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Should a lower leg skin tears be treated as a potential leg ulcer from the starting point?

Introduction

A skin tear is defined as a traumatic wound caused by mechanical forces, including removal of adhesives (International Skin Tear Advisory Panel (ISTAP) 2018). LeBlanc K et al (2013) states that skin tears are acute wounds due to the causation being shear, friction or trauma, resulting in separation of the skin layers. LeBlanc and Baranoski (2011) state how skin tears are often under-recognised and misdiagnosed in clinical practice and highlight how an accurate definition of skin tears is crucial from the starting point in order for skin tears to receive optimal treatment. However, confusion can arise to when it comes to defining whether a skin tear on the lower limb is a skin tear or a leg ulcer. National Institute for Heath and Care Excellence (NICE) (2020) stated a leg ulcer is a break in the skin below the knee, which has not healed within 2 weeks, which the Vascular Society defines as a chronic leg ulcer. Whereas ISTAP (2018) states a skin tear becomes chronic if it does not heal within 4 weeks.

Method

An evaluation was undertaken in 2018 and 2020 for patients referred to the skin integrity team, with a skin tear on their lower leg (knee to malleolus). The Skin Tear Pathway for Lower Legs was implemented with 72 hours of the referral being received and the healing rates were monitored for patients that remained in hospitals or discharged into the Doncaster community.

In 2018, they were monitored between November and December for a 28 day period. A 28 day period was selected due to the definition of a chronic skin tears as stated by ISTAP (2018) - A complicated skin tear is more complex, particularly on the lower extremities and/or in patients with multiple comorbidities; if it does not heal within 4 weeks, it becomes a chronic wound.

In 2022, they were monitored between November and December for a 14 day period. A 14 day period was selected due NICE (2020) stating a leg ulcer is a break in the skin below the knee which has not healed within 2 weeks.

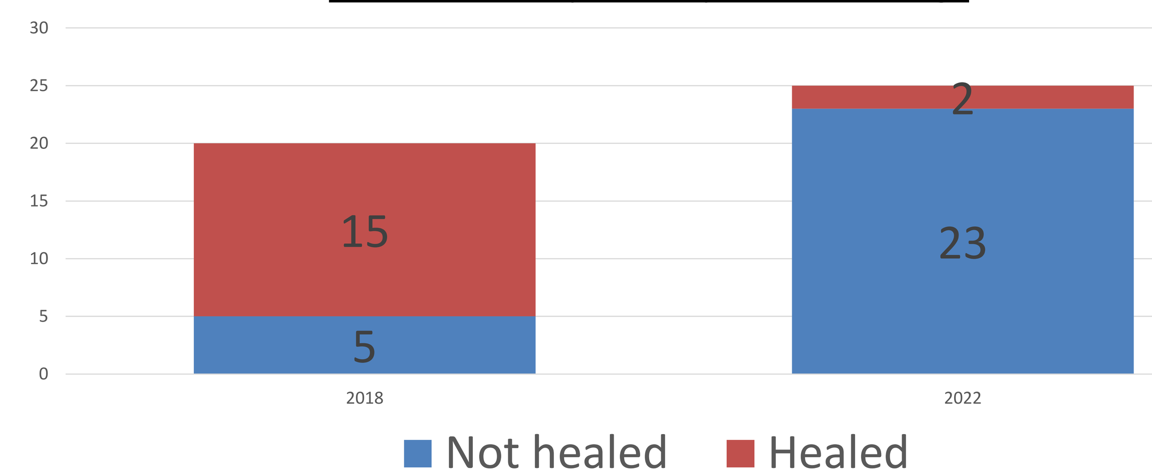
Results

In 2018, 75% (15 out of 20) of the lower leg skin tears had healed by 28 days. Therefore concluding in 2018 that the Skin Tear Pathway for Lower Legs safely implemented timely treatment in a hospital setting to prevent skin tears becoming chronic. At this time, there was no leg ulcer pathway for the 25% chronic wounds to transfer to.

In 2022, only 8% (2 out of 25) of the lower leg skin tears had healed by 2 weeks. Therefore concluding in 2022 that the Skin Tear Pathway for Lower Legs was no longer implementing effective and timley treatment in a hospital setting to prevent skin tears becoming chronic. The remaining 23 chronic wounds should have been transferred to over to the pathway for leg ulceration which was launched in 2021. However, this was not the case and 0% were transferred.

Figure A

Lower leg skin tears referred to skin integrity and healed at the follow up point following the implementation of for skin tears pathway for lower legs



Discussion

In 2018, the Skin Integrity Team at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust implanted a pathway for lower body skin tears to assist with the recommendations from LeBlanc and Baranoski (2011) to achieve an accurate definition of a skin tear from the starting point to prevent skin tears being under-recognised and misdiagnosed in clinical practice. A pathway would also assist with the skin tears receiving optimal treatment.

Figure B

The pathway to include a lipidocolloid dressing (as recommended by ISTAP 2018) along with a 10 mmhg hosiery liner (excluding patients with PAD disease and those in need of anti-embolism stockings).

A hosiery liner (10mmhg) was choice as it was felt in 2018 generalist practitioners in the acute setting lack knowledge and competencies around lower limb assessments and compression.

An evaluation was undertaken which showed promising results concluding that the pathway for lower body skin tears safely implements and incorporates timely treatment in an acute setting to prevent skin tears becoming chronic.

In 2021 whilst the skin integrity team were developing a pathway for leg ulceration they noted the definition of a leg ulcer as, a break in the skin below the knee which has not healed within 2 weeks (NICE, 2020). This pathway for leg ulceration had different recommendations to the pathway for lower body skin tears. To support the transition between a skin tear or a leg ulcer lower limb guidance document defining different wound types was made, specifying a leg ulcer a break in the skin below the knee which has not healed within 2 weeks (NICE, 2020).

Figure C

However, it was felt by the skin integrity team that confusion was present around when does a skin tear become a leg ulcer, due to different definitions being used. For example ISTAP (2018) states a skin tear becomes chronic if it does not heal within 4 weeks, however NICE (2020) states break in the skin below the knee, which has not healed within 2 week is a leg ulcer, which the Vascular Society defines as a chronic leg ulcer. This posed the following questions:

- Does a wound become chronic at 2 weeks or 4 weeks?
- Does a skin tear on the lower leg not healed within 4 weeks become a chronic skin tear or does a skin tear on the lower leg not healed in 2 weeks become a leg ulcer?

On review of the pathway for lower body skin tears it was not clear that the patient required transferring to the pathways for leg ulceration if the wound has not healed at day 14, despite the definitions on the leg wound guidance document. This has posed another question:

- Should lower limb skin tears be treated as a potential leg ulcer from the starting point?

Conclusion

A standalone pathway for a particular diagnosis can be an effective way to safely implement and incorporate timely treatment. However having a transition through relevant pathways can be made confusing due to the different and conflicting definitions and time lines for when a chronic wound occurs and what the diagnosis should be, which can lead to a delay in the appropriate pathway of care being implemented. By combining some pathways of care together this will remove the confusion of definitions and reducing the need to transfer to a different pathway of care, this may result in between compliance of care and improve healing rates.

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Statement of Interest

This piece of work has no conflict of interest.