

Information for patients and carers

# Pressure ulcers: prevention and treatment





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*This leaflet gives you and your carer information on pressure ulcers, how they develop, how to prevent them and what treatment you will be given if you develop a pressure ulcer. It does not replace personal advice from a healthcare professional. If you have any questions, please ask your doctor or nurse.*

The information in this leaflet is adapted from the National Institute for Health and Care Excellence's (NICE) information for the public, 'Pressure ulcer prevention, treatment and care', published in April 2014.

## What is a pressure ulcer?

A pressure ulcer is damage to the skin and the deeper layer of tissue under the skin. It happens when pressure is applied to the same area of skin for a long time and so the blood supply is cut off.

Pressure ulcers tend to happen to people who have to stay in a bed or a chair for a long time.

Pressure ulcers are sometimes called 'bedsores' or 'pressure sores'.


If they are not treated, pressure ulcers can become very serious. They may cause pain and/or can mean staying longer in hospital.

Severe pressure ulcers can badly damage the muscle or bone underneath the skin, and can take a very long time to heal.

## Who is at risk of getting a pressure ulcer?

People of any age can get a pressure ulcer. You may be at a higher risk of getting a pressure ulcer if you:

- have problems moving or changing position without help
- cannot feel pain over part or all of your body
- have problems controlling your bladder
- are seriously ill
- are having an operation
- have had a pressure ulcer before
- have a poor diet and don't drink enough water
- have a neurological condition or spinal cord damage that prevents you registering pain over part of your body
- are very young or very old

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- are older and ill or have suffered an injury like a broken hip which affects how you move.
  - have problems with memory and understanding (such as dementia)

The more of the problems listed above that you have, the more at risk you are of getting a pressure ulcer.

If you are at risk of getting a pressure ulcer, your doctor or nurse will explain why and what you can do.

When you come into hospital, you will be assessed to see if you are at risk of developing a pressure ulcer as soon as possible after you arrive.

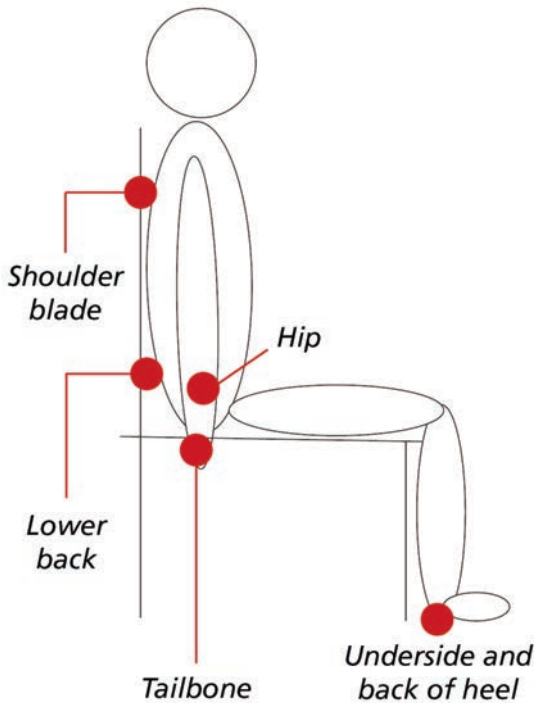
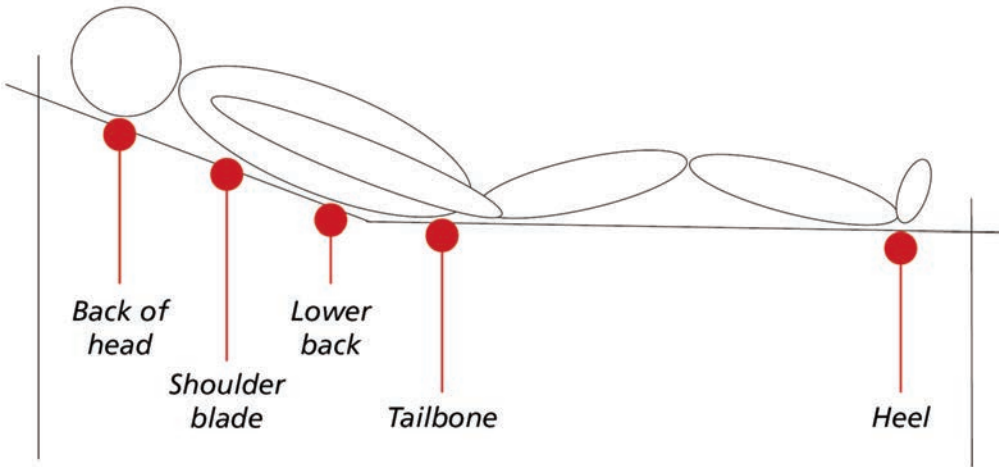
If you are not at risk, you will be assessed again if there is a change in your condition that puts you at risk (for example, if you have surgery, or a condition or illness you have worsens).

## Where can pressure ulcers develop?

Pressure ulcers often develop on bony parts of the body, for example:

- lower back
- back of the head and ears
- shoulder blades
- elbows
- hips
- inner knees
- heels and toes

Pressure ulcers can also develop under medical devices such as oxygen nasal cannulas (tubes to give people additional oxygen through the nose). These can cause skin damage behind the ears, for example, if the skin is not protected.



