



Patient Information

Lifting the Weight of Pressure Ulcers

Pressure ulcers, also called pressure or bed sores, are wounds that develop when the weight of your body pressing down against a surface cuts off the blood supply to a vulnerable area, “starving” it of oxygen and nutrients. This type of pressure can come from lying or sitting down for extended periods of time, as often occurs during a long illness. It usually affects bony areas of the body that receive more pressure in the lying or sitting position. For example, when lying on your back for prolonged periods, the parts of your body at greatest risk include your heels and buttocks, the base of your spine, your elbows and shoulders, and the back of your head. Tissue damage from pressure ulcers may be minor, affecting only the outside layers of skin. Or it may be more severe, affecting the muscle, tendons, or even the bone.

How do I know if I’m at risk?

Anyone confined to a bed or wheelchair because of illness or injury is at risk for a pressure ulcer. If you are admitted to a hospital or nursing care facility, your risk of getting a pressure ulcer is greatest during the first two weeks of your stay, though the sores can develop at any time.

Factors that put you at greater risk include: a limited ability to move (due to advanced age, sickness, injury, paralysis, coma, or an operation), a condition that dulls your ability to feel pain (such as diabetes, stroke, or vascular disease), or a condition that impairs your mental functioning (such as Alzheimer disease). In addition, having persistently moist skin

(due to excessive sweating or a loss of bladder or bowel control), eating a poor diet, not drinking enough fluids, or having had a pressure ulcer in the past can make your skin more vulnerable to pressure ulcers.

What are the warning signs?

The first sign of a pressure ulcer is a red, purplish, or bluish patch of skin that stays discolored for more than an hour after you’ve removed the pressure from that area. The next step is the skin breaking open and forming a blister. Soon after, the area around the blister becomes red and irritated. Without proper care, the skin may continue to break down and the sore may start to look like a crater, revealing damaged tissue underneath.

Contact your doctor right away at the first sign of a pressure ulcer. He or she can tell you how to care for the sore so it doesn’t worsen or become infected. Signs of infection include a bad smell coming from the ulcer, redness and tenderness around the ulcer, and warm and swollen skin close to the ulcer. Fever, weakness, and confusion may develop if the infection spreads.

What tests do I need?

To determine if you have an early stage pressure ulcer, your doctor may assess your risk factors, check the sore’s temperature and firmness, and determine how much pain or discomfort it is causing you. If your ulcer has been treated but isn’t healing, your doctor may check for infection by performing a culture. This involves

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cutting a small piece of tissue from or inserting a needle into the wound to obtain a sample for testing.

How can I avoid the problem?

Although it's not always possible to prevent pressure ulcers, it's generally easier to stop them from forming than to treat them after the fact. During a hospital or nursing home stay, health care staff will assess your risk of developing pressure ulcers and devise an appropriate plan of action. The plan may include changing your position frequently (sometimes using special lifting equipment) and inspecting at-risk skin at least once a day for any of the following signs: swelling; red, blue, purple, shiny, or dry patches; blisters; wrinkles or cracks; and hard or warm areas. Many times this plan—or a modified version—can be carried out at home by you and your caregiver if your risk of pressure ulcers continues after you are discharged.

Special mattresses and seat cushions filled with foam, air, water, or gel have been designed to help relieve pressure on bony areas of the body. Ask your doctor if any of these are appropriate for you. If restricted to a bed, try not to raise your head off the bed for long periods of time, avoid lying directly on your hip bone, put pillows between and under your lower legs to keep your heels from touching each other or the bed, and don't use "donut" cushions (which can restrict blood flow to your skin).

It's also important to keep your skin clean and free of excess moisture. Protective ointments and briefs that pull moisture away from the skin can be helpful in this. Prevent overly dry skin by keeping the air in your room warm and moist and by using creams. Avoid massage of vulnerable areas and clothing that has buttons, zippers, or other materials that can cause unnecessary friction against the skin. Make sure that your diet is healthy (with plenty

of protein) and that you exercise (with help, if necessary).

How is it treated?

The first step is to relieve the pressure from the affected area, usually through repositioning and the use of special cushions or mattresses as appropriate. The ulcer also may need to be bandaged. Your doctor should instruct you or your caregiver on how to apply, care for, and change the bandages.

He or she also may want to remove dead tissue from around the wound. This process can be as simple as applying a wet bandage that is then allowed to dry, or it may involve some sort of surgery—which your doctor may be able to perform at your bedside. If the wound is infected, it may be dressed with an *antibiotic* (an-tie-bye-**ah**-ick) ointment. Very severe pressure ulcers may require surgery to close the wound.

After these initial treatments, your doctor will need to keep checking the ulcer frequently. Pressure ulcers often take a long time to heal, and they tend to come back. To speed up the healing process and prevent recurrence, your doctor will assess your nutritional intake, suggesting dietary changes and supplementation if necessary. In some cases, he or she may recommend electrical stimulation therapy, which involves applying electric currents into or around the wound to stimulate healing.

To learn more about pressure ulcers and about programs that offer free products to those with financial hardships, contact the Wound Care Institute at (305) 919-9192. ●

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