In association with: Sheffield Teaching Hospitals NHS Foundation Trust

Pathway for Pre-tibial Lacerations

Definition:



A pre-tibial laceration is an acute wound that is usually caused by a trauma injury to the lower limb where the tibia (shin) lies on the lower limb. They can become chronic as they are often difficult to heal due as the pre tibial region is poorly vascularised.

Risk factors.:

- Trauma injury to the shin i.e. fall onto hard surface.
- They occur more commonly in the elderly due to ageing skin.
- Patients with mobility and sensory problems e.g. sensory neuropathy in diabetic patients, patients at risk of falls i.e. Neurological disorders such as Parkinson's, motor neurone disease, anaemia due to dizzy spells.
- Patients with oedema to the lower limb that causes fragility to the skin.

IMPORTANT

Steri-strips should only be used for simple linear lacerations. Do not use on friable skin. Do not suture the wound as the skin is friable; allow the wound to heal by secondary intention. If the wound is not located on the tibia then this could be a skin tear. Doncaster: Refer to the lower limb skin tear pathway.

Step 1: Check patients tetanus status.

Step 2:

Undertake a holistic assessment including clinical photography of the pre tibial laceration in order to determine the contribution to the injury and factors that may delay healing i.e. Oedema present to lower limb, circulation of lower limb, medical conditions that may effect healing i.e. Diabetes, Peripheral Arterial Disease.

Step 3:

Doncaster:

Undertake wound cleansing in accordance with the Wound Bed Preperation Pathway. Consider the use of the Prontosan debridement pad to support soft mechanical debridement to remove any foreign bodies, debris and devitalised tissue from the wound.

Sheffield:

Undertake wound cleansing. Consider the use of a debridement pad to support soft mechanical debridement to remove any foreign bodies, debris and devitalised tissue from the wound.

Consider the use of the Prontosan debridement pad to support soft mechanical debridement to remove any foreign bodies, debris and devitalised tissue rom the wound.

Step 4:

50% or more granulation with none/minimal exudate levels, redress with:

- Urgo Start Plus Border.
- Change every 3 or 7 days (dependent on fluid exudate levels).

50% or more granulation with moderate/heavy exudate levels, redress with:

- Urgo Start Plus pad.

Doncaster:

- EmSorb Max superabsorbent pad (if required).
- Bandaging as per Safe soft bandaging.
- Change every 3 or 7 days (dependent on fluid exudate levels).

Sheffield:

- Absorbent pad if required
- Bandaging
- Change every 3 or 7 days (dependent on fluid exudate levels).

50% or more slough/necrosis and or signs of infection redress with:

- Urgo Clean Ag.

Doncaster:

- EmSorb Max superabsorbent pad (if required).
- Bandaging as per Safe soft bandaging.
- Change every 3 or 7 days (dependent on fluid exudate levels).

Sheffield:

- Absorbent pad if required
- Bandaging
- Change every 3 or 7 days (dependent on fluid exudate levels).

Step 5: Referral

Doncaster:

- If the patient is an inpatient at DBTH ensure all wounds are referred to the Skin Integrity Team via nerve centre or Datix
- Consider a referral to Orthopaedics for review for a onward referral to Plastics if required.

Sheffield:

- If the patient is an in-patient, ensure all pre-tibial lacerations are referred to the appropriate CNS or Tissue Viability.
- Consider a referral to Orthopedics or Plastics.

Developed by the Skin Integrity Team. Updated April 2025 V3 in association with Sheffield. Updated September 2026. Update by July 2029

Reference: Wounds essentials: Pretibial Injuries-Assessment and management 2008.