WOUND AWARE .com.au

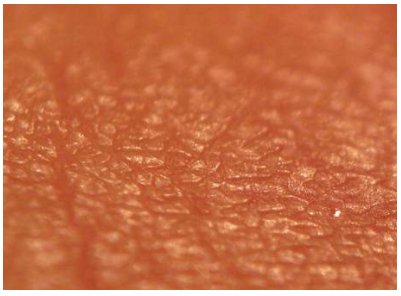
WOUND AWARENESS WEEK
15-21 JULY 2019
#LetsTalkAboutWounds

SKIN TEARS

WHAT IS A SKIN TEAR?

A skin tear is an acute wound caused by shear, friction and/ or blunt force resulting in separation of the skin layers. They are a major type of acute wound in the ageing population and have a high risk of becoming chronic wounds. This is because as we age the skin becomes thinner, frailer and more prone to injury.

The main causative factor is trauma from knocks around the house especially to arms and legs. Prevention of skin tears may include putting padding on objects that are causing skin tears such as the edges of furniture. There is good evidence that the use of a moisturising lotion twice a day can reduce the incidence of skin tears by 50 percent. Likewise drinking fluids and a nutritious diet will help optimal skin condition.



TYPES OF SKIN TEARS

There are several ways of classifying the severity of a skin tear. One example is below.

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 over the wound bed

Type 3: total flap loss – total flap loss exposing entire wound bed

MANAGING SKIN TEARS

Skin tears can bleed a lot. Place a sterile cloth over the wound and hold until bleeding ceases. If possible reposition the skin flap back into place. Using a cotton bud to 'roll' back the skin can help. Dress with a sterile non-stick dressing and if feasible it is best to bandage the dressing rather than using adhesives on the skin. As a general rule do not use any adhesive products on fragile skin. Dressings should be removed gently and in the direction of the skin tear as doing it the reverse may open the skin tear up again.

If the skin tear is becoming larger or not healing then see your general practitioner.

The information in the sheet is general information only and is not to replace seeing your doctor or health care professional if you are concerned about your wound, have any of the warning signs or symptoms of a non-healing wound.

Reference: International Skin Tear Advisory Panel (vichealth)

WOUND AWARE .com.au

WOUND AWARENESS WEEK
15-21 JULY 2019
#LetsTalkAboutWounds

BURULI ULCER

WHAT IS A BURULI ULCER?

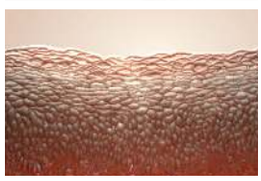
Buruli (also known in Australia as the Bairnsdale) ulcer is a skin disease caused by the bacterium Mycobacterium ulcerans. The bacterium belongs to the same family of organisms that cause leprosy and tuberculosis. It releases a toxin that destroys skin, blood vessels and underlying tissues leading to an open wound. Large ulcers can occur on the arms or legs. Occasionally, bone is affected causing deformities in the infected limb.

As the ulcer gets larger over time, early diagnosis and prompt treatment can minimise skin and tissue damage and reduce the risk of a chronic wound and prevent long term disability.

While the ulcer occurs in over 30 countries, the Buruli Ulcer was first diagnosed in the Bairnsdale area in the 1930s. Since then there have been an increasing number of cases reported in the Bellarine Peninsula and the Mornington Peninsula of Victoria.

HOW DO PEOPLE BECOME INFECTED?

It is not currently known how people become infected. The Mycobacterium ulcerans occur naturally in the environment. It has been detected in mosquitoes, vegetation and the faeces of some possum species in area where people have contracted Buruli ulcers. One possibility is that mosquitos may have a role in transmitting the infection. At this stage it is not thought that a person with a Buruli ulcer can pass on the bacteria to another person.



SYMPTOMS OF BURULI ULCER

There are several ways a Buruli Ulcer can present itself. It can start as a spot that appears like a mosquito or spider bite (generally on the arms or legs). It then increases in size over days and weeks sometimes forming a crusty, non-healing scab. The scab then turns into an ulcer that grows in size. Unlike other ulcers, this ulcer is usually painless and there is generally no fever or other signs of infection.

