Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Pressure Ulcer Prevention

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Patient Information

Tissue Viability Department

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What is a Pressure Ulcer?

Pressure ulcers (also known as ‘bed sores’ or ‘pressure sores’) are areas of damage to skin and underlying tissue. They are usually caused by sitting or lying in one position for too long without moving, or by dragging your skin across a surface. A pressure ulcer can develop in only a few hours. It usually starts with the skin changing colour – it may appear slightly redder or darker than usual. If an ulcer is not treated, it can develop to an open wound, which can then lead to more serious skin problems.

The most likely places these ulcers occur are:

- buttocks
- heels
- ankles
- spine
- shoulders
- head
- hips

Medical devices such as oxygen masks, casts and catheter tubing may cause an ulcer to develop.

Appearance

A pressure ulcer may initially appear as a red or darker area that does not disappear once pressure has been removed. This area may also be tender to touch. The skin can also

become broken and develop to an open wound.

Who is affected?

Although pressure ulcers can affect people of any age, those with poor mobility who spend prolonged periods in bed or in a chair are more likely to be affected.

Other factors influencing pressure ulcer development are:

- Poor nutrition
- Anaemia
- Poor circulation
- Incontinence
- Dehydration

How can we prevent Pressure Sores?

Skin inspection

Inspect the skin regularly for signs of possible or actual damage. Look for skin that does not go back to its usualcolour after weight has been taken off it, or it has become discoloured. Your health care professional will request to inspect your skin whilst you are under the care

of Wrightington, Wigan & Leigh Teaching Hospitals NHS Foundation Trust.

Surface selection

Pressure-relieving equipment may be recommended by your health care professional. A pressure relieving plan will be agreed and this may include specialist pressure relieving equipment such as specialised cushions, mattresses, or heel off-loading devices. If your condition improves, then the equipment will no longer be needed.

Keep moving

Anyone at risk of a pressure ulcer should avoid sitting in a chair or bed for prolonged periods without getting up for a walk or changing position. Your health care professional will advise you on an individualised regime that best suits your needs. Anyone in a wheelchair should take weight off any part of the body that has been in contact with the surface of the wheelchair every fifteen minutes by leaning forward and pushing up on the arms of the chair. They should regularly roll from buttock to buttock to relieve pressure.

Incontinence management

Moisture from sweating or incontinence can weaken the skin, making it more vulnerable to damage. It is important to keep skin clean, dry, and well moisturised. Creams may be used to protect vulnerable areas of the skin from moisture damage. The Moisture associated skin damage leaflet is available to provide further information.

Nutrition & hydration

- Eating a healthy, balanced, nutritious diet and drinking good amounts of fluid can support wound healing and reduce the risk of infection. Your health care professional can provide you with further advice on dietary intake and provide information leaflets if necessary.

If you, your relatives, or carers have any questions, please speak to a member of nursing staff.



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