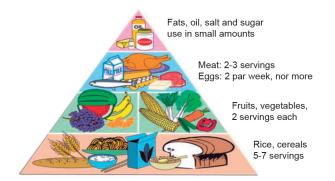
- Avoid using pillows under knees. It puts pressure on patient's heels.
- Avoid use of water inflated rubber gloves or talcum powder.
- Avoid use of donut shape rings because they may cause venous congestion and edema.
- Do not position directly on hip bone.

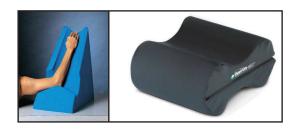
6. Eat balanced Diet

In case of absence of balanced diet ask the doctor to prescribe vitamins and mineral supplements. The patient should drink at least eight glasses of water a day (unless fluids are restricted).



7. Can use devices that decrease risk of pressure ulcers.

Special cushions, foam mattress pads, air-filled mattresses and water-filled mattresses can help a person in relieve pressure and protect vulnerable areas from damage.



For more information, please contact

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B1 Ward

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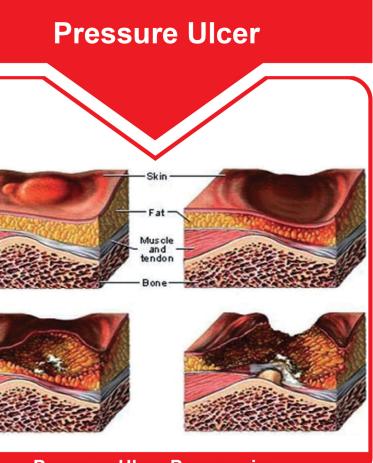
References

- 1. Lyder, H. C., (2010) Pressure Ulcer Prevention and Management, Journal of American Medical Association, 289(2):223-226
- 2. Susan, S & Kathleen, S. (2007). The Clinical Issue, Pressure Ulcers in the Surgical Patient, Kimberly Clerk Health Car Education, 1, 1-12.
- 3. Jankowski, M., & Nadzam, D. M., (2011) Identifying Gaps, Barriers, and Solutions in Implementing Pressure Ulcer Prevention Programs. The Joint Commission, 37(6)253-264)
- 4. Michelle, W., (2010) Management of Pressure, Shear and Friction.
- 5. Skin Health for Person with MS. Retiveon on12th Jan. 2013: from http://mssociety.ca/ottawa/pdf/Education%20Docs/Skin%20Integrity%20-%20Michelle%20Walklin.pdf
- 6. Physical Therapy Aide Demo; Causes of Pressure Ulcers. Retrieve on12th Jan, 2013; from http://www.gatlineducation.com/demo/PTA Demo 2012/html/L05/L05CH02P01.htm





A Guide for Patients and Families



Pressure Ulcer Progression

This brochure provides information about pressure sores and their preventive measures. It is designed to respond to questions most frequently asked by patients and their families

The Aga Khan University Hospital, Karachi.



A Unit of The Aga Khan Hospital and Medical College Foundation; Licensed under Section 42 of the Companies Ordinance, 1984 Registered Office: Stadium Road, P. O. Box 3500, Karachi 74800, Pakistan

What are pressure sores?

Pressure sores are ulceration of the skin and progressively of the underlying tissues. They are chiefly due to the deprivation of nutrition to the area because of pressure that obstructs the blood supply to the tissue.

It can develop within two hour and usually starts with change in the skin color-redder or darker than usual. If not treated quickly at first stage, it can develop in a few days to an open blister and over a longer period - a deep hole in the flesh.

Who are at a higher risk of getting pressure sores?

- 1 Those who are confined to bed or wheel chair most of the time
- 1 Those who are spending long periods in an armchair
- 1 Those who are unable to move without help
- 1 Those who are elderly or weak and have dry and aging skin
- 1 Those who are unable to feel pressure or pain or are incontinent
- People with poor diet not enough protein
- Patient who are not mentally alert because of Alzheimer's or heavy sedation

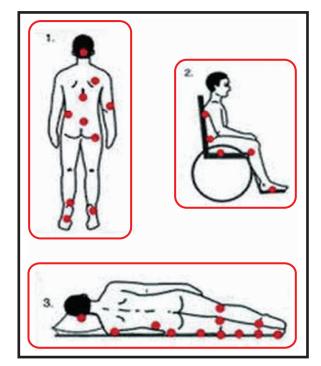
What are the high risk areas where pressure sores may develop?

Sores are most likely to develop at points where the bone is close to the surface. The below picture is showing common sites of pressure ulcers when sitting in a wheel chair/ lying in a bed.

What are the causes of skin break down?

- 1. Pressure or other stresses caused by lying in one position for too long
- 2. Break in the skin surface for example due to surgery or trauma to the skin
- 3. Shearing in which skin is pulled away from the tissue under it, caused by sliding down the bed
- 4. Friction caused by being dragged rather than lifted following which top layer of skin is rubbed off
- 5. Moisture for example release of sweat, urine or stool

6. Poor nutrition eventually making overweight, underweight or dehydrated (not taking enough fluids)



Common sites of pressure ulcers

1. What are some preventive measures?

2. Avoid friction

Lift - don't slide the patient in bed - use draw sheets or pads to lift when changing positions.

3. Avoid Shear

Try not to elevate head end side greater than 30 degree, as being flatter keeps your body from sliding down. Sliding may harm your body.

Manage incontinence

- Cleanse skin as soon as it is soiled.
- 1 Use lubricant as a barrier to protect skin from urine and stool.
- 1 If the skin reddens, use a rash ointment.

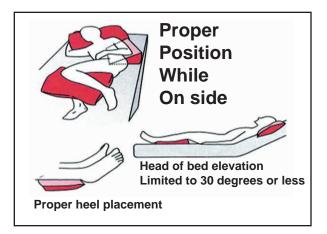
Use appropriate incontinence disposable sheets (Sheets and incontinence pads should be crease free)

Help the patient off the bed or use toilet pan promptly.

When washing, use soft sponge, cotton or wipe. Do not scrub hard.

4. Maintain proper positioning

When the patients is lying on side put the pressure off at his/her lower leg by bending knees a little and putting a pillow in between knees and ankles. When the patient is lying on back, keep heels off of the bed with pillow or pad.



5 Skin care

Provide good skin care by using warm (not hot) water.

When washing, use soft sponge or cotton. Do not scrub hard.

Prevent skin-to-skin contact.

Avoid massage over bony prominences. If skin is dry, use lubricants to keep it soft and supple.

Use elbow and heel protector for maintaining proper positioning i.e. sidelying or lateral position.

Use Gel sheets or special mattress (for example, ortho/ air mattress) It can help distribute weight more evenly. Please note these mattresses do not replace the need to turn the patient.

Use pillows or cushions between the knees and/or under calves when lying on the side or on back to prevent pressure.