

ARJOHUNTLEIGH

GETINGE GROUP

PATIENT INFORMATION



PRESSURE ULCERS

...with people in mind

What is a pressure ulcer?

Pressure ulcers (also referred to as pressure injuries, pressure sores or bed sores) are localised areas of damage to the skin and/or underlying tissues.

What causes pressure ulcers?

- **Pressure ulcers occur as a result of the weight of the body pressing on the skin**
- **Also implicated is shear where different layers of skin rub over each other**

When areas of the body are subjected to pressure, the skin and underlying muscle may not receive an adequate circulation of blood leaving it depleted of oxygen, essential nutrients, and unable to remove waste products.

Early stages of pressure ulcer development are characterised by reddening or discolouration of the skin, along with the possibility of local pain and discomfort. If appropriate treatment is not instigated, they can develop into open wounds damaging the muscle and bone that lie underneath the skin.

Pressure ulcers are largely preventable when prevention methods are used early. It is important that you have some understanding of what causes pressure ulcers and how they can be prevented.

What makes me at risk of developing pressure ulcers?

Being unable to change position puts you at risk, as it removes the body's first line of defence.

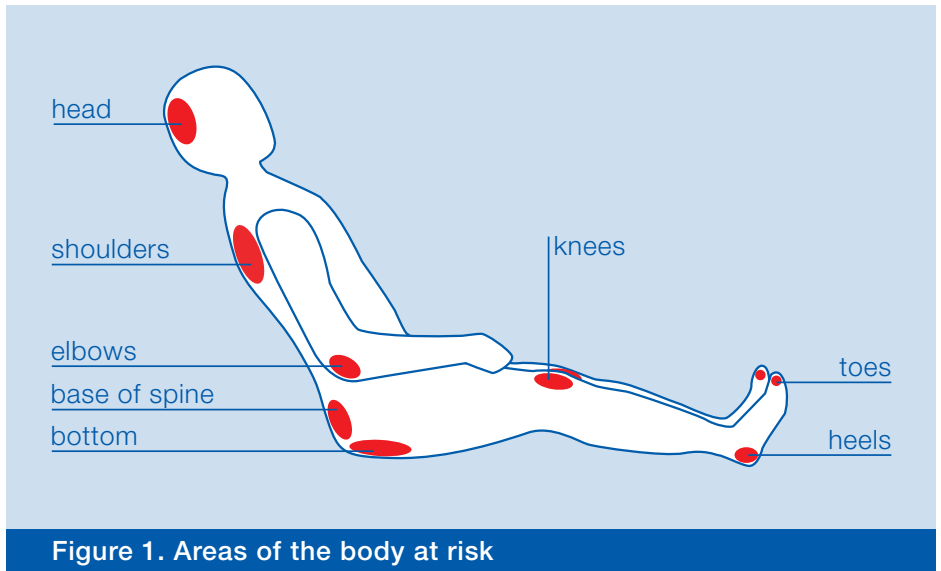
Other risk factors include:

- Not being able to feel pain or discomfort on a part or all of the body
- Being very ill or undergoing major surgery
- Being very old or very young
- Dragging the skin across a surface such as the bed or chair can cause grazing as a result of friction
- Sliding or slumping down the bed /chair
- Incontinence and the build up of moisture may cause the skin to become soft and easily damaged
- Poor diet
- Being both over and under weight



What parts of my body are at risk?

A pressure ulcer can form on any part of the body subjected to pressure. Some areas are at greater risk, particularly those surrounding bony areas, such as those coloured red in figure 1.



What can be done to prevent pressure ulcers?

The best method to prevent pressure ulcers is to keep moving or regularly change your position so that pressure does not build up on one part of the body. If you are unable to change position, a nurse or carer can help; this may require the use of specialist equipment such as a hoist or lifter. How frequently you need to be repositioned will vary from one individual to another and will be dependent upon what type of mattress or cushion is being used.

Other tips to prevention include:

- Having a health professional such as a nurse, assess your risk of pressure ulcer development
- Checking the skin regularly – at least every day for discolouration such as redness or purple/ blue colours, swelling, hardness, blistering, local heat or coolness
- Ensuring that if you are being lifted or repositioned by others that your skin is not dragged across the bed or chair
- Making sure that bedding and clothing underneath you is soft, wrinkle free with no ridges or seams that could dig into or rub your skin
- Eating a healthy diet and drinking plenty of fluids
- Reporting any pain or discomfort to areas of the skin to your nurse/ carer/doctor
- Not using creams, lotions, talcum powder or anything else unless specifically directed by a member of the health care team
- Not rubbing or massaging the skin
- Using specialist cushions and mattresses that have been designed for pressure redistribution. These should be used as directed by your nurse, doctor or carer

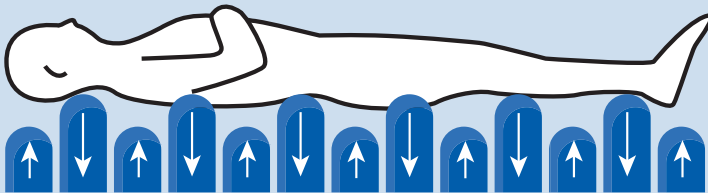
Specialist mattresses and cushions

Special mattresses and seat cushions may be selected by your nurse, doctor or healthcare provider if you are considered to be at risk of developing, or have an existing pressure ulcer.

Whatever cushion or mattress is chosen needs to be done considering your requirements, those of your healthcare team as well as the setting in which you are being cared. These needs may change and therefore so may your cushion or mattress.

Although there are many different types of cushions and mattresses, all surfaces can be divided into two categories, **Active** (alternating) surfaces (figure 2) and **Reactive** (pressure reducing) surfaces figure 3).

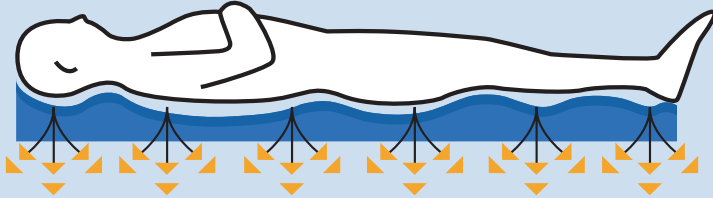
Active (alternating) surfaces - automatically move underneath you to prevent pressure build up. These are designed to relieve pressure, allowing blood to return to the skin and tissues, simulating the effects that take place when you change position naturally. A series of connected air filled cells slowly inflate and deflate alternately beneath you.



As the diagram shows, one set of cells is inflated and in contact with the body providing support. The other set is deflated, relieving pressure from corresponding areas of the body.

Figure 2.

Reactive (pressure reducing) surfaces – mould or contour to the body, helping to reduce pressure and stop ulcers from developing. These consist of non moving, air, foam or gel mattresses and cushions.



Pressure is spread over a greater area of the body, reducing pressures at vulnerable areas. This helps maintain the supply of blood and nutrients, keeping the skin healthy.

Figure 3.

Although important, this special equipment plays only one part in the prevention and management of pressure ulcers.

Treatment of pressure ulcers

If you have or think you may have a pressure ulcer, it is important that a health care professional assesses it as soon as possible. Treatment is individualised but will include many of the factors already mentioned for prevention of pressure ulcers, particularly the use of a specialist mattress and ensuring that pressure is not applied to the ulcer. To ensure healing, additional treatments such as dressings may also be required.

Don't be afraid to ask!

It is important that you talk to your doctor, nurse or any member of the healthcare team about pressure ulcers and any aspect of your care and treatment.

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