



The [Dermatuff Skin Tear Protection Socks and Sleeves](#) evaluation was conducted between August 2013 and June 2014 in two centres with two Study Coordinators for a period of six months. 37 elderly people, all vulnerable to skin tears initially participated. The Skin Tear Protection [Socks](#) and [Sleeves](#) achieved a high level of satisfaction from the participants. Thin Skin tears were eliminated, confidence was increased, activities which had been stopped were restarted and with added peace of mind. The Skin Tear Protection Socks stayed up well, kept the legs warm, leg colour improved and legs stopped swelling.

The ageing skin is prone to Skin Tears (Baranoski 2003). Those at greatest risk are those over 75, people who need a high degree of personal care and those with a previous history of tears. There are also people who are at risk due to thin skin because of long-term use of certain medications, especially corticosteroids. Skin Tears are distressing to patients, may take a long time to heal and carry the risk of being infected or developing into leg ulcers (Kingsley, 2010)

There are no official statistics which record the numbers of skin tears which occur annually however it is possible by utilising figures reported by Morey (2007) to estimate that elderly people in Care Facilities experienced about 1.35 skin tears per annum. The population in the UK of people over the age of 75 (elderly people) during 2012 was approximately 5.08 million that means that there are likely to be 6.86 million skin tears per annum in this age group alone. Incidence of skin tears can be very much higher, for instance 21 of the people taking part in this evaluation reported prior experience of skin tears at an average of 3.45 each per annum. This causes a great deal of avoidable suffering and is likely to constitute a very high annual cost to the NHS which could be greatly reduced if all vulnerable people to skin tears could use protective wear, arms and leg protectors for fragile or thin skin.

This high cost of dealing with skin tear injuries could be a result of the following: dressings, clinical staff time, treatments, re-treatment cycle, ambulance evacuation to A&E, drugs, treatment of subsequent leg ulcers, etc.(Stephen-Haynes 2011). It is agreed by many authorities that preventative measures are important.

For instance the paper LeBlanc (2011) suggests that healthcare professionals must identify individuals at risk of skin tears and aid in the prevention of these wounds and recommends wearing long sleeves, long pants/trousers, knee high socks or shin pads.

One option is the wearing of [Skin Tear Protective Socks and Sleeves](#) to cushion the arms and legs.



This evaluation looked at a specially designed Sock called the [Dermatuff Sock](#). It is a registered Class I medical device and also patented. It works by incorporating a yarn made from nylon and the material DuPont™ Kevlar® aramid fibre which is used in military body armour in a specially woven mesh. This provides a shield against shear and abrasion forces and direct impacts.

These unprotected abrasion forces and direct impacts against thin skin are thought to be the basis of Skin Tears because they cause the layers of the skin to separate from each other (Ratcliff, 2007; LeBlanc 2009; Stephen-Haynes 2009). For immobile patients, particularly in the Care Home setting they can occur when a patient is being lifted or moved in a sling or if the patient's limb strikes a chair, table edge or other resistant object.

With mobile patients where large numbers of tear sufferers live and move about in their own homes and the outside environment, the greatest risk of skin tears is on the legs, due to collisions with many household outdoor objects.

The [Dermatuff Sock](#) is *not* a compression sock. However, people who suffer from skin tears may also have vascular problems, for such people uncontrolled pressure applied by a Sock could restrict blood circulation. Because of this possibility the Sock is designed to apply only a limited pressure, no more than the 10 mmHg that is necessary in order to ensure that the sock works properly and does not slip down. This pressure is not uncomfortable and is much less than the pressure normally applied by compression socks. The instructions warn users to take clinical advice however if they are concerned about this small amount of pressure.



The product is already available from the NHS Supply Chain, by direct e-commerce and from a few retailers. The suppliers have the intention of making the Socks much more widely available.

The [Socks](#) and [Sleeves](#) were well liked. They achieved a high level of satisfaction from the participants. In addition there were many comments to the effect that the Socks were very comfortable. Participants stated that their confidence was increased and that activities which had been stopped because of the fear of skin tears were restarted and with added peace of mind. Socks stayed up well, kept the legs warm, skin colour improved and legs stopped swelling. In addition, without Socks for the six month period, a total of 41 Skin Tears were predicted to occur (based on participants own previous experience recorded on the pre-evaluation questionnaire). But whilst wearing Socks there were no incidences of Skin Tears for the duration of the study. There were several comments about the fit and appearance. One participant said that it was a brilliant experience.

[Buy Skin Protection Sleeves online!](#)

References:

- Baranoski, S. (2003) Skin Tears, Staying on guard against the enemy of frail skin. Travel Nursing, October 14 – 19.
- Health Research Authority (2009) NHS National Patient Safety Agency, National Research Ethics Service: Defining Research.
- Kingsley A, Hucker M, McKendoo K, Manser M, (2010) Auditing wound prevalence in nursing care homes. Wounds UK, Vol 6 No 3, 61 – 66.
- LeBlanc K, Baranoski S, Campbell, K et Al (2011) Skin Tears: State of the Science: Consensus Statements for the Prevention, Prediction, Assessment and Treatment of Skin Tears. Advances in Skin & Wound Care, Vol 24, No 9, 2-15.
- LeBlanc K, Baranoski S (2009) Prevention and management of skin tears. Advances in Skin & Wound Care, Vol 22 No 7, 325 – 332.
- Medical Research Council, (1998) MRC GUIDELINES FOR GOOD CLINICAL PRACTICE IN CLINICAL TRIALS.
- Morey, P, (2007) Skin tears; A literature review. Primary Intention. Vol 15: 122-9.
- Payne RL, Martin MC, (1993) Defining and classifying skin tears: need for a common language, Ostomy Wound Manage 1993;39 (5):16-26.
- Ratcliff, CR, Fletcher KR, (2007) Skin Tears – a review of the evidence to support prevention and treatment. Ostomy Wound Management Vol 53 Issue 3, 32 – 42.
- Stephen-Haynes J, Carville K (2011) Skin Tears Made Easy, Wounds International, Vol2 Issue 4, 1 – 6 Volume 2 | Issue 4.