Wound services

Pressure area care

A guide for patients
What is a pressure ulcer?

A pressure ulcer is an area of damage to the skin and underlying tissue. They are sometimes known as pressure sores or bed sores.

What causes a pressure ulcer?

Pressure ulcers are caused by poor circulation to tissues due to a combination of the following factors:

**Pressure**
Body weight and some equipment (for example anti-thrombosis stockings) can squash the skin and other tissues where parts are under pressure. This reduces the blood supply and can lead to tissue damage.

**Shearing**
Sliding or slumping down the bed or chair can damage the skin and deeper layers of tissue.

**Friction**
Poor moving and handling methods can remove the top layers of skin. Repeated friction can increase your risk.
Who is most at risk of developing pressure ulcers?

You may be at risk of developing pressure ulcers for a number of reasons, including the following:

**Problems with movement**
If your ability to move is limited you don't get enough oxygen to parts under pressure.

**Poor circulation**
Vascular disease or smoking reduces your circulation.

**Moist skin**
You may be at increased risk if your skin is too damp, due to incontinence, sweat or a weeping wound. It is important that your skin is kept clean and healthy.

**Lack of sensitivity to pain or discomfort**
Conditions such as diabetes, stroke, nerve or muscle disorders etc. reduce the normal sensations that usually prompt you or enable you to move.

**Previous tissue damage**
Scar tissue will have lost some of its previous strength and is more prone to breakdown.

**Inadequate diet or fluid intake**
Lack of fluid may dehydrate your tissues. Weight gain or loss can affect the pressure distribution over bony points and healing.
Risk assessment

To assess your risk of developing pressure ulcers, a member of your health care team will examine/assess you and ask some questions. This will help to identify if you require specialised equipment or other forms of care, and will assist in providing for your individual needs.

What are the early signs of a pressure ulcer?

You will notice the following signs:

- change in skin colour: redder or darker
- heat or cold
- discomfort or pain
- blistering
- skin damage

Without appropriate intervention the damage may worsen, developing into hard black tissue or an open wound.
Common locations of pressure ulcers
What can I do to avoid pressure ulcers?

There are several ways you can reduce the risk of pressure ulcers:

**Keep moving**
Regularly changing your position helps to keep blood flowing. If you have reduced movement, the health care team looking after you will assist you with your regular turns in addition to providing specialist mattresses, cushions etc.

**Look for signs of damage**
Check your skin for pressure damage at least once a day. Look for skin that doesn't go back to its normal colour after you have taken your weight off it. Do not continue to lie on skin that is redder or darker than usual. Also watch out for blisters, dry patches or breaks in the skin.

**Protect your skin**
Wash your skin using warm water or pH neutral cleansers. Do not use heavily perfumed soap or talcum powder as these can soak up the skin’s natural oils leading to vulnerable dry areas. If you suffer from incontinence please inform your health care team as they can assess the best way to deal with the problems. Rubbing or massaging skin is bad for it.

**Eat a well-balanced diet**
Make sure you eat a healthy balanced diet and drink plenty of fluids. Extra protein may help.
What should I do if I suspect a pressure ulcer?

Tell your doctor or nurse as soon as possible and follow the advice they give you.

Eat and drink as medically advised.

Concerns and complaints

We aim to provide you with a high quality service at all times. However, if you have any concerns, complaints or comments about your experience of our service then please tell a member of the team or contact the PALS and complaints team on freephone 0800 328 7971.
Wound services are part of our Older People Directorate.