
PRESSURE ULCERS

What you need to know

Pressure ulcers, also called pressure wounds or pressure injuries, arise when skin is compressed between bone and an external object (bed, couch, chair, etc.) for a long enough period of time to cause damage to the skin. Pressure ulcers often occur on bony areas, such as the heels, ankles, sacrum/coccyx, and hips, although they can develop anywhere on the body.

Pressure ulcers are categorized in stages, usually from 1-4. A stage 1 ulcer is reddened skin; stage 2 is a break in the superficial layer of skin; stage 3 means the ulcer has penetrated to the fatty layer beneath the skin; and stage 4 means that muscle, bone, and possibly organs are now exposed. Some ulcers may also have eschar, which is an area of necrotic (dead) tissue that often emits a foul odor. If the dead tissue covers the entire wound, it may not be possible to determine the stage.

Pressure ulcers are dangerous! Once there is a portal to the inside of the body, infections and life-threatening complications like sepsis are possible.

Risk Factors

- Immobility
- Incontinence
- Lack of sensory perception (areas of the body are numb)
- Poor nutritional status
- Sub-optimal hydration
- Immunocompromised (HIV/AIDS, autoimmune disorders, transplant recipients)
- Chemotherapy/radiation patients
- Circulatory problems (Diabetes, PVD)
- Irritating support surfaces
- Pain (causes immobility)
- Age (elderly persons are very susceptible)
- Cognitive impairment (IDA, CVA, Dementia)

Treatment

- Relieving the pressure from the injured area is most important; methods include air mattresses, pillows, and turning/repositioning every 2 hours in bed, every hour in a chair.
- Adequate hydration and nutrition. Protein and collagen supplements are often ordered by the doctor.
- Special dressings may be ordered (wet-to-dry, hydrogel, hydrocolloid, hydrofiber).
- Debridement, or the removal of dead tissue, can be done surgically, or by placing enzymes like streptokinase, into the wound, or biologically, with fly larvae (“Maggot Therapy”), which will eat the dead tissues.
- Skin grafting, which involves surgically removing skin from one area of the body and affixing it over another area to cover and heal a wound.
- Negative pressure therapy (Wound Vac), which uses a seal on the wound and suctions the fluid and dead tissue, allowing the wound to heal from the inside out.
- Hyperbaric oxygen therapy, which allows the patient to breathe in 100% oxygen, which can accelerate the wound healing process.

Prevention

- Get the person moving: turn/reposition every 2 hours in bed, every hour in a chair.
- Keep the skin clean and dry; monitor/inspect the skin daily.
- Make sure the person receives adequate hydration and nutrition, including protein and collagen supplements.
- Allow for adequate sleep (7-9 hours per night).
- Protect immunocompromised persons: wash your hands, follow social distancing policies, wear PPE.

A Final Note

Pressure Ulcers are *much* easier to prevent than they are to heal! Please be proactive!



References:

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