, yet standardisations of assessment, treatment and documentation are often lacking.⁵ STs have been found on patients of all medical specialties and ages, but the population aged 60 years and above presented with more than those under 60 years of age.^{1,12-14} Skin tears can become chronic issues causing debilitation, pain and decreased quality of life.^{1,15-18}

Background

Skin tears are common and occur at least as often as pressure injuries but are not treated with the same attention.¹⁹ An international study exploring current practices in the assessment, prevention and treatment of STs resulted in new knowledge regarding nurses' perceptions of their challenges in caring for patients experiencing STs. Sixteen countries and 1127 health care providers (HCP) responded. Registered nurses made up 77.4% of the respondents, and advance practice nurses an additional 9.7%. Seventy percent



- **Obiettivo:** descrivere il processo utilizzato da un team di *wound care* per sviluppare un protocollo *evidence based* di standardizzazione della cura delle *skin tears* in un ospedale specializzato in ortopedia
- Sviluppo di un protocollo e di un algoritmo per standardizzare il trattamento delle *skin tears* → **conoscenze aumentate del 36%** dopo un intervento educativo sull'eziologia delle *skin tears* e l'implementazione del nuovo protocollo.



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Best practice recommendations



Ultime raccomandazioni 2020 ISTAP sulle migliori strategie olistiche per promuovere e mantenere l'integrità cutanea

Beekman D et al (2020) Best practice recommendations for holistic strategies to promote and maintain skin integrity. Wounds International. Available online at www.woundsinternational.com



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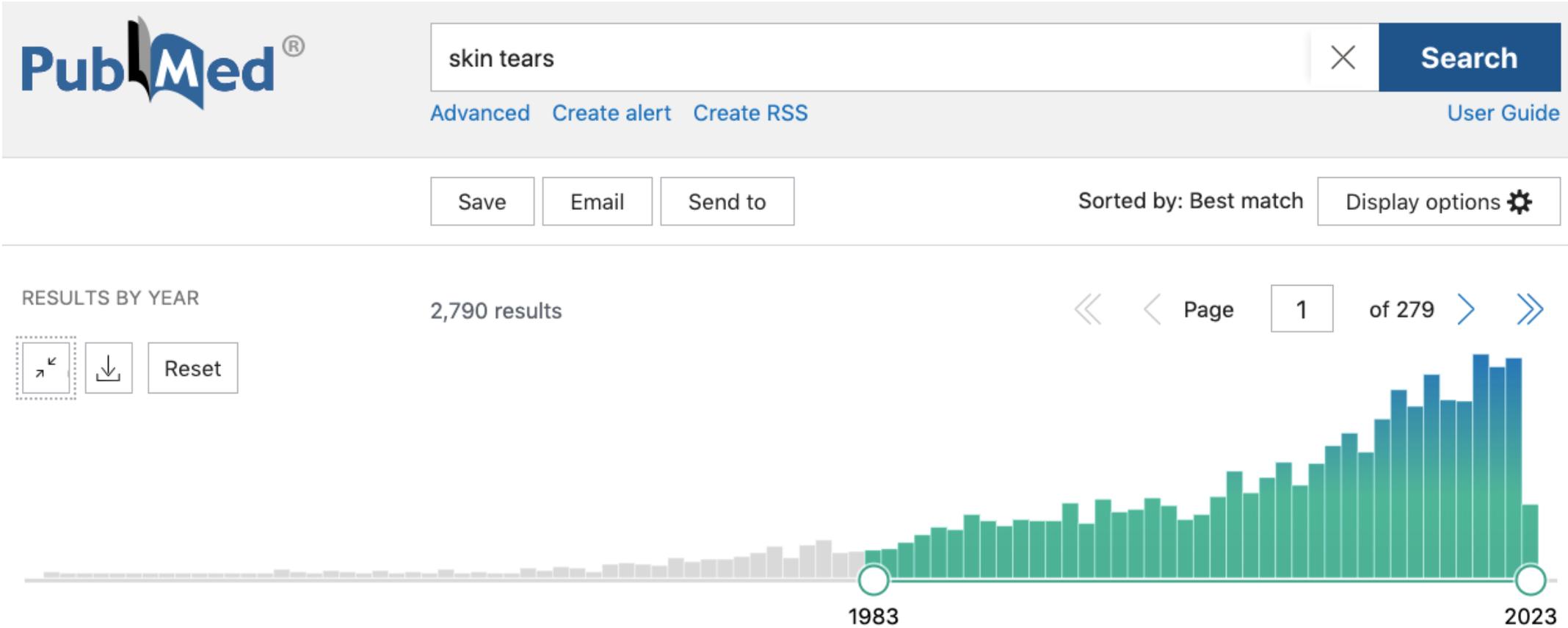
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La letteratura scientifica



