

WOUND EDUCATION

CLINICAL TRAINING MADE EASY[©]

TRAINING SESSION 6

MODULE 5

Wet Skin Conditions

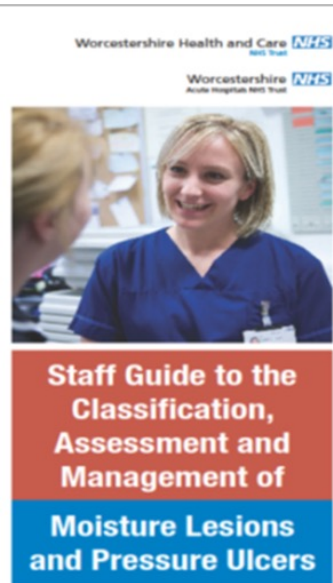
OUTLINE: Wet Skin Conditions

- Moisture Associated Skin Damage
 - Incontinence Associated Dermatitis
 - Peristomal damage
 - Intertriginous dermatitis
 - Periwound maceration

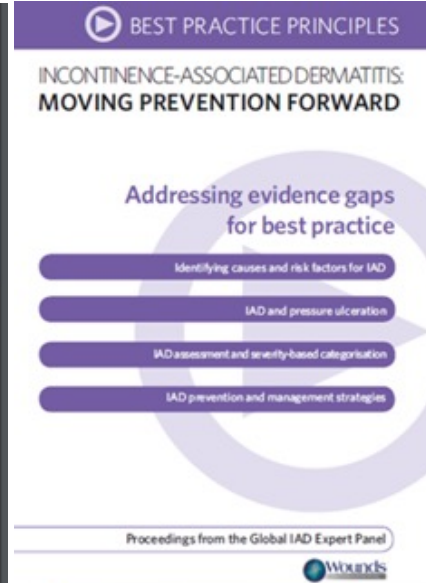
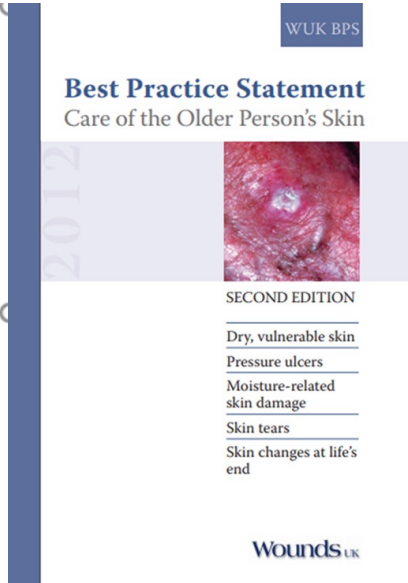


Louise Morris is Lead Nurse for Tissue Viability, Worcestershire Acute Hospitals NHS Trust Wounds uk, 2011, Vol 7, No 2

Incontinence Associated Dermatitis the literature



Best Practice Statement. Care of the Older Person's Skin. London: Wounds UK, 2012



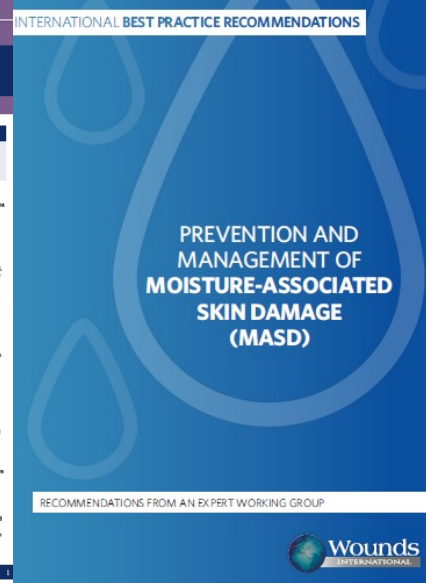
Beekman D et al. 2015.



