



Patient information

Pressure ulcers and protecting your skin

What is a pressure ulcer?

A pressure ulcer is localised injury to the skin and / or underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear. Pressure ulcers may cause pain and may increase the length of time patients spend in hospital.

What causes pressure ulcers?

Pressure ulcers can be caused by pressure, shearing and friction.

Pressure

In vulnerable people, body weight can compress the skin and other tissues. The blood supply to the area gets damaged, which in turn causes tissue damage. There are various pressure points on the body, these include back of heels, shoulders, back of spine, buttocks, toes, elbows and ears.

Shearing

When patients slide down the bed, or when they are assisted up the bed, shearing can occur. Shearing is when the soft tissues are torn against the skeleton, causing damage to soft tissues.

Friction

This occurs when the top layers of skin get rubbed eg through poor lifting and moving techniques.

How can you help to stop pressure ulcers?

When we sit in a chair or lie in bed and don't move, you may have noticed that your skin feels uncomfortable or even painful. When this happens, we change our position to stop that uncomfortable feeling.

However, many people are unable to take this simple step of changing position, for example, they may have problems with movement, arthritis or are generally weak during their rehabilitation, be sedated during surgical operations or unable to notice the uncomfortable feeling that calls us to change position, as can be the case for people with problems with sensitivity to pain or discomfort, spinal cord injuries, strokes, diabetes and patients on regular analgesia / pain killers who may have reduced sensitivity to pain.

If we stay in one position too long without moving, blood can no longer get to the skin at the parts of our body that we sit or lie upon. When this happens, the skin at our bottom or heels can die and a wound in the skin occurs. These wounds were once called bedsores or decubitus however today doctors and nurses call these injuries pressure ulcers. Sadly pressure ulcers are very common and most people may be aware of a family member or friend who has had a pressure ulcer.

Am I likely to get a pressure ulcer?

We avoid pressure ulcers by frequently changing our position when we sit in chairs or lie in bed so anything that stops us making these small movements may make us vulnerable to a pressure ulcer.

Think about pressure ulcers when:

- You are ill and have to stay in bed or a chair either at home or in a hospital.
- You cannot move because of your illness or medical condition or when moving becomes painful.
- You are going to have lengthy surgery.
- If these events happen talk to your doctor or nurse about what they will do to stop a pressure ulcer developing.
- Some people have to live with the risk of pressure ulcers developing; for example those who use a wheelchair. In these circumstances health professionals will already have provided advice and assistance to help the individual, and, if

appropriate, their friends and family to stop a pressure ulcer developing.

Protecting your skin – advice on moving in bed

- Whilst in hospital, you may need help to move in bed as a result of surgery, pain or illness, all of which can limit your mobility.
- We encourage you to change your position in bed at regular intervals and there is equipment on the ward to help with this. Some items of equipment you can use yourself; others require the assistance of a nurse.
- Moving in bed or changing your position when sitting in a chair, is important in order to prevent pressure ulcers (bed sores). Lying or sitting in one position for long periods can cause damage to the skin and underlying tissues by restricting their blood supply.
- Pressure ulcers occur mainly over bony points like the buttocks, heels, spine, shoulders and toes, or where tubing, masks, equipment apply pressure on the skin.
- Sliding down or being pulled up the bed can damage the skin due to a shearing action on local blood vessels.
- Chafing or friction caused by the skin rubbing against the sheets can remove top layers of skin and cause pain.
- For all these reasons it is important to move regularly, but in a way that doesn't damage your skin.

How to move

- Try not to drag your arms and legs whilst moving. Remember, lifting your limbs is good exercise.
- You may need a nurse to help you to sit up or move up the bed. The nurses will regularly assess your needs, but don't be afraid to ask for assistance.
- Nurses are no longer permitted to lift patients as this puts both the nurse and patient at risk.
- If you are reasonably mobile, when sitting you can easily move yourself up the bed.
- Simply place the palms of your hands on the bed above the level of your bottom

and bring your knees up. Then push yourself back with your arms and straighten your legs.

How do you stop pressure ulcers?

If you are likely to develop a pressure ulcer then your doctor or nurse will take steps to help stop the wound occurring. They may help you change your position at regular intervals and often will provide special beds and cushions that help to protect your skin.

Your doctor or nurse will also be looking to help reduce or remove other factors that may weaken your skin, these can include: attention to your nutrition, management of sweating or continence problems and care of your skin. If you are likely to get a pressure ulcer ask your doctor or nurse to explain how they are going to help stop the pressure ulcer developing.

Equipment

- There is a range of equipment on the ward to help you to move in bed.
- If you have good strength in your arms, a rope ladder attached to the bottom of your bed can provide a means of sitting up. If you have had abdominal surgery it is a help to breathe out whilst pulling yourself up.
- A trapeze pole can help you to lift your bottom onto a bed-pan or give temporary relief from pressure.
- If you need more help, a fabric sliding sheet can be positioned beneath your body so that nurses can slide you up the bed without friction causing damage to your skin.
- If your movement is very limited, a hoist can be used to reposition you.
- A physiotherapist is also available to assist you and provide additional equipment.

What if I have a pressure ulcer?

Sometimes it is not possible to prevent a pressure ulcer developing then your doctor or nurse will use appropriate wound healing interventions such as wound dressings. It is important that the steps taken to try and stop pressure ulcers first developing continue to be used during the treatment of your pressure ulcer. Ask your doctor or nurse how

they are going to treat your pressure ulcer.

Self-assessment for skin damage

- If you wish, the nurses can teach you how to inspect your own skin for signs of damage. Look or feel for pink / red changes, abrasions, heat, blisters, shiny patches and hard, swollen or painful areas.
- If you notice any of these warning signs, inform a nurse immediately.

Additional points

- If you are in pain, ask the nurse for painkillers so that you can move more comfortably.
- Damp skin (e.g. from sweat or urine) is more prone to damage. Wash with mild soap and remember that your nurses can provide assistance with continence needs and apply barrier creams sparingly to at-risk areas if necessary.
- A good diet and fluid intake will help to promote healthy skin and assist wounds to heal.
- Alternative methods of feeding are available for those who are unable to eat or drink for whatever reason.

Remember

- Moving whilst you are confined to bed is very important. The advice in this leaflet will help to minimise the risk of damage to your skin.
- Frequent changes of position will relieve pressure on your skin.
- Sit in your chair for no longer than two hours. When sitting in your bed or chair, sit up straight supported by pillows if necessary.
- The equipment mentioned in this leaflet is all available on the ward.
- Ask a nurse if you want more information — we are always happy to help!

Feel free to take this leaflet home with you and contact your GP or District Nurse immediately if you notice problems with any pressure.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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