Susan G. Komen 3-Day®
Medical Team Blister Protocol

Randy Pearson, MD, FAAFP, FACSM
Dr. Jennifer A. Saam, DPM
Blisters happen because of friction.

- Most common problem on the Komen 3-Day.
- Caused by friction
  - between layers of skin
  - your skin and sock
  - your sock and shoe
- Heat and moisture can make skin more fragile.

[Image of a blister on a hand]
Hot Spots

- Any area where you feel pressure, tenderness or a burning sensation may be a potential blister.

- Preventing a blister from forming is the key.
Hot Spot Treatment

- Reduce the cause of the friction.
- Change your socks.
- Apply an anti-friction or anti-chafing lubricant (such as Vaseline® or Bodyglide®) over the area.
Hot Spot Treatment

- Protect the hot spot by covering it with a piece of moleskin or a bandage.
  - The moleskin acts as a second layer of skin and should not be removed. Let it fall off by itself to avoid pulling off your skin.
  
- Avoid any creases or folds in your bandages; they will increase friction.

- Adding Bodyglide® over the bandage helps it slide under your sock.
Blisters

Do you leave it alone or pop it?
Small Blisters

• Don’t pop a blister if:
  – Small, <1”
  – No pain

• Blister gel pad (such as 2nd Skin®)
  and a bandage for protection or
  leave alone/open shoe
Small Blisters

- Elevate Overnight
- No bandage

- In the morning, use a blister gel pad (such as 2nd Skin®) and moleskin or a bandage.
Dressing Small Blisters

• Clean the blister with an alcohol swab and then cover with a blister gel pad (such as 2nd Skin®). Be sure to remove both plastic coatings off the blister gel pad.

• You may now want to spray benzoin over the gel pad to help the bandage pad stay in place.

• Cover with a bandage.
Benzoin Spray (Tuf-Skin; New Skin)
Blister Gel Pad (such as 2nd Skin®)
Moleskin
Bandage
Bigger Blisters
Bigger Blisters

- Yes, pop a blister if:
  - Big, >1" or so
  - Pain from the pressure
  - Subungual (under the nail)

- Because of needle stick precautions, only medical personnel may lance blisters on the 3-Day®.
Large Blisters

- Large blisters must be cleaned with betadine or an alcohol swab.

- Then, a sterile needle can be used to drain the fluid (on the 3-Day, only the medical team may do this).

- Antibiotic ointment must be applied over the open blister.

- This may be followed with a square of blister gel pad (such as 2nd Skin®), then benzoin, then a bandage.
Popping Blisters

• Gloves – check for patient allergies
• Betadine – check for patient allergies
• Cleanse the area with alcohol or betadine prep pad.
• Keep a 2x2 nearby.
• Consult with a doctor **BEFORE** popping any blood blisters.
• Pierce edge of blister with a needle. Make hole big enough to drain fluid.
• Squeeze gently, allowing fluid to drain.
• For blisters under toenails, proximal or distal edge of nail is preferred.
• Leave overlying skin or nail in place.
• Dress with Bacitracin and a bandage.
Subungual Hematomas

- Yes, the nail will fall off
- New nail 6-12 months
- Leave nail alone
- Popping at distal or proximal nail is preferred
- Consult with a medical or sports medicine crew member BEFORE popping any blood blisters.
- Do not puncture through the nail.
De-roofed Blisters

What if the skin is already gone?
De-roofed Blisters

- Shower first
- Antibiotic ointment
- Big bandage
De-roofed Blisters

• Overnight...
  – Air dry if possible
  – Clean sock/sleeping bag
  – Elevate

• Next day...
  – Blister gel pad (2nd Skin®)
  – Moleskin or bandage
  – Consider open shoe
What if there is blood in it?

- Slightly more tissue trauma

- Care is the same as for regular blisters but consult with a medical or sports medicine crew member before popping any blood blisters (see slides 7 & 15).

- Subungual – Follow care instructions previously given (see slides 17 & 19).
What if there is blood in it?

- Blood filled blisters could be high risk for infection.
- These need to be medically evaluated.
- Consider stopping walking until these severe blisters are evaluated.
Overnight

- Remove bandage and allow blister to dry if possible.
- Keep feet bare or wear clean socks.
- Elevate at the end of the bed on a pillow or other roll of clothing.
- Use ibuprofen as needed.
In the morning

• First layer: blister gel pad (such as 2nd Skin®)
• Second layer: moleskin or bandage.
• Third layer: clean, dry sock
Who needs follow up after the 3-Day?

- Most participants do not need formal follow-up.

- He/she should consult a Primary Care Physician or Podiatrist if:
  - There is increasing redness, purulence (pus), or drainage.
  - The area is not healing well.
Medical Holds and Red Cards

- In an otherwise healthy walker, blisters are usually not medically serious.
- If the blister can be kept clean and dry, then walkers may continue to participate as tolerated.
Listen to your body.

- Once a blister has formed you will be uncomfortable.
- Prevent blisters from forming by paying attention to your feet.
- Change to dry socks at lunch (or more frequently if your feet are wet or sweaty).
- During your training walks, practice walking with the shoes and socks you will use during the event.
- Treat hot spots and small blisters early on.
- Stop walking if your blisters are severe.
Blister-free feet are happy feet!