



PRESSURE INJURY OR ULCER

Commonly known as bed sores or pressure sores, pressure injuries/ulcers can form when your skin and soft tissue press against a hard surface, like a chair, bed or medical device, for a long time without movement or activity.

The pressure reduces blood supply to that area. The lack of blood supply causes damage to the skin and soft tissue, forming a wound. Pressure injuries/ulcers most often develop over bony areas of the body, such as the heels, ankles, hips and tailbone.

Untreated, pressure injuries/ulcers can lead to serious, potentially life-threatening infections. Early intervention and appropriate treatment can significantly improve the outcomes and healing rates for pressure injuries/ulcers.

Causes

There are four main causes of pressure injuries/ulcers in adults:

Pressure: Constant or repeated pressure on an area of the body results in decreased blood flow.

Shear: “Sliding” on or off surfaces damages the tissue under the skin.

Friction: Continual rubbing against surfaces like clothing or bed sheets breaks down the skin.

Moisture: Excessive moisture caused by incontinence or sweat damages the skin.

Risk Factors

Factors that may put you at risk of developing a pressure injury/ulcer:

- Decreased sensation in a part of the body
- Lack of movement/inability to change positions
- History of long-term steroid therapy
- Urinary or fecal incontinence
- Poor nutrition (low protein levels)
- Dehydration
- Overweight or underweight
- Underlying conditions, such as diabetes, cardiovascular disease or peripheral vascular disease

Treatment and Care

When treating pressure injuries/ulcers, it is important to relieve the pressure and optimize blood flow, which will deliver oxygen to the skin and tissues to support healing. Good nutrition is also a key factor in healing your pressure injury/ulcer.

Treatment from a specialized outpatient wound center may include:

- Appropriate off-loading or pressure redistribution strategies/techniques
- Recommendations for pressure reduction surfaces or devices like a mattress or wheelchair cushion
- Diagnostic testing
- Thorough cleaning of the wound
- Specialized or advanced dressings
- Prevention and treatment of infection
- Nutritional evaluation and dietary recommendations

Preventive Measures

- Frequently reposition, at least every two hours.
- If chair-bound, use a pressure-reducing cushion and perform small shifts in position at least hourly (using armrests).
- Keep your heels off the bed with pillows under your calves or another positioning device like a heel protector.
- Check your skin daily for pink or redness.
- Keep your skin clean, dry and moisturized.
- If incontinent, change garments frequently, clean your skin and then apply a protective barrier cream to the area.
- Eat a healthy, well-balanced diet and drink plenty of water.

If you notice any of the following symptoms, notify your provider immediately:

- Unusual changes in skin color or texture
- Swelling
- An area of skin that feels cooler or warmer to the touch than other areas
- Painful or itchy skin (without a rash) or a burning sensation on your skin
- Blister, abrasion or tenderness over the bony prominence
- An open wound