Ousey K, O'Connor L
Doughty D, Hill R,
Woo K 2017



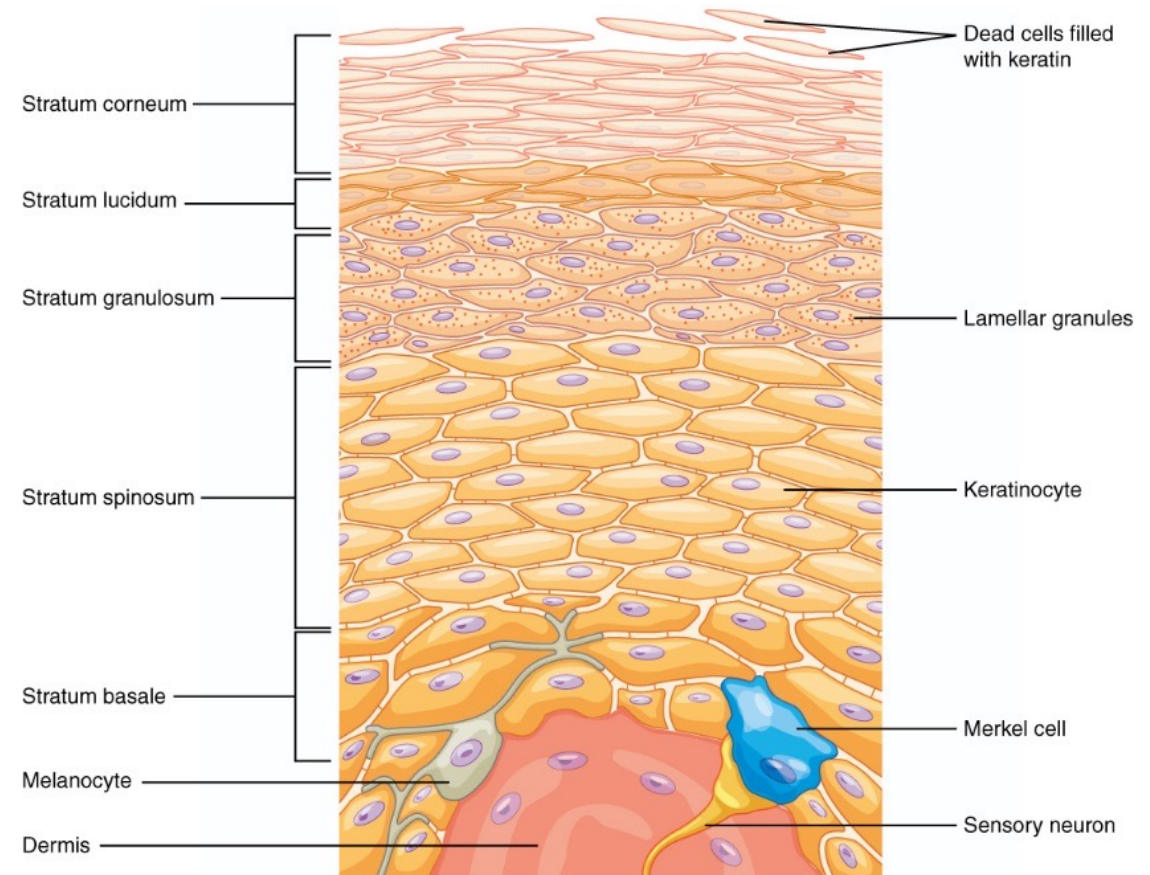
Ousey K & O'Connor L 2017



Fletcher J, Beekman D,
Boyles A et al (2020)

