Skin tears are acute/traumatic wounds which commonly occur in those with fragile skin, especially the elderly. They can result in partial or full separation of the skin’s outer layers; the separation of the epidermis from the dermis (partial thickness wound) or both the epidermis and dermis from the underlying structures (full thickness wound). While not always avoidable, skin tears are generally considered to be preventable.

**Using Kliniderm foam silicone on skin tears**

Suitable for low to moderately exuding wounds. Kliniderm foam silicone is an ideal dressing to use on skin tears as it’s comfortable, facilitates flap security, easy to apply, pain free on removal, protects the peri-wound skin, controls exudate, maintains a moist wound healing environment and most importantly, avoids causing any further trauma to the skin.

When applying, remember to draw an arrow on the dressing to indicate the direction of removal from the anchored edge of the flap.

- Skin flap rolled downwards to cover wound
- Arrow drawn on dressing
- Dressing applied with arrow to indicate direction of removal
- Remove in direction of arrow

**Hints and tips**

- Use closure strips to approximate the wound edge
- Change secondary dressing on a regular basis
- Leave wound contact layer in place when re-dressing the wound for up to 14 days.
  - The secondary dressing is changed based on wound exudate level
- Draw an arrow to show direction of removal of Kliniderm foam silicone dressings
- Monitor for further signs of breakdown
- Check for signs of infection at every dressing change
- Debride or provide additional dressings if the flap is non viable - refer to Trust formulary
- Refer to a specialist if the flap deteriorates or there is no improvement
- Leave a 2cm overlap around the wound

If the wound is healed, discontinue dressings and follow good skin care regimes.