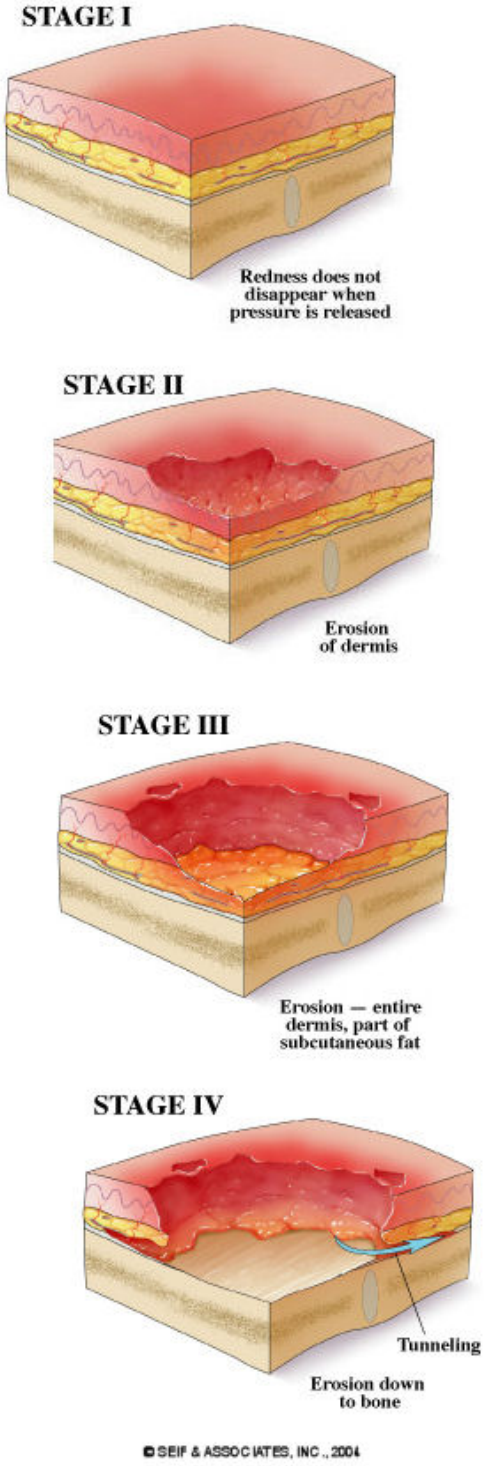
Decubitus Ulcers (Bedsores, Pressure Sores)

A decubitus ulcer is a bedsore, pressure sore or pressure ulcer. This is an area of skin breakdown that exposes deeper layers of tissue. It develops in areas of the body where there is unrelieved pressure. It is usually found over a boney area (such as shoulder blades, spine, lower back, hips, knees, ankles, and heels).



CAUSES

When you sit or lie down, the weight of your body is supported by skin-covered tissue that is in contact with the chair or bed. If you sit or lie in certain positions, sharp or prominent areas of bone may pinch your tissue and skin between itself and the chair or bed. If you do not move for a period of time (sometimes as little as 2 hours), the skin and underlying tissue may not get enough oxygen. This tissue can rapidly become damaged and actually begin to die. This is a decubitus ulcer.

Anyone confined to bed or any position for long periods of time can develop a decubitus ulcer. The inability to move (*immobility*) is an important factor in the development of pressure ulcers. The elderly and people who are paralyzed and cannot walk or move on their own (*paraplegics/quadraplegics*) are at higher risk. Other factors that can cause decubitus ulcer formation are:

- Movement parallel to the supporting surface (*shearing force*).
- Rubbing (*friction*).
- Moisture (especially incontinence of urine or stool).
- Poor nutrition.
- Poor blood circulation.
- Neurologic disease (such as stroke, dementia, neuropathy).
- Other diseases such as diabetes, heart disease, hip fracture.

SYMPTOMS

A decubitus ulcer starts out as an area of redness over a boney prominence. It may or may not be tender or painful. The skin may then open (*ulcerate*) and become sore and red (*inflamed*). Deeper tissue, including fat, muscle, tendon, or bone, may be visible. The wound may become pus-like (*purulent*) with a foul smelling drainage. The damage may progress very quickly from red skin to deep open sore.

DIAGNOSIS

Your caregiver will diagnose your decubitus ulcer based on its appearance. Hospital nurses and aides are trained to spot these sores early. They will alert your caregiver. Your caregiver may determine the degree of severity (*stage*) of your decubitus ulcer. Your caregiver may request special tests to assess for infection, assess your circulation, or check for other diseases (such as diabetes).

TREATMENT

Treatment of your decubitus ulcer begins with an assessment of severity (*staging*). This helps determine treatments necessary. Your treatment team may include your caregiver, a wound care specialist (a nurse with special training in treating skin wounds), a nutritionist, or a surgeon. Treatments include:

- Movement or switching of the sitting or laying positions every one to two hours.
- Precautions to keep pressure off all areas of the body. This may include special beds or mattresses to shift your body weight and pressure points frequently, in as comfortable a fashion as possible.
- Improving your nutritional state.
- Careful care of the open wound. This may include use of special solutions or dressings.
- Treatment of any infection present.
- Removal of any tissue around open wounds which becomes dead (*necrotic*).
- Application of a vacuum device.
- More severe cases may require surgery and sometimes skin grafts.

Decubitus ulcers are a major health problem. New treatments are being developed and evaluated, such as hyperbaric oxygen, maggot therapy, and UV and laser light therapy.

HOME CARE INSTRUCTIONS

- Follow the care plan that started in the hospital. Be sure you understand all instructions for caring for your wound. Ask questions!
- Avoid staying in the same position for more than 2 hours. Use padding, or special devices or mattresses as instructed, to cushion your pressure points.
- Eat well. Take nutritional supplements and vitamins as directed.
- Keep your follow up appointments.
- Use pain medicines as directed.

SEEK MEDICAL CARE IF:

- Your decubitus ulcer does not appear to be improving.
- You do not know how to care for your decubitus ulcer.
- You notice other areas of redness on your skin.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is increasing redness, swelling, or pain in the wound.
- Increased pus is coming from wound.
- An unexplained oral temperature above 100.4° F (38° C) develops.
- You notice a foul smell coming from the wound or dressing.
- A previously closed or healed area of skin opens up again. This includes any area closed with stitches (*sutures*).

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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