

Tissue viability

Working together to prevent pressure ulcers

Information for patients, relatives and carers

What are pressure ulcers?

Pressure ulcers, also known as bedsores or pressure sores, are areas of damage to the skin and deeper layers of tissue. They are caused by a combination of:

- **pressure:** body weight and some medical equipment can squash the skin and damage the blood supply to the area. Lying or sitting in one position for a long time can cause this
- **shearing:** sliding down the bed or chair can damage the skin and deeper layers of tissue. The skin may change colour or break

You can usually relieve the effects of pressure and shearing by moving around safely. Pressure ulcers can be deep wounds that go down to muscle and bone. These could become infected, leading to blood poisoning or bone infection and, in extreme cases, can be life-threatening.

Common sites for pressure ulcers

Pressure ulcers can develop anywhere on the body but are more commonly found over bony areas such as:

- the bottom
- heels
- elbows
- hips
- ankles
- spine
- back of the head
- shoulder blades.

Who is most at risk?

You may be at risk of developing pressure ulcers due to:

- **problems with movement:** your ability to move may be limited or you may be unable to move at all
- **poor diet or fluid intake:** lack of fluids may dehydrate your tissues. Weight gain or loss can affect the pressure distribution over bony areas and the body's ability to heal itself
- **poor circulation:** vascular disease, diabetes or heavy smoking reduces your circulation
- **problems with sensitivity to pain and discomfort:** some conditions (such as diabetes, stroke, and nerve/muscle disorders) and some treatments (such as epidural pain relief, medication, and operations) may reduce your sensitivity to pain or discomfort, meaning you are less likely to move
- **moisture:** urine, faeces and sweat can irritate the skin, making it more likely to break down
- **previous tissue damage:** scar tissue will have lost some of its previous strength and is more likely to break down

What to look out for

Early signs of pressure ulcers are:

- change in skin colour (redder or darker)
- change in skin temperature (hotter or colder)
- discomfort or pain
- blistering
- broken skin

Preventing pressure ulcers

Your healthcare team will inspect your skin and carry out a risk assessment. If this shows that you are at risk, they will create a care plan, which they should discuss with you and could include:

- regular repositioning
- daily skin inspection
- use of specialist equipment such as an air mattress or cushion or heel protector

- ~~referral to relevant healthcare professionals (such as a dietitian, tissue viability nurse, physiotherapist)~~

During your hospital stay, if there is a change in your condition, your risk of developing a pressure ulcer should be reassessed. **If you have any concerns about your care, please speak to a member of your healthcare team.**

How can I avoid pressure ulcers?

Keep moving: if you can, change your position frequently. If this is difficult, please ring your buzzer for help.

- healthcare staff may assist you to move if they are worried about your skin.
- you may need to take painkillers if movement is painful
- make sure your clothing and bedding is loose, lightweight, and wrinkle-free
- please tell healthcare team if you have discomfort or pain in any part of your body that is common site for pressure ulcers to develop (listed on front page).

Daily skin inspection: for pressure damage.

Look for any signs of:

- red patches that do not lighten when gently pressed darker patches that can look purple or blue
- swelling
- blisters
- shiny areas

Report any of these signs to your healthcare team. Do not continue to lie on skin that is redder or darker than usual.

- avoid rubbing and massaging your skin over bony areas.
- call for help if you need assistance to get to the toilet or need help to change your incontinence pad.
- if you are given anti-embolic stockings to wear, do not let them to roll down as this can cause pressure and skin damage. stockings should be removed once a day to wash, moisturise and inspect your skin.

Eat a well-balanced diet: including plenty of protein and drink plenty of fluids (if allowed).

Involve your family or carers in your pressure ulcer prevention care if you can.

For more information about pressure ulcer prevention and treatment, please ask the healthcare team.

Useful resources

[Taking a photograph of your wound \(PDF\)](#)

This information is available in 12 languages at www.nationalwoundcarestrategy.net/taking-a-photograph-of-your-wound/)

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

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