Plastic surgery

Lower Limb Skin Laceration

University Hospitals Sussex
NHS Foundation Trust

A Skin laceration is a traumatic wound caused by mechanical force , including the removal of adhesive. Severity may vary in depth (not extending through the subcutaneous layer). (Le Blac K et al 2018).

Please give patient information leaflet on Skin Lacerations.

STEP 1 – STOP THE BLEEDING

- Apply clean gauze until bleeding stops
- Elevate the limb where possible

Important - if bleeding does not stop after 10 minutes of pressure inform doctor.

STEP 2 – CLEANSE THE WOUND

- Gently cleanse the wound and surrounding peri-wound skin
- Remove debris, dirt or haematoma

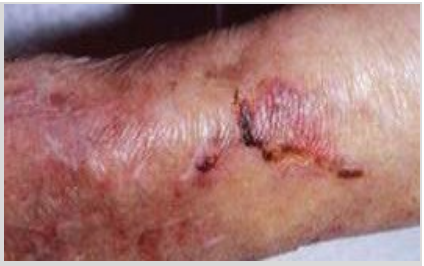
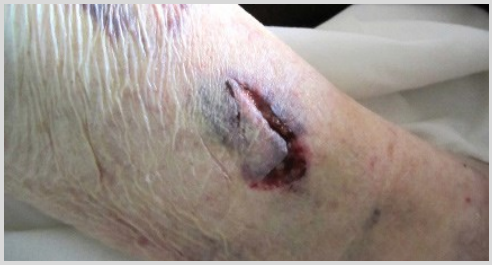
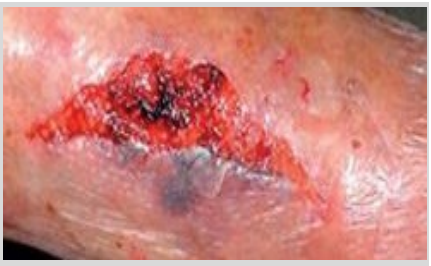
STEP 3 – REAPPROXIMATE WHERE POSSIBLE

- If a flap is present ease it back into position with out pulling or applying tension
- If difficult to align, use moistened gauze for 5-10 minutes to rehydrate

Important

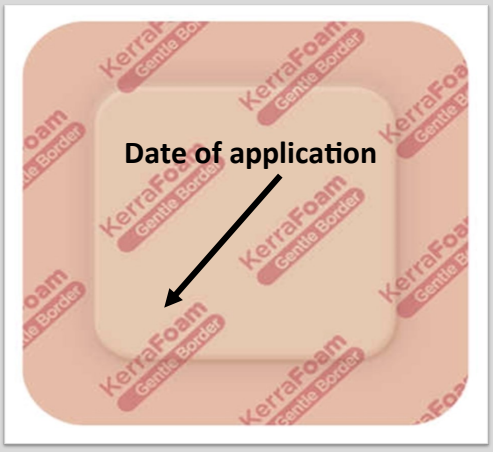
Adhesive strips, glue or sutures may cause additional damage Do not use due to fragility of skin.

STEP 4 – CATEGORISE THE SKIN LACERATION

Type 1 Skin laceration without tissue loss	**Type 2** Skin laceration with partial tissue loss	**Type 3** Skin laceration with entire skin loss
		

STEP 5 – DRESSING WOUND (small or superficial laceration)

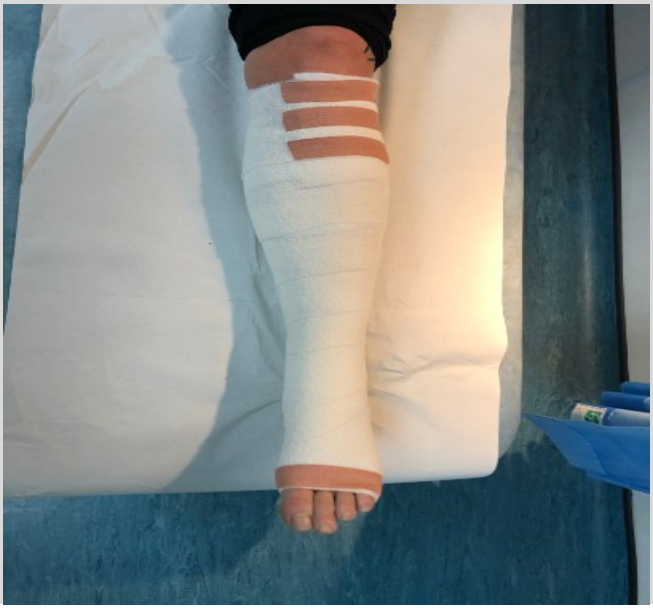
- Apply non adherent dressing ensuring a 2 cm border around the wound.
- Leave in place for 3-7 days to minimise disturbance to wound bed.
- Wear time will be determined by wound conditions.
- Mark dressing with arrow to indicated direction of removal to reduce risk of flap disturbance.
- Support venous return and reduce swelling by applying tubi-grip **toe to knee.**



STEP 6—DRESS THE LEG(S)

Patients with more sever Pre-tib Lacerations

- Peri-wound skin to be treated with Barrier Product (e.g cavilon film/cream)
- Primary dressing; Silflex to cover laceration
- Absorbent dressing such as gauze or Kerra Max Care.
- Apply one layer of soft ban (cotton bandage) followed by k-lite or crepe bandage;
- **Always** Bandage from **toe to knee** to support venous return, reduce swelling and manage exudate.



ALWAYS

- Make sure that toes are not restricted when bandages are insitu
- Check bandaging is not restrictive by placing 2-3 fingers under each wrap of bandage
- Cleanse all the surrounding skin when cleansing the wound to reduce chances of breakdown or infection.

STEP 7 - DOCUMENT AND REFERRAL

- Note wound behaviour i.e infection, discolouration to flap, necrosis, haematoma, swelling or erythema.
- Document the size and depth of wound and any skin flaps that have been replaced/ non-viable.
- If the laceration is greater than 5cm and requires specialist support please refer to the **PRE-TIB LACERATION SERVICE** via inpatient plastic surgery **PANDA** form.
- Please include note stating patient is a outpatient.
- Email photos of pre-tib laceration to **uhsussex.plasticsteam@nhs.net** referrals sent without photos will be **rejected** and not booked into clinics.
- Referrals will be reviewed and patients contacted and booked into clinic where appropriate or alternative advice given.
- **Pre-tib patients do not need to be admitted for review by plastic surgery.**

Please note these clinics are for **acute lower limb pre-tib lacerations** that are suitable for conservative management of the **soft tissue/wound only**.

Patients with structural or bone injury must be reviewed by appropriate specialities.