Buruli ulcer can also start as a painless swelling (nodule) or as a general painless swelling of the legs, arms or face. Without treatment or even with treatment the nodule or swelling breaks down to become the ulcer as described above.

PREVENTION OF BURULI ULCER

Although the exact cause of infection in people is not known, it makes sense to protect yourself from potential sources of infection such as soil and insect bites by:

- Wear gardening gloves, long-sleeved shirts and trousers when working outdoors
- Avoid insect bites by using suitable insect repellents
- Protect cuts or abrasions with sticking plasters
- Promptly wash and cover any scratches or cuts you receive while working outdoors
- See your doctor if you have a slow-healing skin lesion

It is important to remember that the risk of infection is low, even in those areas where the infection is present in the community.

Reference: O'Brien D B, Athan E, Blasdell K, De Barro P (2018). Tackling the worsening epidemic of Buruli Ulcer in Australia in an information void: time for an urgent scientific response. Medical Journal of Australia. 208 (7) pp 287-289

WOUND AWARE .com.au

BURNS

WOUND AWARENESS WEEK
15-21 JULY 2019
#LetsTalkAboutWounds

WHAT IS A BURN?

Burns can be caused by fire, hot objects, hot liquids, radiation eg; sunburn, electricity, extreme cold, lightning and some chemicals.

Burns from heat are the most common type of burn. When the burn is from hot water or steam it is called a 'scald'. Burns and scalds are managed the same way. Regardless of the cause, a burn destroys some or all of the cells in the skin and sometimes other underlying tissues such as nerves, muscle or bone.

Burns vary from minor acute wounds through to life-threatening emergencies. All burns require immediate first aid treatment.

TYPES OF BURNS

Burns are classified according to the amount of damage done to the different layers of skin and to the structures within and below these layers. There are three levels of burns:

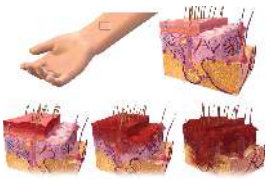
Superficial or first degree burns: these burns cause damage to the outer or first layer of skin only. The burn site will be red and painful. Most of these burns can be managed at home or by seeing a general practitioner

Partial thickness or second degree burns: these burns cause damage to the first and second layers of skin. The burn site will likely be swollen and red, with blisters and peeling. There may also be leakage of clear or straw coloured fluid from the skin. Pain from the burn site can be severe.

Full thickness or third degree burns: involve damage to the first and second layers of skin as well as the underlying fatty tissue. Very deep burns may also damage the underlying muscle or bone.

In full thickness burns the site often appears brown, black or charred with white fatty tissue visible. The skin may look stiff, waxy white or leathery. The nerve endings are often destroyed and so there is little or no pain at the site of the full-thickness burn. However, any surrounding partial thickness burns are likely to be very painful.

Only apply water to second or third degree burns until they have been medically assessed.



MANAGEMENT OF SIMPLE BURNS

Simple burns and scalds can generally be managed at home. They require pain relief, dressings and checking to make sure they have not become infected.

To treat minor burns, follow these steps:

- Hold the burned area under cool (not cold) running water for 20 minutes or apply a cool, wet compress until the pain eases. Don't use ice. Putting ice directly on a burn can cause further damage to the tissue. Depending on the location of the burn a cool or lukewarm shower may be appropriate.
- Remove rings or other tight items. Try to do this quickly and gently, before the burned area swells.
- Avoid braking small blisters as they are sterile when they are intact. Breaking them may lead to infection. If blisters break, gently clean the area with mild soap and water, and cover the wound with a non-stick gauze bandage
- Apply lotion. Once a burn is completely cooled, apply a lotion, such as one that contains aloe vera or a moisturiser. This helps prevent drying and provides relief.
- Bandage the burn. Cover the burn with a non-stick dressing and then bandage it loosely to avoid putting pressure on burned skin. Bandaging keeps air off the area, reduces pain and protects blistered skin.
- Take a pain reliever if required

See your doctor immediately if you experience any signs of infection or any unusual symptoms.

The information in the sheet is general information only and is not to replace seeing your doctor or health care professional if you are concerned about your wound, have any of the warning signs or symptoms of a non-healing wound.