

Preventing pressure ulcers: A guide for patients and Carers

Information Leaflet

Definition

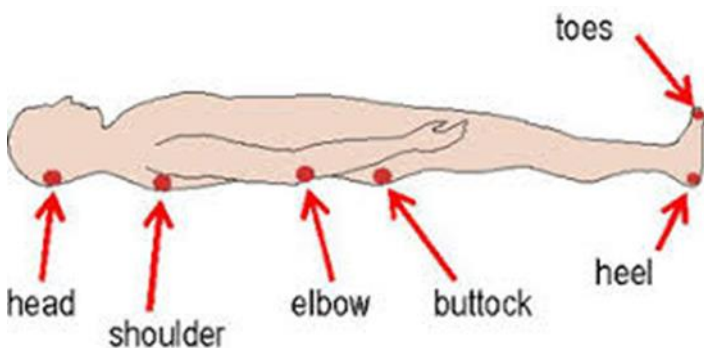
A pressure ulcer refers to localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful

THREE main causes of pressure ulcers:

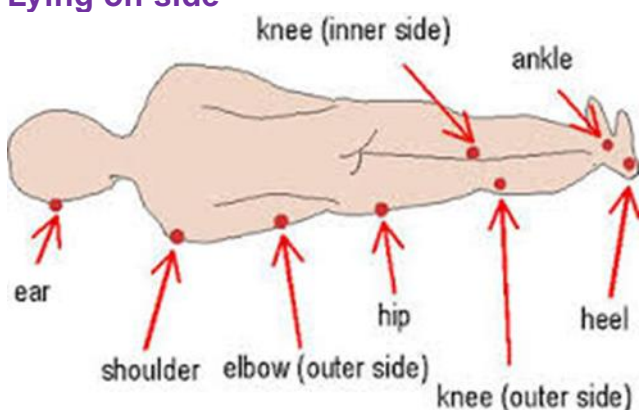
- Pressure: The weight of the body pressing down on the skin
- Shear: The layers of the skin are forced to slide over one another or over deeper tissues
- Friction: Rubbing the skin

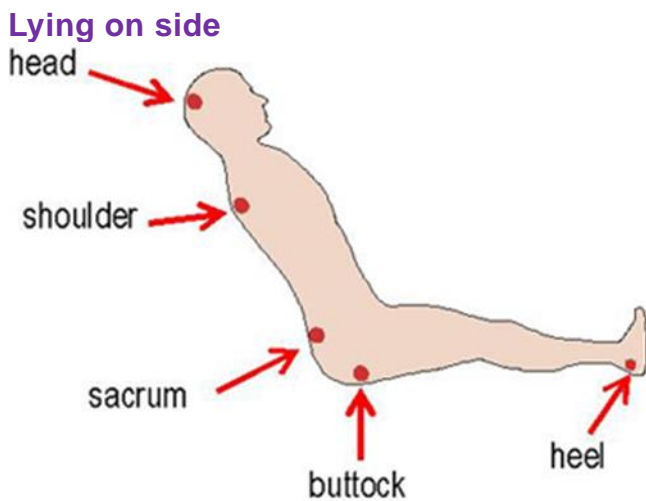
Areas to look out for if:

Lying on back



Lying on side





What should you be looking out for?

A pressure ulcer can develop very quickly in just one hour when the blood supply to that area of skin is cut off and pressure is not relieved. It is therefore important to be aware of the signs and keep a close eye whilst in hospital. The first sign is typically a discolouration of the skin. On light-skinned people there may be red patches that do not go away, and on dark-skinned people there may be bluish/purplish patches that do not go away. Further signs include:

- Blisters or damage to the skin
- Patches of hot skin
- Swelling
- Patches of hard skin
- Patches of cool skin
- Localised pain or loss of feeling to an area

Am I likely to develop a pressure ulcer?

Your risk of developing a pressure ulcer is greatly increased if:

- You are spending long periods of time in bed or sitting in a chair
- You have difficulty moving around and cannot change position
- Poor oral fluid and nutritional intake
- Incontinence
- You are seriously ill or had surgery
- You have had a stroke and mobility is poor/reduced

- If you are overweight or underweight
- If you have a bad heart, poor circulation or diabetes
- You smoke
- If you have scar tissue from a previous pressure ulcer

N.B. Also keep an eye out for any external devices that may cause pressure damage including glasses, splints and footwear

How to avoid a pressure ulcer

- Regularly change position & check your skin for any signs of damage
- If able, have a short walk to increase blood flow and tone up the muscles
- If not able to move self, should have assistance with re-positioning every 2-4 hours (depending on skin integrity)
- Take care not to get crumbs in bed
- Eat a well-balanced diet and drink plenty of fluids
- Do not roll down anti-embolic stockings if wearing
- If incontinent, speak to nursing staff for advice
- If in an armchair or wheelchair, try relieve the weight off your bottom every 15 minutes
- Avoid rubbing or massaging your skin
- Avoid talcum powder as this can dry out your skin

What can you expect from us?

- Upon admission to the Liverpool Women's hospital, you will have had an initial risk assessment completed. Patients will also undergo further risk assessments post-surgery and if their condition changes at all. Measures will be put in place for you if deemed at high risk of pressure damage:
- High specification foam mattresses to reduce the pressure on high risk areas of the body
- Encouragement to regularly change position or regular assistance to change position if required
- Skin assessment by a trained healthcare professional
- Nutritional assessment and monitoring of intake

- A discussion with your nurse/midwife who will involve you in the care planning and allow you time to make informed decisions about your own care and treatments
- If needed, a referral to the tissue viability nurse for the Trust

For further information please ask to speak with our Tissue Viability Nurse

External Websites:

www.nice.org.uk

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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