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Risk of skin tears associated with nursing interventions: A systematic review

Silvia Cilluffo^{a,b,*}, Barbara Bassola^a, Dimitri Beeckman^{c,d}, Maura Lusignani^{e,a}

- **Obiettivo:** esaminare quali interventi infermieristici aumentano il rischio di *skin tears*
- **Risultati:**
 - 17 articoli inclusi (2012- 2022).
 - Fattori associati ad aumento del rischio di *skin tears*: **igiene con acqua fredda e sapone**; **mancata applicazione di prodotti *leave-on*** per inumidire/ proteggere la pelle disidratata; indossare **maniche corte**; **mobilizzazioni frettolose** dei pazienti a letto; indossare **gioielli** o avere **unghie lunghe**; rimozione di **medicazioni adesive o bende**
 - Conclusione: il personale infermieristico deve conoscere quali interventi mettono i loro pazienti a rischio di *skin tears* e quali interventi sono raccomandati per prevenirle. L'assistenza infermieristica può influenzare la salute della pelle del paziente.

ORIGINAL ARTICLE

Skin tears and risk factors assessment: a systematic review on evidence-based medicine

Raffaele Serra^{1,2*}, Nicola Ielapi^{1*}, Andrea Barbetta^{1*} & Stefano de Franciscis^{1,2*}

- **Obiettivo:** Valutare sistematicamente i principali fattori di rischio per lo sviluppo di *skin tears*
- **Risultati:**
 - 17 articoli inclusi (1990- 2017).
 - Fattori associati ad aumento del rischio di *skin tears*: cambiamenti della pelle legati all'**età**, **disidratazione**, **malnutrizione**, **cambiamenti sensoriali**, **disturbi della mobilità**, **terapie farmacologiche e meccaniche**, **pratiche di cura della pelle**
 - Nelle popolazioni fragili (in particolare neonati e anziani), la **stratificazione del rischio**, come strategia di prevenzione primaria, è **uno strumento efficace per evitare lo sviluppo di ferite croniche**



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Measurement properties of classifications for skin tears: A systematic review



Hanne Van Tiggelen^a, Jan Kottner^{a,b}, Karen Campbell^c, Kimberly LeBlanc^c, Kevin Woo^{c,d},
Sofie Verhaeghe^{e,f}, Ann Van Hecke^{e,g}, Dimitri Beeckman^{a,h,i,j,k,*}

- **Obiettivo:** Valutare criticamente, confrontare e riassumere la qualità delle proprietà degli strumenti disponibili di classificazione delle *skin tears*
 - **Risultati:**
 - 14 articoli inclusi, che descrivono 5 classificazioni
 - Validità di contenuto esaminata in 5 studi, affidabilità in 9 studi, errore di misurazione in 2 studi, validità del criterio in 4 studi
 - Per tre sistemi di classificazione non sono state riportate le proprietà dello strumento
- Esistono **5 classificazioni** per le *skin tears*, di cui solo 2 (ISTAP e STAR) sono state testate psicometricamente

CONCLUSIONI

- La consapevolezza dei fattori di rischio modificabili e degli interventi associati è necessario per ridurre l'incidenza delle ST
- Per prevenire le lacerazioni della pelle, gli operatori sanitari devono fornire cure dedicate, proteggere la pelle da traumi, con protocolli condivisi
- L'adozione dello strumento di classificazione ISTAP permette al professionista di adottare un sistema di prevenzione, accertamento e gestione degli strappi cutanei, con conseguente riduzione dell'impatto sulla qualità di vita del paziente e sui costi sanitari.