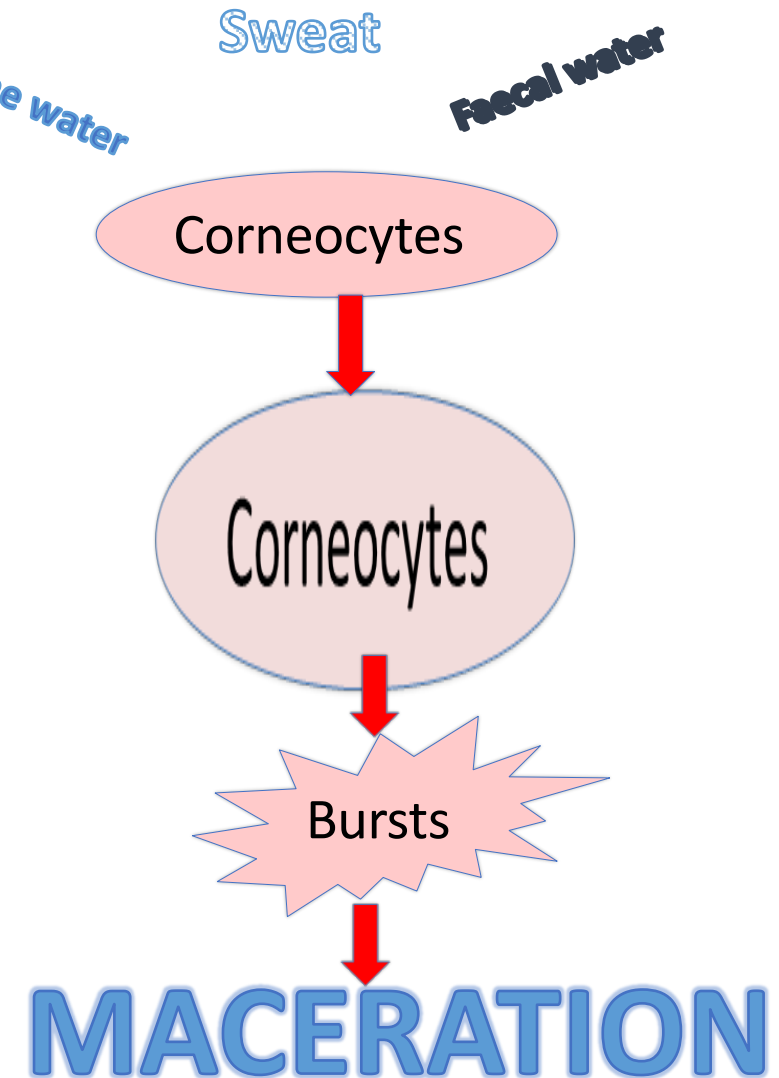
Skin Barrier Function Compromise

- Lamellar Lipids
- Natural Moisturising Factor (NMF)
- Sebum
- pH Acid Mantle
 - Contact with bodily fluids
 - Sweating
 - Wound Exudate
 - Mechanical force, friction.



How does MASD occur?

- Contact with bodily fluids
- Sweating
- Wound Exudate
- Mechanical force, friction.



Peristomal Skin Breakdown



Incontinence Associated Dermatitis



Clinical Practice Importance

- Duration of urine & faeces exposure
- Incontinence devices remaining in contact with the skin
- Skin protectants can reduce continence products absorption
- Frequent skin hygiene can increase risks of further breakdown.
Corneocyte damage, lipid reduced, dryness, & friction forces.
- Abrasive cleaning techniques & products
- Use of occlusive products
- Malnutrition, Diabetes, Medications, Immobility



IAD Categorisation Tool (GLOBIAD)

IAD Categorisation Tool ²	
Category	Category Description
Category 1A	Persistent redness without signs of infection. A variety of tones may be present. It could be pale or purple in dark skin.
Category 1B	Persistent redness WITH clinical signs of infection. Such as white scaling of skin or satellite lesions.
Category 2A	Skin loss without clinical signs of infection. Such as excoriation, denudation or skin erosion.
Category 2B	Skin loss WITH clinical signs of infection. White scaling skin/slough may be visible, shiny wound with excess exudate, green appearance may suggest a bacterial infection with <i>Pseudomonas aeruginosa</i> .

References: 1. Doughty, D et al. Incontinence-associated dermatitis. Consensus statements, evidence-based guidelines for prevention and treatment, and current challenges. *J Wound Ostomy Continence Nurse*. 2012;39:303-315. 2. Beeckman D, et al. The Ghent global IAD categorization tool (GLOBIAD). *Skin integrity research group*.- Ghent University 2017. 3. Beeckman D, et al.

Incontinence-associated dermatitis: moving prevention forward. London: Wounds International; 2015.

Prevention

- Skin damage must be avoided by preventative treatment early
- If faecal incontinence is suspected a barrier film may be preferred
- Frequent application of barrier creams may be required if frequent liquid faeces occurs



Broken Skin or Faecal Incontinence

- Compatible to use on broken skin
- Permits incontinence pads to continue absorption
- Removes from the skin with minimal force
- Visualisation of skin



