

A Guide to Pressure Sores

This guide is an introduction, useful for carers, patients, therapists and nurses. It answers the most frequently asked questions.

1. What is a Pressure Sore?

Also known as a bedsore or decubitus ulcer, it is an area of damaged skin and flesh. Pressure sores may be painful and can take months or, in some cases, never heal. In the worst case a person may require specialist surgery and in cases of infection death has occurred as a result.

A pressure sore may develop in a matter of only hours if pressure is not relieved. At first the skin will usually change colour, normally redder or darker. If not treated it will blister and eventually develop into a flesh wound, a deep hole may further develop exposing bone, flesh and muscle which will become necrotic and die.

The areas most at risk are the sacrum (base of the spine), bottom, hips, heels, ankles, elbows and shoulders. These areas usually bear more body weight and the bone is closest to the skin's surface.

2. What causes Pressure Sores?

Factors causing pressure sores are divided into two groups:

Intrinsic Factors

Disease, older age, under or overweight, poor skin condition, limited mobility, incontinence, malnourishment, dehydration and medications.

Extrinsic Factors

Pressure, Shear and Friction which in turn cause distortion of the skin.

- Pressure is caused by a person's weight, as a result normal blood circulation can be adversely affected, cells are starved of nutrients and waste products are not removed. This ultimately causes damage and tissue death.
- Shear will only occur when there is pressure. It is caused when a person moves their body, but their skin remains motionless against the support surface, i.e. when a person slips down in bed but their bottom does not actually move on the sheet. The result can be seen as bruising on the surface of the skin.
- Friction occurs when a person's tissue is distorted, but in addition there is an abrasive action as the skin slides. This may occur when a person is slid across a bed rather than lifted clear.

3. Who is most at Risk?

Those persons who have prolonged bedrest, are dependent on a wheelchair or sit for long periods in an armchair. Normally their mobility is restricted or difficult. Those who are elderly and weak are also at risk. Other factors include poor blood circulation, illness or disease including diabetes, heart disease, stroke, M.S. etc. Incontinence, poor nutrition, fluid intake, high doses of medication will also significantly increase risk.

4. What should you do if you get a Pressure Sore?

Gain professional advice quickly, contact your doctor, or woundcare specialist, normally a nurse. You will need treatment. Do not be afraid to be a nuisance. Always ask for help.

It is important to maintain a healthy diet, including plenty of fluids. Use the right equipment to relieve pressure including mattress's contouring, homecare-beds, specialist cushions, positioning and pressure reducing supports. For advice ask your occupational therapist or nurse. Try not to worry, pressure sores can be cured if you get the proper treatment and look after yourself.

5. Practical Tips to avoid Pressure Sores

If you have been assessed or are worried about pressure sores, prevention is much better than cure. Maintain your mobility as this will ensure good blood circulation. Get out of your bed or chair during the day for a short walk every hour or so.

However if you are in Bed

- Change your position at least every 2 hours, more frequently if possible between your back and sides.
- When lying on your side use pillows to protect your knees and ankles from touching each other.
- If you have sore heels or your skin is in poor condition you will need heel protectors or a heel support system.
- To further relieve pressure use a simple bed cradle and a lightweight duvet instead of heavy blankets.
- Use cotton sheets rather than synthetic materials, as your skin is less likely to become hot and sticky.
- Take special care to avoid creases or lumps in your bedding.
- If you sit up in bed make sure you do not slide on your heels or bottom. Friction or shear will damage your skin.
- If carers need to transfer or change your position ensure you are lifted correctly, not dragged across the bed.
- If you are at high or very high risk, you will probably need a specialist mattress and bed. Ask your nurse or occupational therapist for advice.

If you are in an Armchair or Wheelchair

- It is recommended to relieve pressure every 15 minutes. Take your weight off your bottom by leaning forward while pushing up with your arms or roll from cheek to cheek for a minute.
- Pressure reducing and positioning cushions are also available. Ask your Occupational or Seating Therapist for advice.

Common Sense Tips

- Check your skin daily for signs of damage. If your skin does not return to its normal colour after you have removed your weight from it, is redder, bruised or blistered seek advice quickly. Don't be afraid to ask your carer to look for you. Maybe for difficult areas use a mirror.
- Keep your skin clean and dry. Don't use talcum powder as this will dry your skin and deprive it of its natural oils. Only use skin creams on your doctor's or nurse's advice.
- When drying your skin pat it dry with a soft towel, do not rub or over massage your skin particularly over bony parts.
- If you are incontinent ask for assistance from your nurse or carer. Always clean and change your bedclothes if they are wet or soiled.
- Eat a healthy diet and drink regularly to maintain your health. Seek advice if you have swallowing or eating difficulties.
- Do not worry. Pressure Sores are avoidable and definitely curable with the proper treatment.