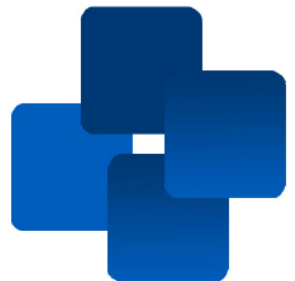


Patient Information

Pressure Ulcers (Sores)

Tissue Viability Service



What is a pressure ulcer?

A pressure ulcer is an area of damaged skin and underlying tissue. It is also commonly known as a bedsore or pressure sore.

A pressure ulcer is most likely to develop on parts of the body that take your weight and where the bone is close to the surface. The pressure on the tissue stops your blood circulating properly through the skin and the skin cells start to die. The damage can develop in only a few hours and it usually starts with the skin changing colour.

How does the skin get damaged?

The damage is usually caused by one of three main things:

- Pressure – the weight of the body pressing down on the skin
- Shear – when layers of skin are forced to slide over one another, for example when you slide down or are pulled up a bed or chair
- Friction – rubbing of the skin

Pressure may also occur under devices and equipment used for medical treatment such as tubing, splints and stockings etc.

Pressure ulcer categories

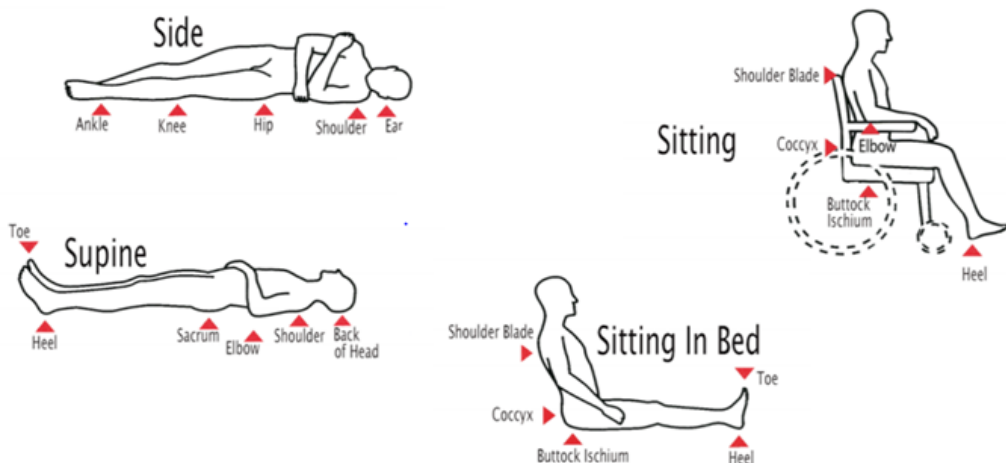
The severity of the damage is categorised depending on extent and depth of the tissue affected. The pressure damage will be given a category 1 to 4, unstageable or deep tissue injury.

Your nurse can explain more about the categories if you have an ulcer.

You are more likely to get a pressure ulcer if:

- You have to stay in bed
- You spend long periods sitting still in a chair
- You have difficulty moving about, for example because you are in pain
- You are elderly or weak
- You have a serious illness
- You have moist skin caused by sweat, incontinence or a leaking wound
- Your body has lost sense of feeling somewhere, for example because you are diabetic or have had a stroke
- You have poor circulation
- You are not eating a balanced diet or drinking enough fluids
- You have had a pressure ulcer in the past

Areas of the body most at risk



What are the symptoms?

You should tell your doctor or nurse immediately if you find any signs of skin damage, such as:

- A discoloured patch
- Swelling
- Blisters
- Hard or cracked skin
- Patches of skin that are shiny, too warm, too cold or too dry

Like other wounds, pressure ulcers may hurt, weep, bleed and get infected.

How to prevent a pressure ulcer

The health care team will assess your risk of developing a pressure ulcer. They will use this assessment to guide a plan of how often you should have your skin inspected or change your position to avoid heavy or constant pressure on vulnerable parts of the body.

Change your position to relieve the pressure

This refers to when you are lying in bed and when you are sitting in a chair because both are equally important.

You can turn from side to side and on to your back in bed.

When you are sitting in a chair, try to take the weight off your bottom by leaning forward and pushing up on the arms of the chair, or you can roll from cheek to cheek for a short while. Alternatively, you could go for a walk.

If you are unable to change your position yourself then the nurses will help you to do this.

Equipment

The bed you are lying on can help you to change your position; please ask the nursing staff to explain the functions of the bed to you.

You will have a pressure reducing foam mattress and may also be given an air mattress, air chair cushion, or heel protection depending on your level of risk which will also help to relieve the pressure when it is difficult for you to move. The nurse may use a special slide sheet under your body to help move you around the bed.

Other factors important in the prevention of pressure ulcers

Healthy skin

It is important to keep your skin healthy, clean and dry. Excess moisture can increase the risk of getting a pressure ulcer. Use a mild, fragrance free, PH neutral soap and warm (not hot) water. Apply moisturisers so the skin doesn't get too dry. The nurse will apply a barrier cream to protect your skin if you are incontinent.

If your skin gets damaged by incontinence of urine or faeces, sweat or wound fluid, this is called a moisture lesion and the nurses will manage this for you. They may use a barrier cream or film, or a dressing if indicated.

If you feel able, you could check your own skin for damage by the use of a mirror.

Nutrition

If you are eating you need to eat a balanced diet and have plenty of fluids. This ensures your skin is well hydrated and getting the nutrients it needs to stay healthy. If you have any special dietary needs, please discuss these with the nurses on your ward who may refer you to a dietician.

If you have a pressure ulcer or a moisture lesion

If you are admitted with a pressure ulcer or moisture lesion, or develop either whilst in our care, the nurses will manage the damage with products or dressings depending on how the tissue has been affected. With your permission, a photograph will be taken for your medical records. You may need to be referred to the practice nurse or district nurse for further treatment after discharge.

You may be referred to a dietician for advice on getting extra nutrients as you will need extra protein and calories to help your body heal the wound.

Learning

If you do develop a pressure ulcer in our care, the Tissue Viability Nurse will conduct a review of the care you have received to learn about what went wrong and how we can improve things in the future.

Further guidance

The nurses on the ward can manage your risk of developing pressure ulcers, but if further guidance is required your nurses can contact the Tissue Viability Service for additional advice.

What if I have any questions?

If you have any questions or concerns, please speak to a member of the nursing team.

Please use this space to write down any questions you wish to ask:

Useful Telephone numbers

Lister Hospital, Switchboard

☎ 01438 314333

Further information

NHS Website - <https://www.nhs.uk/conditions/pressure-sores/>

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