Predict the Risk & Prevent Appropriately

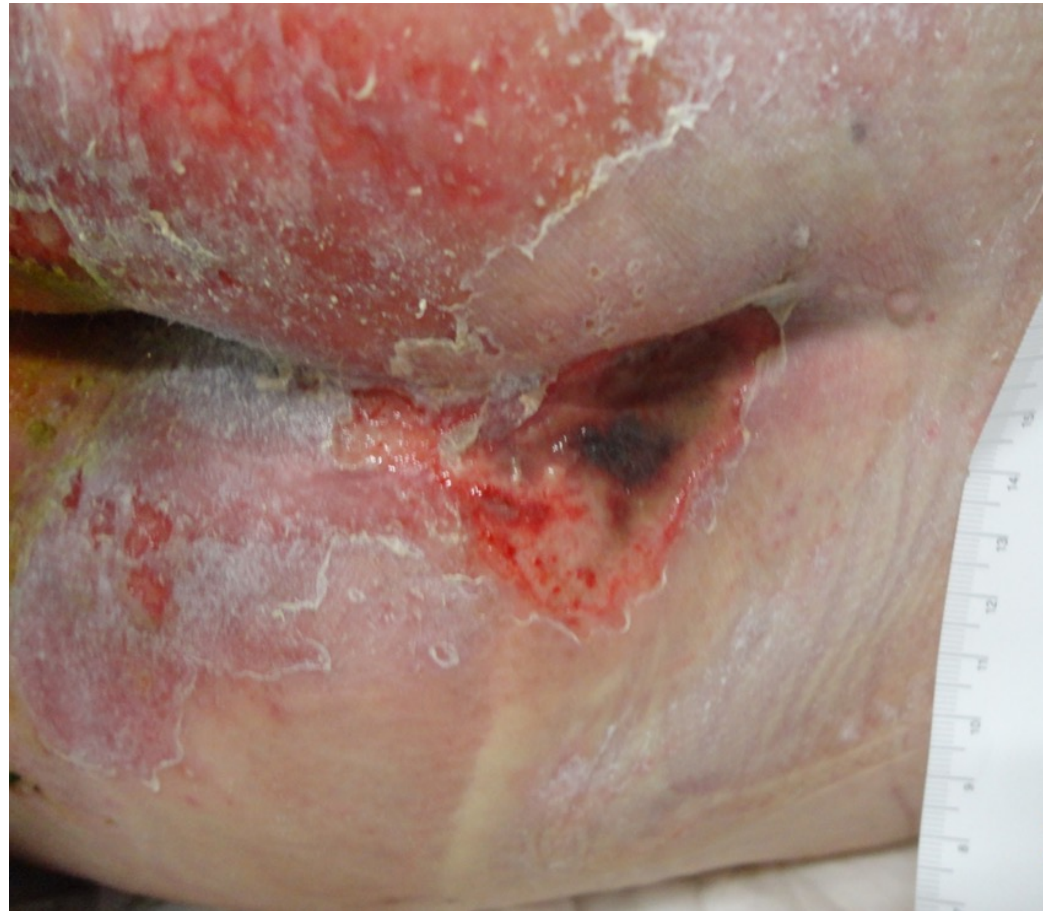


IAD & Pressure Injuries CO-EXIST!

IAD

Fungal

Zinc problems



Pressure injury

Difficult barrier removal



Silicone Dressings



Skin Protectants

TABLE 4 | Characteristics of the main types of skin protectant ingredients (adapted from^{3,13,17,28,67,68})

Principal skin protectant ingredient	Description	Notes
Petrolatum (petroleum jelly)	Derived from petroleum processing Common base for ointments	<ul style="list-style-type: none"> ■ Forms an occlusive layer, increasing skin hydration ■ May affect fluid uptake of absorbent incontinence products ■ Transparent when applied thinly
Zinc oxide	White powder mixed with a carrier to form an opaque cream, ointment or paste	<ul style="list-style-type: none"> ■ Can be difficult and uncomfortable to remove (e.g. thick, viscous pastes) ■ Opaque, needs to be removed for skin inspection
Dimethicone	Silicone-based; also known as siloxane	<ul style="list-style-type: none"> ■ Non-occlusive, does not affect absorbency of incontinent products when used sparingly ■ Opaque or becomes transparent after application
Acrylate terpolymer	Polymer forms a transparent film on the skin	<ul style="list-style-type: none"> ■ Does not require removal ■ Transparent, allows skin inspection

Beeckman D et al 2015

What is the wound aetiology ?