*If you are lying on your side, rather than on your back, there are other areas that may be at risk of pressure ulcers developing on, such as the hip, elbow, ear, and between the knees and ankles.*



## How can pressure ulcers be prevented?

### Repositioning

One of the best ways of preventing a pressure ulcer is to reduce or relieve pressure on the areas that are most likely to develop pressure ulcers (see diagrams on previous page). This is done by moving around and changing position:

- You should change position often – at least every four hours.
- Adults and young people who are at high risk of pressure ulcers should make sure they move around at least every two hours.

If you can't move yourself, you will be offered help to move. Special lifting equipment may be used to do this. You will also be shown how to reposition yourself.

If you are a parent/carer of a patient who is at risk of pressure ulcers, a physiotherapist or occupational therapist will be able to help you move and change a patient's position.

### Equipment that may help

Equipment is available that can help prevent pressure ulcers. For example, there are mattresses and overlays (a layer placed on top of a mattress) available that spread out the pressure or remove pressure from different parts of the body.

If you use a wheelchair or sit for long periods of time and have a pressure ulcer or are at risk of developing one, you may be offered a special cushion.

Patients who are at risk of developing a pressure ulcer on the back of their head will be given a special pillow or pad.

### Barrier creams

You may be offered a 'barrier cream' if your skin is wet, or dry and inflamed. These creams, along with changing your position regularly and using special equipment (see above), can protect the skin and help prevent pressure ulcers from developing.

## What happens if I am at high risk of getting a pressure ulcer?

### Skin assessment

If you are at high risk of developing a pressure ulcer, your doctor or nurse will regularly ask you about any pain or discomfort.

They will also regularly check:

- your skin, especially bony parts of the body, and the back of the head in young people
- for changes in the colour of your skin, especially redness that does not go away when pressed with the fingers
- how the skin feels, for example its temperature, firmness, and whether it is wet or dry.

*If you notice any redness on your skin that does not go away when pressed with your fingers, tell your doctor or nurse so that they can give you treatment and check your skin more regularly.*

### Planning your care

Your nurse or doctor will discuss with you how they will help you to avoid pressure ulcers and how you can help yourself. A care plan will be agreed, which will cover:

- the results of your skin assessment (see above)
- how best to relieve pressure on those areas that are at particular risk
- how often you should change your position
- any other problems related to pressure ulcers (for example if you have difficulty moving).



## How are pressure ulcers treated?

If you develop a pressure ulcer, your doctor or nurse will regularly measure it, estimate how deep it is and work out how severe it is. This will help them to decide what care you need.

The treatment options are:

### Equipment

If you have a pressure ulcer, you will be given a foam mattress instead of an ordinary mattress. This is designed to relieve pressure. Young people will be given a cot or bed mattress, or an overlay.

If a foam mattress is not enough to relieve the pressure, you may be offered a more specialised mattress, an overlay, a bed that relieves pressure from different areas of the body, or one that redistributes pressure by moving air around (also called 'dynamic support surface').

### Eating well

If you have a pressure ulcer, your diet will be assessed. A dietitian will discuss your diet with you and your family or carers, and if you are not getting enough of particular nutrients, you may be offered supplements such as vitamin tablets or a special drink.

A dietitian will also check that you are getting the right amount of fluids.

### Antibiotics and dressings

You may need other treatments to help your pressure ulcer heal, such as dressings and/or antibiotics.

Your doctor or nurse will discuss with you what the best type of dressing is for your pressure ulcer.



If there is a sign of infection in your pressure ulcer, you will be given antibiotics. Young people may also be given special 'antimicrobial' dressings to help fight infections.

## Removing damaged skin

Sometimes it may be necessary to remove the damaged skin and the tissue below it – this is called 'debridement'. This is done by either cutting it away or by using special dressings.

Your doctor or nurse will discuss whether you need debridement and what the options are.

## Negative pressure wound therapy

'Negative pressure wound therapy' is where suction is applied with a special dressing to remove the infection, to stop fluid escaping and to help the wound heal.

## More information

If you have any questions about pressure ulcers, please ask your doctor or nurse.

There is also more information available from:

- National Institute for Health and Care Excellence:  
[www.nice.org.uk](http://www.nice.org.uk)



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## Useful contact details

### Tissue viability nurse specialists

#### Royal Brompton Hospital

Tel: **0330 12 88121** extension **82428** or ask for bleep **7074**

#### Harefield Hospital

Tel: **01895 823 737** extension **85346** or ask for bleep **6239**

### Rehabilitation and therapies

#### Royal Brompton Hospital

Tel: **0330 12 88121** extension **84739**

#### Harefield Hospital

Tel: **01895 823 737** extension **85934**

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If you have any concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call the Patient Advice and Liaison Service (PALS):

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

Alternatively, email [pals@rbht.nhs.uk](mailto:pals@rbht.nhs.uk). This is a confidential service.



Royal Brompton Hospital  
Sydney Street  
London  
SW3 6NP  
Tel: 0330 12 88121

Harefield Hospital  
Hill End Road  
Harefield  
Middlesex  
UB9 6JH  
Tel: 0330 12 88121

Website: [www.rbht.nhs.uk](http://www.rbht.nhs.uk)

Royal Brompton and Harefield hospitals are part of Guy's and St Thomas' NHS Foundation Trust

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Brosurteki bilginin Türkçe tercemesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercemenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

