

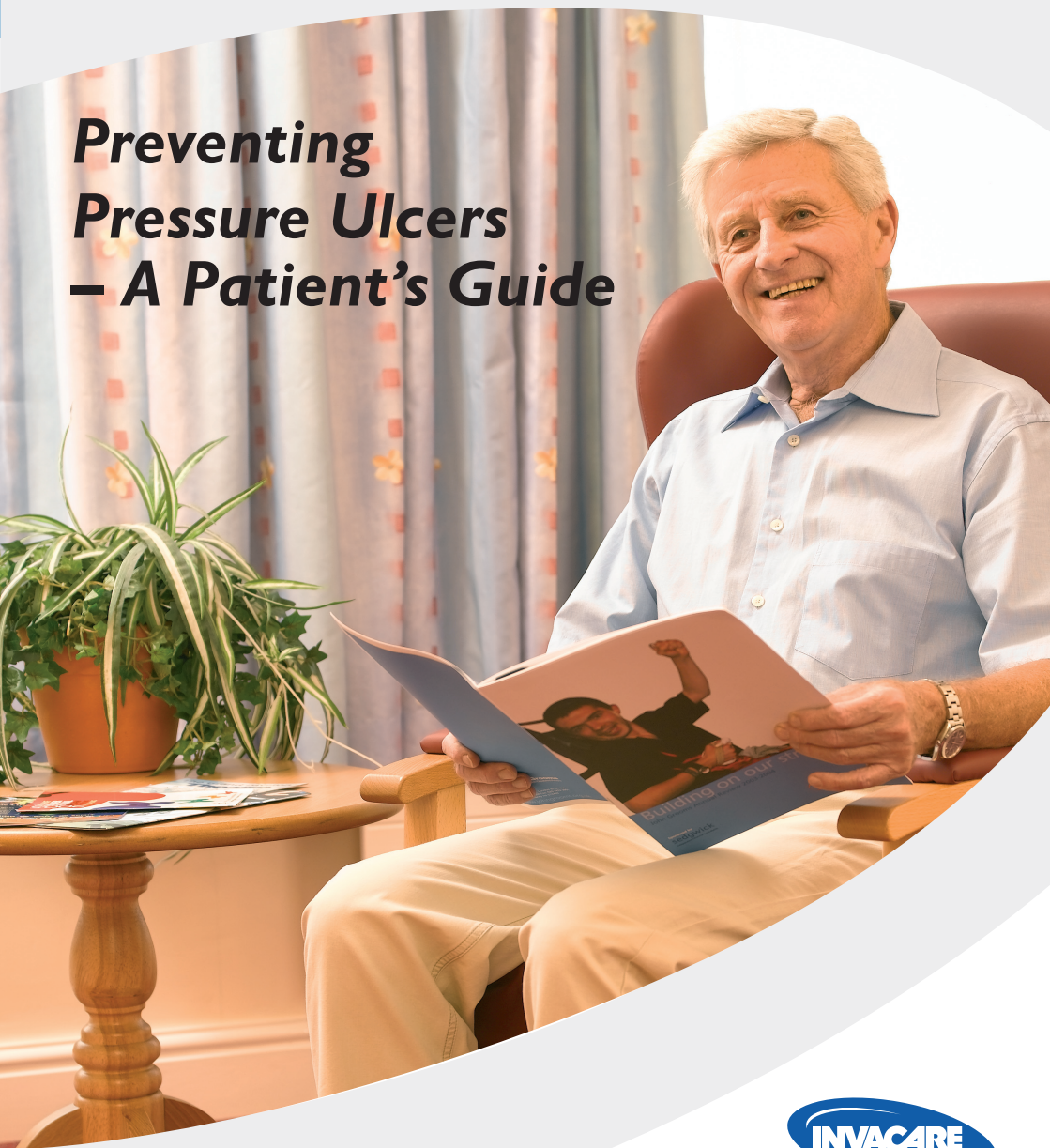
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INVACARE® Limited
South Road · Bridgend Industrial Estate · BRIDGEND CF31 3PY
Tel. +44 (0) 1656 647327 · Fax +44 (0) 1656 649016
E-mail: uk@invacare.com · Order: ordersuk@invacare.com
Web: www.invacare.co.uk

INVACARE® Ireland Ltd
Unit 5 · Seatown Business Campus
Seatown Road · SWORDS · County Dublin
Tel. (353) 181 107 84 · Fax (353) 181 107 85
Email: ireland@invacare.com · Web: www.invacare.ie

Preventing Pressure Ulcers – A Patient's Guide



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Introduction

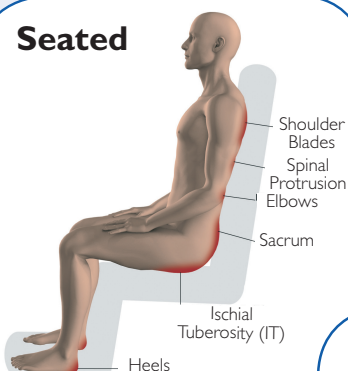
This booklet is for anyone who may be at risk of developing a pressure ulcer. It contains advice drawn from a wide range of professional nursing sources and national and international government health agency publications.

