

## Managing Skin Abrasions

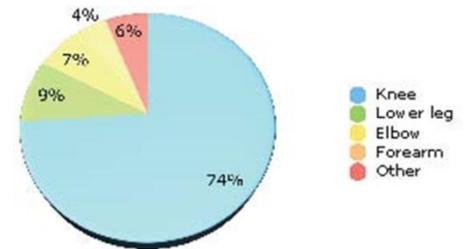
During prolonged period of hot and dry weather, rugby players playing on both natural turf and artificial grass are likely to be more susceptible to skin abrasions.

This essential guide outlines the RFU recommendations on how best to minimise the incidence of these abrasions and how to manage them when they do occur.

### Who gets skin abrasions?

In the 15-a-side game skin abrasions are most common in wingers, centres and flankers. In the 7s game, because it is faster, all players are equally at risk of getting abrasions.

### Which part of the body is most affected?



### Types of Abrasion

#### 1<sup>st</sup> degree abrasion

Injury to the outermost layer only. The skin is pink/red and mildly painful. These are no more than a nuisance and usually heal in under a week.

#### 2<sup>nd</sup> degree or abrasion

Injury involves the deeper layers of the skin. These are more painful because of exposed nerve endings. There is usually some bleeding at the wound site initially that later gives way to a clear fluid discharge which soils clothes and bed sheets if left unattended. This is the most common skin injury and typically dismissed, despite its potential for complications, such as an infection or scarring.

#### 3<sup>rd</sup> degree abrasion

Involves all layers of the skin down to where the subcutaneous fat is exposed and/or there is skin loss. This is rare in rugby.

### Prevention

#### 1. Clothing

Covering up exposed skin at greatest risk reduces the incidence and severity of skin abrasions:

-  Long sleeve shirts or base layers
-  Long trousers or base layers extending below the knee are permitted in the youth game but not in adult competitive games but may be used when training.
-  When playing in shorts, ensure socks are fully pulled up to cover as much of the lower-legs as possible.

#### 2. Skin Barriers

Application of petroleum jelly/paraffin such as Vaseline™ to at-risk areas reduces frictions with the surface. Repeated application may be needed over the course of a game.

## 3. Environmental

If possible ask the groundsman to use some kind of irrigation on the pitch or training area prior to activity, if it is considered to be harder and/or drier than normal.

## Treatment

While large 2<sup>nd</sup> degree and all 3<sup>rd</sup> degree injuries should be seen by a healthcare professional most 1<sup>st</sup> and small 2<sup>nd</sup> degree wounds can be self-managed.

### 1. Clean the wound

Make sure the wound is clean of any dirt and debris from the playing surface. Wash the area with soap and warm running water for at least 20 seconds. If needed, gently clean the area with medical gauze from first aid kit. If the wound is heavily contaminated and cannot be cleaned because it is too painful and/or debris is buried too deeply seek medical help.

### 2. Cover with a Dressing

Do not leave abrasions uncovered to dry out or scab over. This practice is no longer encouraged because it increases the risk of infection, scarring and re-injury. Keeping the area moist encourages the wound to heal almost twice as fast than if a scab is allowed to form.

- 🌀 1<sup>st</sup> degree abrasions can be simply dressed with an antiseptic ointment/cream readily available over the counter. Moisturise the area regularly to prevent light scabbing. The skin is typically back to normal in 5-7 days.
- 🌀 2<sup>nd</sup> degree abrasions should have a moisture retaining dressing layer like paraffin gauze (Jelonet) placed directly over them before covering with a non-adherent, absorbable dressing. Larger abrasions, particularly around the lower leg or thigh, can weep heavily for the first couple of days and a thick absorbable dressing may be needed.

## Infection

Infections can occur when abrasions are not managed appropriately, so it is important to recognise the signs of an infected wound:

- 🌀 Increasing pain
- 🌀 Increased redness around the wound edges or the surrounding skin
- 🌀 Presence of pus, yellow discharge or abscess formation
- 🌀 Increase/worsening odour
- 🌀 Slow healing wound

If you suspect a wound infection see your doctor or attend your local minor injuries unit as soon as possible.

It is important to also ensure that you/the player are up to date with tetanus vaccination.

*Any advice provided by the RFU in relation to specific injuries, illnesses or disabilities is only general advice and it should not be used as a substitute for the individual advice patients receive when they consult their own doctor. Individuals are advised to consult their own General Practitioner or Hospital Consultant for specific advice on their condition and/or fitness to train for or play rugby.*

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Teamwork Respect Enjoyment Discipline Sportsmanship