

Patient information from BMJ

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Pressure sores

Pressure sores (you might also hear them called pressure ulcers) tend to happen in people who are bed bound or chair bound for long periods and have difficulty moving. Careful nursing and foam mattresses can help prevent pressure sores.

You can use our information to talk to your doctor and decide which treatments are best for you.

What are pressure sores?

Pressure sores are areas of damaged skin that become open wounds. When you sit or lie down you naturally shift your position from time to time, even when you're asleep. But if you can't move yourself because you're too sick you could get a pressure sore.

Pressure sores start when the weight of your body presses down on the skin underneath in one place for a long time. This pressure stops your blood circulating properly through the skin. The skin cells die and the skin breaks down.

Friction from being moved, or from slipping down in bed, can also damage your skin or cause wounds in areas that are already damaged. Areas of skin over the bony parts of your body are most at risk because they get the most pressure. Pressure sores can take a long time to heal.

Anyone who has difficulty moving can get a pressure sore. But you are more likely to get one if you:

- are aged over 70
- are immobile (you can't move) and bed bound or chair bound because you are seriously ill or unconscious
- have just had surgery or have been treated in an intensive care unit
- are malnourished or are very overweight
- have poor blood circulation
- have trouble sensing pain (this can happen if your spinal cord is injured or if you have nerve damage)

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- have had a pressure sore before.

What are the symptoms?

Like other wounds, pressure sores might hurt, ooze, bleed, and get infected.

You are most likely to get a pressure sore where your skin gets squashed between a bony area and your bed or chair: for example, at the bottom of your backbone, over your hip bone, or on the back of your heel.

If you are looking after someone who might be at risk of getting a pressure sore you need to know the warning signs.

You should tell a doctor or nurse right away if you find any signs of skin damage, such as a discolored patch. Other warning signs include:

- swelling
- blisters
- hard or cracked skin
- patches of skin that are shiny, too warm, too cold, or too dry.

What treatments work?

Preventing pressure sores

If you are at risk of getting pressure sores you should lie on a special foam mattress that gives extra support, not on an ordinary hospital or bedroom mattress. This will spread your weight and protect your skin.

You're much less likely to get a pressure sore if you lie on this type of foam mattress. They are available in hospitals, in nursing homes, and for use at home.

The best way to prevent a pressure sore is to change your position regularly. If you can't do it yourself a health professional or your caregiver should do it for you.

Your skin should be protected during moves so that it doesn't rub or drag along the mattress.

Inspecting your skin for early warning signs of pressure sores is also important.

You can also help yourself by:

- drinking plenty of liquids
- eating a healthy diet
- stopping smoking.

Treating pressure sores

Dressings

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Careful cleaning and dressing of the wound are usually all that's needed to treat pressure sores.

Dressings are placed directly over your pressure sore to protect it and keep it clean and moist while it heals.

A nurse should be able to decide on the best type of dressing for you. The ones that are usually recommended are called hydrocolloid dressings.

Removing dead tissue (debridement)

It's important to keep your pressure sore clean and clear of any dead tissue. Your nurse will usually be able to do this by gently washing the sore with salt water.

Removing dead tissue that is more stubborn is called debridement. This is usually only needed for larger pressure sores.

Debridement can be done with:

- a blade or sharp knife (a scalpel)
- special dressings, or
- chemicals.

Pain relief

For painful pressure ulcers, simple pain relievers such as acetaminophen and ibuprofen are usually enough. Your doctor can also prescribe pain-relieving creams that you apply directly around the wound, and dressings that release pain-relieving drugs directly into the wound.

But some people need stronger pain relief. There are other drugs your doctor can prescribe, including codeine and morphine. These drugs can be taken as tablets or given as an IV infusion.

Antibiotics

If you have a pressure sore that becomes infected your doctor might prescribe antibiotics.

If you have signs of local infection (more redness and swelling around the wound than is usual) but you don't have signs of a general infection, such as a fever, your doctor will probably suggest antibiotic cream that you apply to the area of the wound.

Good nutrition

If your doctor or nurse thinks you aren't getting enough good nutrition he or she might offer some advice on nutrition or recommend that you see a dietitian.

They might also suggest that you take nutritional supplements. Getting the right nourishment makes it much easier for wounds to heal.

Surgery

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If you have a deep wound that doesn't seem to be healing your doctor might recommend surgery to close up the wound.

What will happen to me?

If you discover pressure sores early there's a good chance you can stop them getting worse.

Most pressure sores heal eventually. But large pressure sores can be hard to treat and can take time to heal. You might need to spend many months being nursed in the hospital or at home.

If you have had a pressure sore your doctor or nurse should advise you about how best to avoid it happening again.

Pressure sores usually affect just the skin. But, rarely, pressure also damages deeper tissues such as muscle. If these tissues die a deep wound appears that may go down as far as the bone. If this happens your doctor might recommend surgery.

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