



Patient Information

Preventing and Treating Pressure Sores

Pressure sores — sometimes called bedsores, pressure ulcers or decubitus ulcers — form on skin that breaks down when you stay in one spot for too long. When pressure cuts off circulation to an area such as a hip or heel, blood flow stops and skin damage occurs.

The most common places where pressure sores form are areas where the bones are close to the skin and areas that do not have much muscle or fat, such as on the back, elbows, heels, hips, ankles, shoulders and the back of the head.

It is important to know how to prevent pressure sores. It is also important to treat them as soon as they are detected, because the sores can progress quickly and can be difficult to heal.

Causes

The main cause of pressure sores is sustained pressure on certain parts of the body. Sitting or lying in the same position for long periods can cause pressure sores. Because of this, people who use wheelchairs and people who are bedridden, even for a short time, often get pressure sores.

Pressure sores can also be caused by friction or “shear.” Shear occurs when your skin moves in one direction and bones move in another, such as when you slide down in a bed.

Risk Factors

Factors that increase your risk of developing pressure sores include:

- Age: Most pressure sores occur in older adults who have thinner skin and are more likely to be underweight and have poor nutrition.
- Living in a nursing home: Residents of nursing homes may be frail and not move around frequently.
- Inability to feel pain: If you don’t perceive pain, you may not know when to change your position or that a pressure sore is forming.
- Being thin or losing weight: Fat and muscle pad your bones.
- Bladder control problems: Incontinence increases pressure sores because leakage keeps skin moist and makes it more likely to break down.
- Diabetes: Diabetes affects blood flow, increasing the risk of tissue damage.
- Smoking: Smokers are more likely to develop pressure sores.
- Poor diet: A diet deficient in nutrients, especially protein, zinc

and vitamin C, makes you more likely to develop pressure sores.

Stages

Pressure sores occur or advance in four stages:

- Stage I: The start of a pressure sore. Skin is red and doesn’t turn white when pressed.
- Stage II: Skin starts to blister, and an open sore forms.
- Stage III: The pressure sore looks like a crater, and the tissue below the skin is damaged.
- Stage IV: The pressure sore is deep. Damage has occurred in muscle, bone and sometimes tendons and joints.

Treatment

Stage I and stage II pressure sores can often be healed with self-treatment methods. First, relieve the pressure that caused the sore. Turn or reposition yourself every 15 minutes if you’re in a wheelchair. If you’re in a bed, turn yourself at least once every 2 hours. You may need a family member or caregiver to assist you.

Other treatment options include using cushions, pads, mattresses or beds that help relieve pressure on existing sores. You should also keep the wound clean, use dressings to protect wounds and speed healing, and eat a healthy diet.

Stage III and stage IV pressure sores may require surgery.

Prevention

To prevent pressure sores, change your position frequently and consistently, whether you’re in a bed or wheelchair. Follow these general guidelines:

Avoid lying directly on hip bones; support your legs; keep your knees and ankles from touching (place a pillow between the knees and ankles if necessary); avoid raising the head of your bed more than 30 degrees.

It is also important to inspect your skin at least once a day. Use a mirror if necessary, or have a family member or caregiver help. In addition, eat healthy foods and exercise daily. And if you’re a smoker, quit now.

It is important to treat pressure sores as soon as you detect them. Pressure sores can lead to life-threatening complications, including tissue infections, bone and joint infections, a rare form of gangrene, blood poisoning and cancer. ❖

Additional Notes: