

# SOFT SILICONE TAPE

A NOVEL APPROACH TO THE TREATMENT OF SKIN TEARS



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**Clinical Problem** Common among both elderly and neonates, skin tears are underappreciated, having prevalence rates equal to pressure ulcers/injuries. Ideal topical management includes a product that would provide for moist wound healing, manage exudate, protect the wound bed while simultaneously protecting fragile skin flap edges and the periwound from additional trauma in the context of a painless dressing change.<sup>1</sup> While silicone mesh primary dressings are reported as being the closest to “ideal”, they require a secondary dressing. Use of soft silicone tape in the management of skin tears, a recent advancement not available at the time of best practice guideline development, has not been reported.

Not all soft silicone dressings have similar degree of tack or adhesion. While most clinicians equate “tack” with “sticky”, it refers to the speed in which the product adheres, ranging from “low” to “high”. Silicone with more tack has an ability to immediately adhere to the microscopic irregularity of the epidermal skin. The immediacy of the bond between the uneven epidermis surrounding the skin tear and the soft silicone also prevents wound exudate contact with the periwound, preventing maceration of intact skin. Silicone tapes of lesser quality have less tack which can potentially adversely impact the skin surrounding the injury.

Adhesion is defined by the ability to keep a dressing or tissue in place. Adhesion is particularly important in managing skin tears to allow sufficient autografting of the skin flap as seen in ISTAP Type 2 tears. High quality silicones have sufficient adhesion to achieve up to 5 day adherence without movement on the wound bed or surrounding tissue. Silicones that provide little to no epidermal disruptions upon removal are also highly valued in this patient population and are an additional defining characteristic between high grade silicone tapes such as used in this evaluation.

**Objective** To report outcomes associated with soft silicone tape as an option for the management of skin tears.

**Treatment Approach** Soft silicone tape was applied to skin tears sustained by adults with Type 1, Type 2 and Type 3 categories after wound bed preparation was performed per ISTAP guidelines<sup>1</sup> in adult patients. Ease of application and removal as well as removal pain and clinical outcomes were evaluated.



Example - Silicone Tape application over Skin Tear

**Outcome** Soft silicone tape appeared equal to soft silicone mesh in the management of skin tears in adults but with the added benefit of reduced cost, no requirement for secondary dressing use, comparable clinical outcomes and improved ease of application.

**Conclusion:** Use of soft silicone tape is a viable option for the management of skin tears. Further study is warranted.

## Case 1

92 year old female with contusion. History of ASA and oral prednisone use. Skin tear ISTAP Type 1 and Type 2. Silicone Tape applied.



Baseline



Elbow – Two Weeks after application of silicone tape over skin tears



Three weeks post application – cosmesis improves – new purpuric area noted

## Case 2

Skin Tear Right arm in 87 year old Female with dementia. Patient frequently removed previous dressings that included previously treated with both wound closure strips and foam dressing. Application of silicone tape non-irritating in this patient who left silicone tape in place.



Baseline



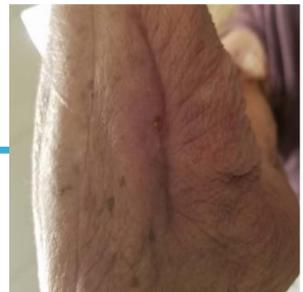
Silicone tape application

## Case 3

An 80 year old female with a history of dementia with forearm skin tear. Patient kept removing previous dressings which included topical antibiotic secured with closure strips, non-adherent dressing and gauze wrap, bismuth-petrolatum dressings covered with either non-adherent dressing and gauze wrap, or bismuth-petrolatum dressings covered with a foam dressing. Hydrocolloid dressing were also attempted. Protective sleeves over each of the previous dressings were also used in attempts to keep patient from removing and manipulating her wound. Silicone tape placed over area followed by protective sleeves. Caregiver changed area daily for first week then decreased to three times per week for additional one week.



Baseline



Day 14 – Patient kept soft silicone dressing in place without removing. Wound was able to heal.

## Case 4

92 year old female with skin tear ISTAP Type 2 on right lower extremity treated with wound closure strip for one week then switched to silicone tape.



Baseline



Day 7



\*Siltape®, Advancis Medical, Nottinghamshire, UK

1. LeBlanc K, Baranoski S, Christensen D, et al. The art of dressing selection: a consensus statement on skin tears and best practice. *Advances in Skin & Wound Care*: January 2016 - Volume 29 - Issue 1 - p 32-46. doi: 10.1097/01.ASW.0000475308.06130.df  
2. Meuleneire F. Using a soft silicone-coated net dressing to manage skin tears. *J Wound Care* 2002;11:365-9.  
3. Kennedy-Evans K. An innovative solution for skin tears: a case study. *Ostomy Wound Manage* 2004;5(2):9-10.  
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