Decubitus Ulcers

Decubitus ulcers are also called bedsores or pressure ulcers. These develop in patients who are confined to bed rest for long periods. Areas of the skin that are under pressure loose their normal blood supply and can break down. The heel, elbows, buttocks, and back are the most vulnerable areas. At first the area may only be red. Then blisters form. Finally an ulcer develops which may go all the way down to muscle and bone if the pressure is not relieved.

Friction of the skin on bed sheets is part of the problem. So is wetness from sweating or incontinence. Pressure sores are common in patients with neurologic conditions that reduce muscular or sensory functions. Strokes, spinal injuries, neuropathy from diabetes, anemia and poor circulation are all causative factors. **Bedsores are prone to getting infected. If the ulcer is red, has a foul odor with pus drainage, or becomes tender, an infection is very likely. This requires immediate medical attention.**

Bedsores affect 10-20% of all hospital and nursing home patients. Most of these can be prevented by simple measures. These include changing position every few hours and using an egg-crate foam mattress and pillows to take the pressure off potential problem areas. Sheepskin boots and elbow pads can help reduce friction also. The skin should be cleaned carefully with gentle soap and kept dry. Daily exercises, a good diet, and avoiding toxic chemicals on the skin all help. Good nutrition and daily skin inspections are also important. Special ointments and dressings are now available to promote healing. Sometimes surgery is needed for extremely bad bedsores.

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