



Pressure Ulcers

Information for Patients

The skin is the largest organ of the body and helps:

- maintain body temperature
- protect you from germs
- gather information for your nervous system
- you to interact with your surroundings and allows you to feel heat, pain, cold, and touch

To function properly, the skin needs attention and care. A break down in your skin care can put you at risk for injury and disease. Good skin health habits include eating a balanced diet, drinking fluids, and exercising to maintain a healthy weight. It's also important to not smoke and to limit the time your skin is in the sunlight.

Possible skin problems

Even if you have healthy skin, problems may occur if you cannot move for a long period of time. There are times when a person may spend a long time lying or sitting in the same position. When this happens, pressure from body weight on the surface of the bed or chair cuts off the blood supply to the skin that is directly over the bone. As a result, skin cells cannot get the oxygen and nutrients they need to survive. A pressure ulcer may result.

A pressure ulcer usually occurs in skin that covers a bony bulge such as heels, shoulders, hips, and upper buttocks. Pressure ulcers have many names, including:

- bedsores
- decubitus (de-KU-bi-tus) ulcers
- dermal wounds
- pressure sores

Risk factors for a pressure ulcer

You may be at risk for a pressure ulcer if you have:

- reduced activity (even in bed)
- reduced feeling (sense of touch)
- chronic, complicated medical problems such as diabetes, obesity, smoking, poor circulation, and spinal cord injury
- increased skin moisture from the inability to control your bowel and or bladder
- poor nutrition
- a decline in the amount of proteins you eat (especially if your nutrition level is already at risk)

Older adults are more at risk for a pressure ulcer. So are patients who slide down in the bed. Sliding down causes friction that may tear delicate or already damaged skin.

Symptoms of a pressure ulcer

If you have a pressure ulcer, you may have burning, aching, or itching at the site. The injured skin may be red or bruised. It may have a purplish discoloration that continues even after moving. People with darker skin tones may not show redness or discoloration. You may have to compare the injured area with uninjured skin tissue.

A pressure ulcer may feel firm or mushy. It may be warm to the touch. Swelling and tenderness are common. A blister or shallow sore may develop. A clear or blood-tinged fluid may drain from the ulcer area. The wound may become deep and can extend down to the fatty tissue or adipose (ADD-ih-pose) tissue, or to the bone. Pressure ulcers are sometimes described using stages (Stage I, Stage II, etc.) based on how deeply the tissue is injured.

What is done in hospitals to prevent pressure ulcers?

The nurses and doctors will begin a plan of care to help keep your skin healthy. If you are not able to move yourself, hospital staff will help you move and turn. They may use special skin care products to protect your skin. You may meet with a dietitian to discuss how to improve your diet. If your nurse or doctor suspects an ulcer, he or she will work to relieve pressure on the area. A special mattress or bed may be used to help redistribute pressure.

What can you do to help prevent a pressure ulcer before a hospital stay?

You and your family members are important to the prevention and care of a pressure ulcer. You can improve your skin health and benefit generally from:

- not smoking
- daily exercise (even bedridden patients need activity)
- good nutrition
- maintaining a healthy weight
- adequate hygiene
- moving and turning
- asking your family to help you move and turn if you are confined to a bed or chair

How is a pressure ulcer cared for?

Treatment of a pressure ulcer may involve many health care professionals, including nurses, doctors, physical therapists, dietitians, and other specialized health care workers. This condition is not restricted to the elderly. Your nurse or doctor will review your medical history and set up a personal treatment plan. A specialized nurse, called an ET nurse, may assist with your treatment plans. ET stands for enterostomal (en-tuh-roh-STOH-mul) therapy (THEH-ruh-pee). You may talk with a surgeon if you need surgery.

Many dressings are available to treat pressure ulcers. The ET nurse or doctor will decide which dressing is best for your wound. You

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also may need physical therapy to help promote healing. You and your care team will discuss how to decrease pressure at the area and how to prevent more ulcers from developing. A dietitian may work with you on a meal plan to meet your needs.

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