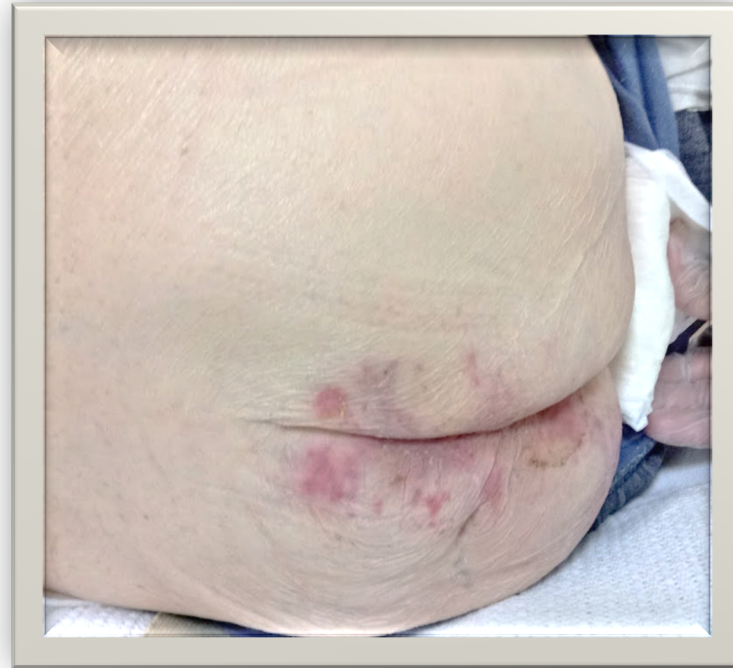
Pressure Injury

What is the wound aetiology?



Kennedy's Terminal Ulcer or SCALE

What is the aetiology?



Combination. Stage 1 pressure injury & IAD

What is the wound aetiology?



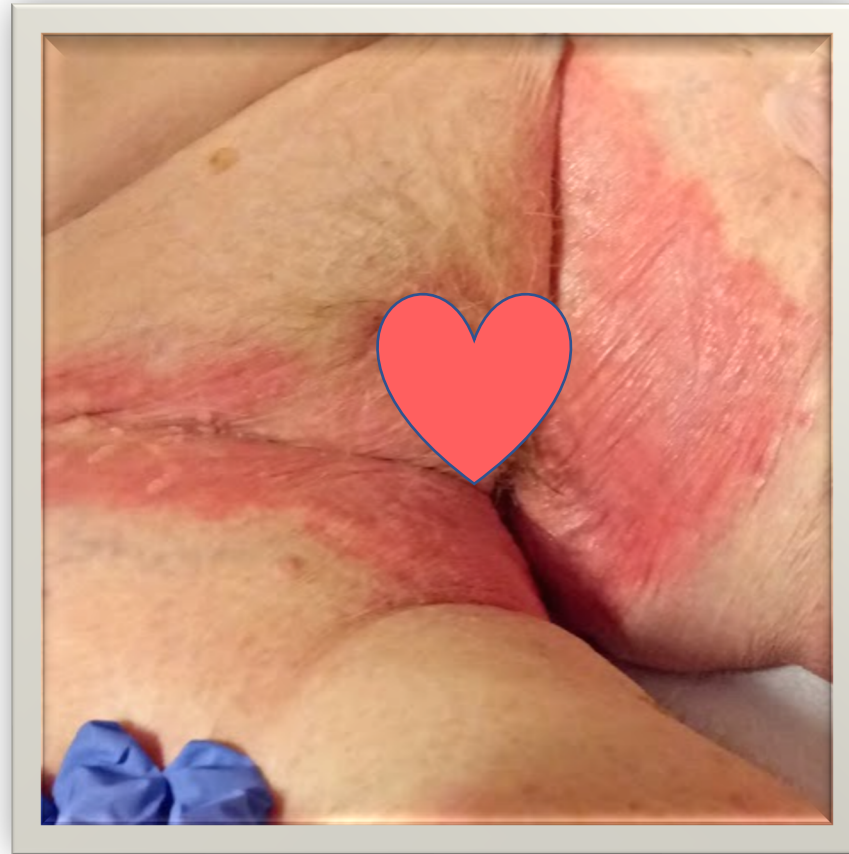
Scabies

What is the wound aetiology?