Please note this booklet is not intended to replace advice or treatment given by your health care professional/s.

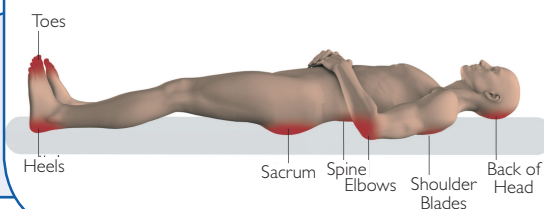
➤ What are Pressure Ulcers?

A pressure ulcer is an area of damage to the skin and underlying tissue caused by unrelieved pressure, shear or friction. Pressure ulcers usually occur over the bony parts of the body; these prominences are sometimes called the pressure points.

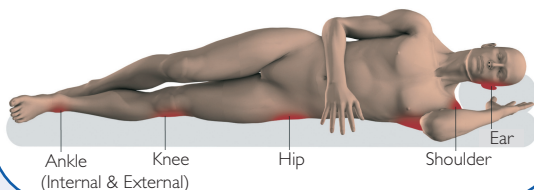
Seated



Lying on Back



Lying on Side

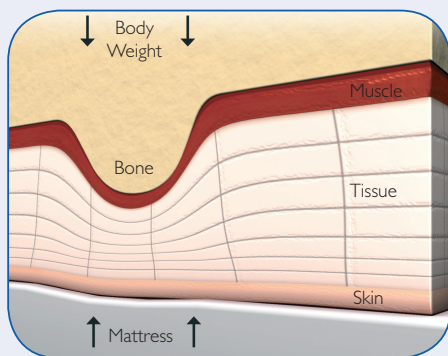


Care must be taken to prevent pressure ulcers as they can be painful and can become infected, and may take a long time to heal.

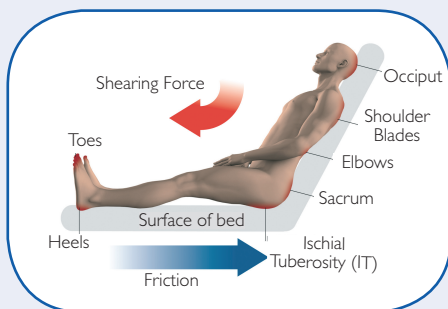
➤ What Causes Pressure Ulcers?

Pressure - this is the direct force on the skin that is in contact with the chair or mattress. This force squashes the skin between the chair or mattress and the bony parts of the body. Pressure restricts the blood supply to the squashed area and if prolonged can eventually cause tissue to die resulting in a pressure ulcer.

Normally this pressure and squashing is not a problem because after a while we become uncomfortable and change positions.



Shear – can occur when someone partially slips down the bed or chair; the skin can stay stuck to the mattress or cushion distorting the underlying tissues. This can cause damage to the skin.



Friction - this is when the skin is rubbed against another surface and can occur when slipping down a chair or down the bed. This type of damage is usually quite superficial and should heal without problems. However for some ill or elderly people healing may be impaired and a shallow ulcer might go on to become more serious.

➤ **Who is at Risk of Developing a Pressure Ulcer?**

There are a large number of contributing factors towards the development of a pressure ulcer.

➤ **Mobility and Sensation**

Pressure ulcers usually only occur when individuals have restricted mobility and/or sensation.

➤ **Medical Condition**

Some medical conditions can increase the risk of the formation of a pressure ulcer for example, diabetes, leg ulcers, stroke, spinal cord injury or some forms of arthritis.

➤ **Medication**

Some types of long-term medication such as Steroids, anti-inflammatory and cytotoxic drugs can increase the likelihood of skin damage by weakening the skin in someway. If you are concerned about any medication you are taking, you should discuss this with your doctor. You should not stop taking medication before discussing it with your doctor.

➤ **Circulation**

Poor circulation causes a reduced blood flow to the legs and feet making them more vulnerable to pressure ulcers. Heavy smoking can also restrict blood flow.

➤ **Moisture**

Moist skin from whatever source - urine, faeces, sweat, or a leaky wound can weaken the skin, making it more vulnerable to breakdown from pressure and shear. For this reason skin should be kept clean and dry.

➤ **Diet and fluids**

Individuals who are underweight may be vulnerable to tissue breakdown as they may have very prominent bony areas. Overweight individuals may also be at increased risk due to excessive body weight pressing on the bony prominences.

A healthy balance of protein, carbohydrate, fats, minerals, vitamins and roughage all help to maintain healthy skin and are essential for healing any wounds or pressure ulcers that may exist. A dietician or nutritionist can advise you on an appropriate diet.

Fluids are also very important as they help to keep the skin healthy and are a necessary component of digestion. Alcohol can increase the likelihood of dehydration.

➤ **Previous Pressure Ulcers**

If you have had pressure ulcers in the past which are now healed, scar tissue could be present. Scar tissue can be weaker than the original healthy tissue and can therefore be vulnerable to future breakdown.

