

# Pathway for Pre-tibial Lacerations

## Definition:

A pre-tibial laceration is an acute wound that is usually caused by a trauma injury to the lower limb where the tibia (shin) lies on the lower limb but can become chronic as they are often difficult to heal due as the pre tibial region is poorly vascularised.



## Causes:

- Trauma injury to the shin i.e. fall onto hard surface.
- They occur more commonly in the elderly due to ageing skin.
- Patients with mobility and sensory problems, sensory neuropathy in diabetic patients, patients at risk of falls i.e. Neurological disorders such as Parkinson's, motor neurone, anaemia due to dizzy spells at higher risk of developing a pre-tibial laceration.
- Patients with oedema to the lower limb that causes frailty to the skin.

**Step 1:** Check patients tetanus status.

## Step 2:

Undertake a holistic assessment including clinical photography of the patient in order to determine the contribution to the injury and factors that may delay healing i.e. Oedema present to lower limb, circulation of lower limb, medical conditions that may effect healing i.e. Diabetes, Peripheral arterial disease.

## Step 3:

- Undertake wound cleansing in accordance with the pathway for wound cleansing.
- Consider the use of the Prontosan debridement pad to support soft mechanical debridement to remove any foreign bodies, debris and devitalised tissue from the wound.

## IMPORTANT

**Steri-strips should only be used for simple linear lacerations. Do not use of friable skin.**

**Do not suture the wound as the skin is friable, allow the wound to heal by secondary intention.**

**If the wound is not located on the tibia then this could be a skin tear.**

**Refer to the lower limb skin tear pathway.**

## Step 4:

**50% or more granulation with none/minimal exudate levels, redress with:**

- Urgo Start Plus Border.
- Change every 3 or 7 days (dependent on fluid exudate levels).

**50% or more granulation with moderate/heavy exudate levels, redress with:**

- Urgo Start Plus pad.
- Kliniderm pad (if required).
- Bandaging as per Safe soft bandaging.
- Change every 3 or 7 days (dependent on fluid exudate levels).

**50% or more slough/necrosis and or signs of infection redress with:**

- Urgo Clean Ag.
- Kliniderm pad (if required).
- Bandaging as per Safe soft bandaging.
- Change every 3 or 7 days (dependent on fluid exudate levels).

## Step 5: Referral

- Ensure all wounds are referred to the Skin Integrity Team.
- Consider a referral to Orthopaedics for review for a onward referral to Plastics if required.