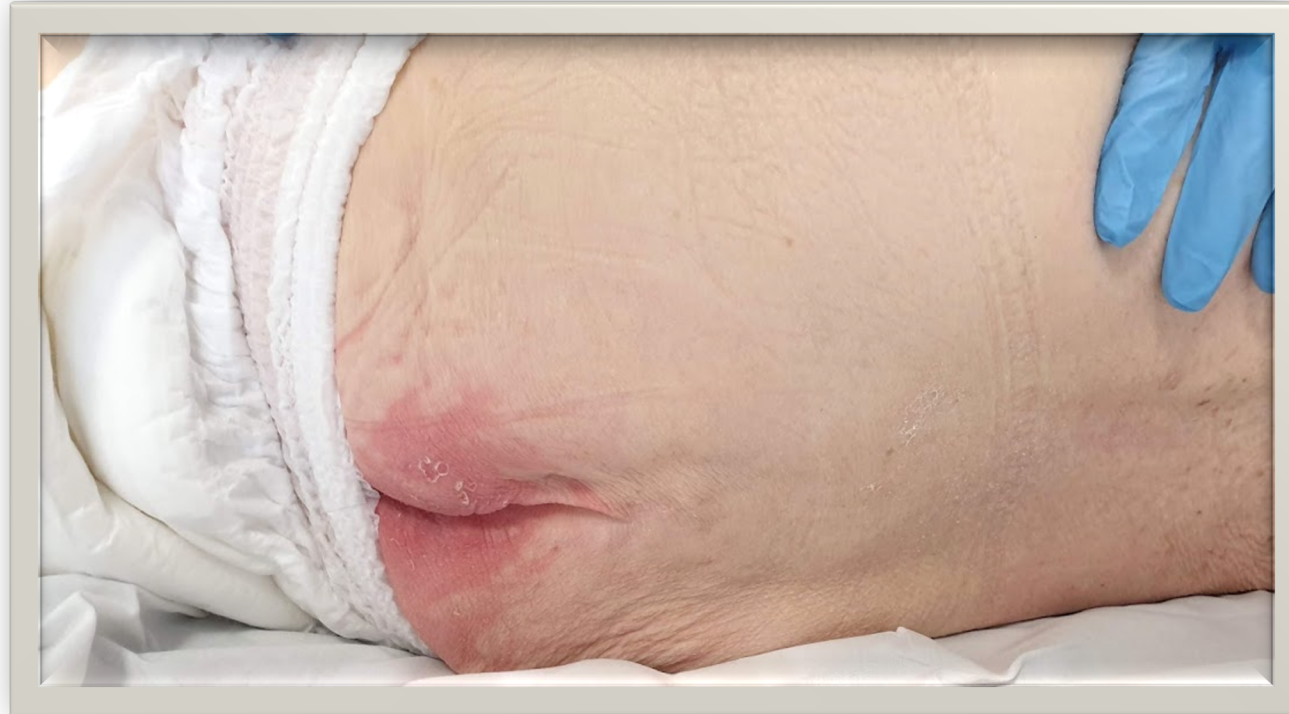
IAD

What is the wound aetiology?



IAD

What is the wound aetiology?



Combination: IAD & Stage 1 pressure injury

Intertrigo Skin Folds

- Inflammatory skin condition
- Opposing skin surfaces
- Friction forces
- Humidity
- Lack of air circulation



Intertrigo Groin



Intertrigo Breasts



<https://www.skindsight.com/skin-conditions/adult/intertrigo>

Intertrigo Feet – Between Toes



<https://www.medicalnewstoday.com/articles/intertrigo#what-is-it>



Treating Intertrigo

- Regular inspection of skin folds
 - Fungal/Bacterial growth – intense itch, odour
- Prevent skin on skin contact
- Use natural wicking fabrics
- Avoid Talc, corn starch, astringents, gauze, fabric, paper towel. No evaporation occurs
- Acrylate terpolymer barrier films



Peri wound Maceration/Breakdown

Include surrounding tissue in the wound assessment

Manage the cause of the exudate

Consider gravity

Use absorptive dressings

Consider hygiene needs

Effectiveness under compression



Inappropriate periwound protection



Key Points

- Prevention of skin barrier breakdown by implementing a best practice skin protocol will improve patient comfort, staff resource and potential costly complications
- Regularly skin inspection to exclude or promptly acting on any sign of MASD.
- IAD can be misdiagnosed for pressure injury or occur simultaneously