➤ Reducing the Risk

➤ **Change Your Position Regularly**

Normally the most effective way of preventing pressure ulcers is to relieve the pressure over the bony parts of the body in contact with the chair cushion or mattress. Ideally this should be done, if safe to do so, by standing and stretching or taking a walk.

If most of your day has to be spent sitting, and you are able to do so safely, stand regularly e.g. every half hour or so.

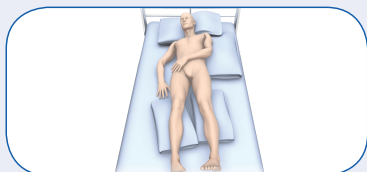
➤ **Relieve Pressure While You Are Sitting**

If you are unable to stand without assistance, pressure can be relieved by easing your bottom off the chair from time to time. Another way of relieving the pressure is to rock from side to side from one bottom cheek to the other or by leaning forward.

By returning to bed for parts of the day, where practical, the risk of developing a pressure ulcer can be reduced. This will help to redistribute your weight more evenly over the mattress, thereby giving greater pressure relief to your bottom.

If most of your time has to be spent in bed this can be achieved by regularly changing your position in bed.

Recumbent



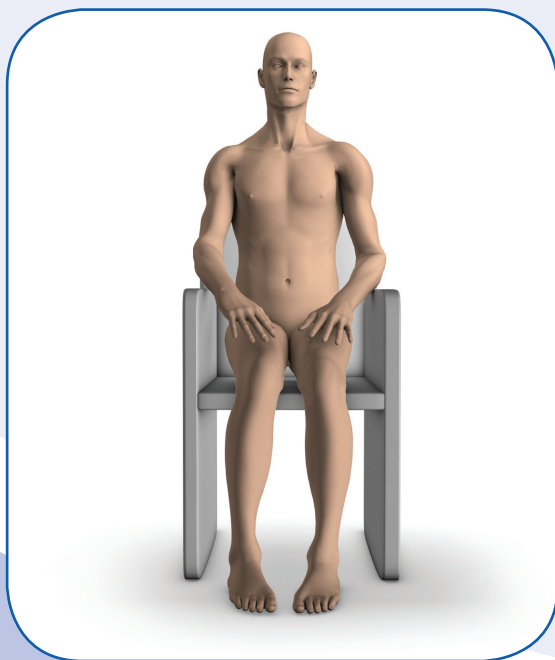
Semi-recumbent



➤ **Professional Advice**

If you are receiving professional care, staff should be able to advise you on....

- How to sit or lie properly
- How to adjust your posture whilst sitting or lying
- The frequency of such changes to your posture
- How to keep a good posture
- Equipment that you should use such as mattress, bed, cushion and chair
- Advice on foot wear and leg support
- How to inspect your skin and what to look for
- How to best care for your skin when washing and drying



➤ **How Should I Care For My Skin?**

Excessive moisture can soften the skin making it more vulnerable to pressure ulcers.

Urine and faeces are particularly damaging as they contain enzymes which can breakdown the skin.

When washing the skin a neutral pH soap or skin cleanser should be used. The skin should be dried by dabbing with a soft towel. Rubbing should be avoided as the friction can scuff and damage the skin.

Synthetic fibres next to the skin should be avoided as these encourage sweating, weakening the skin and also increasing the risk of friction/shearing.

➤ **Can Special Mattresses, Beds and Cushions Help?**

Many different types of mattresses, beds and cushions are available to help reduce the risk of pressure ulcers. Such items may be foam, gel or air cushions and mattresses or even electrically powered systems.

If a special mattress, bed, cushion or chair has not been offered to you and you feel that such an item may be of help, please discuss this with a health professional involved in your care.



Softform Mattress



Flo-tech Cushion

How Do I Check For Pressure Ulcers?

Your skin should be assessed regularly for early signs of skin damage that could lead to pressure ulcer formation. Discuss this inspection with your carers as the frequency of re-inspection will vary upon your assessed level of risk and changes over time depending on your general level of health. You may want to do this yourself.

- On lighter skin, look for persistent red patches forming which do not fade after re-positioning or bluish/purple patches on darker skin. Note these might also be hot, cool or shiny with these signs not fading after re-positioning. You should also look for...
- Swellings
- Dry areas
- Blisters or areas of torn skin which might be broken blisters
- Hard or soft patches of skin
- Change in skin colour

If you inspect your own skin, you may find it useful to use a mirror to see difficult areas such as the bottom, shoulder blades or feet. Also try and feel your skin over the bony prominences for hot or cool areas which are especially important for dark skin as skin colour change may not be noticeable.

If you, or your carer notice any changes in your skin you should inform a Health Care Professional.

Where Can I Find More Information On Pressure Ulcers?

If you require further information, it is best to talk with your professional health care staff.

Useful Contacts

Doctor

Nurse

Other

Other

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EPUAP European Pressure Ulcer Advisory Panel (1999). Pressure Ulcer Treatment Guidelines. Available on line at: **www.epuap.org**

