

Pressure Ulcers

If you spend a long time sitting or lying down in one position you could be at risk of developing pressure ulcers. But there are ways to avoid them - and prevention is better than cure.

A pressure ulcer (also called a pressure sore or bed sore) is an area of the skin or underlying tissue that is dead or dying because blood has stopped flowing properly to the area. If they do occur, they should be treated as soon as possible. Left untreated, pressure ulcers can cause serious problems.

You might also find two other MS Society factsheets useful: *Posture and movement 1 - an introduction* and *Posture and movement 2 - moving well with MS*. Both these and the other booklets mentioned in this factsheet are available at www.mssociety.org.uk or call the MS Society Shop on 020 8438 0999.

Who is at risk?

You are more at risk of developing a pressure ulcer if you find it difficult to move or to change position regularly, or if you are unable to feel the sensation of pressure building up. Wheelchair users, those who spend a lot of time in bed and older people are most at risk. An MS relapse, which might suddenly cause reduced sensation or difficulty moving, can also put you at risk of developing pressure ulcers.

There are other factors, some of which are MS-related, which could increase your risk - these are outlined on the next page.

How are they caused?

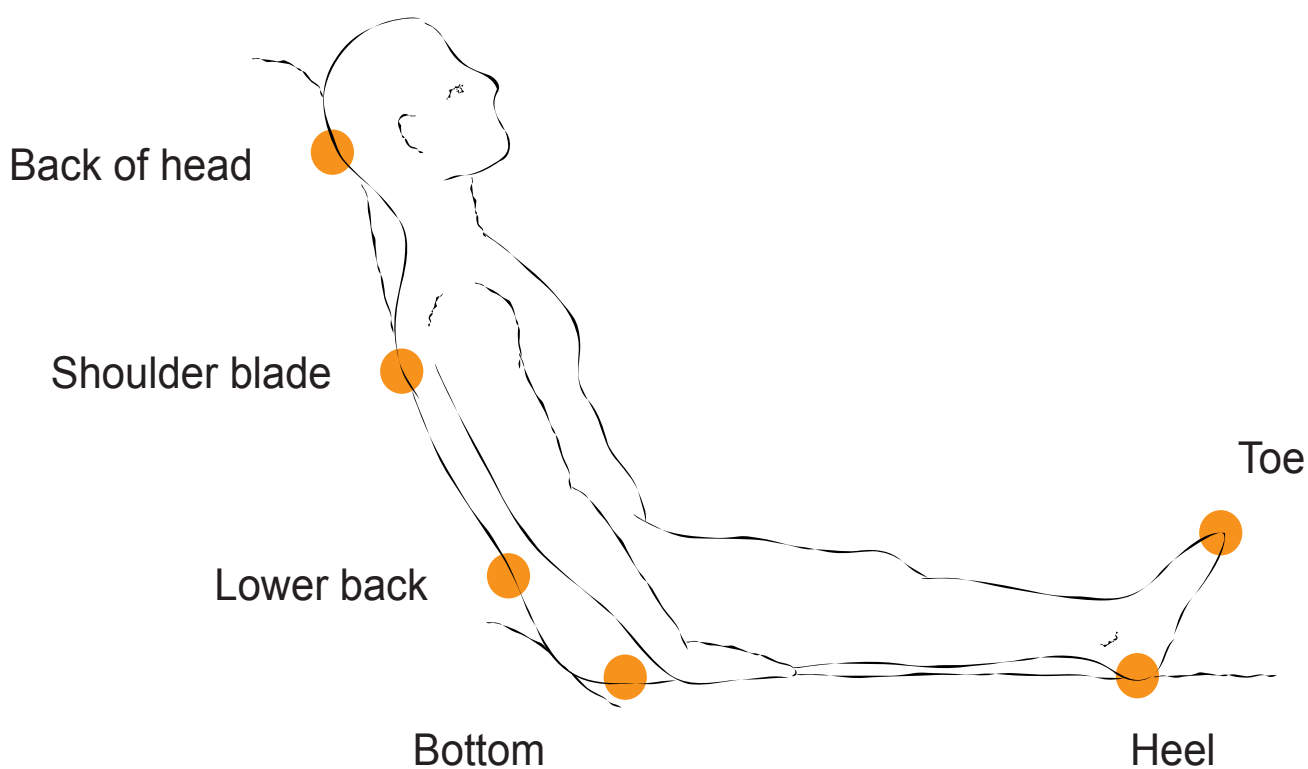
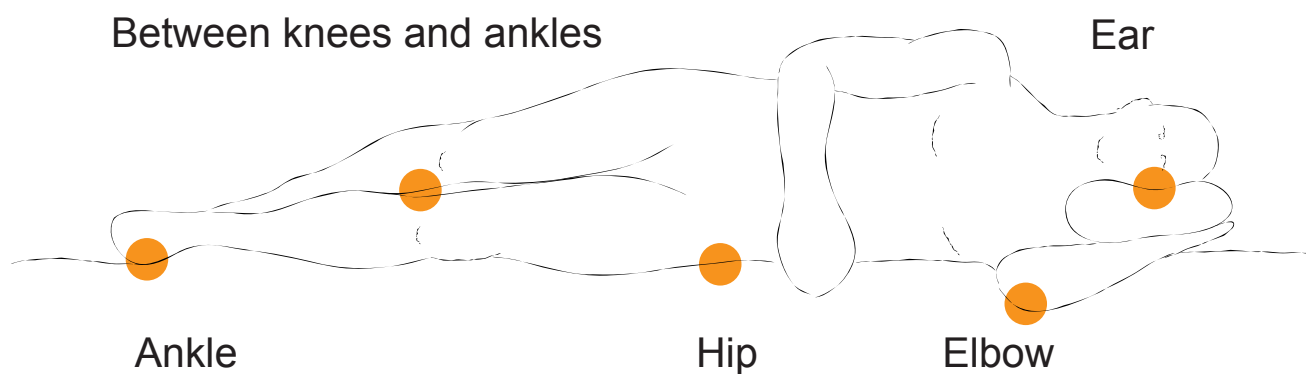
Pressure ulcers can develop in a number of ways. The most common is when you rest on a small bony

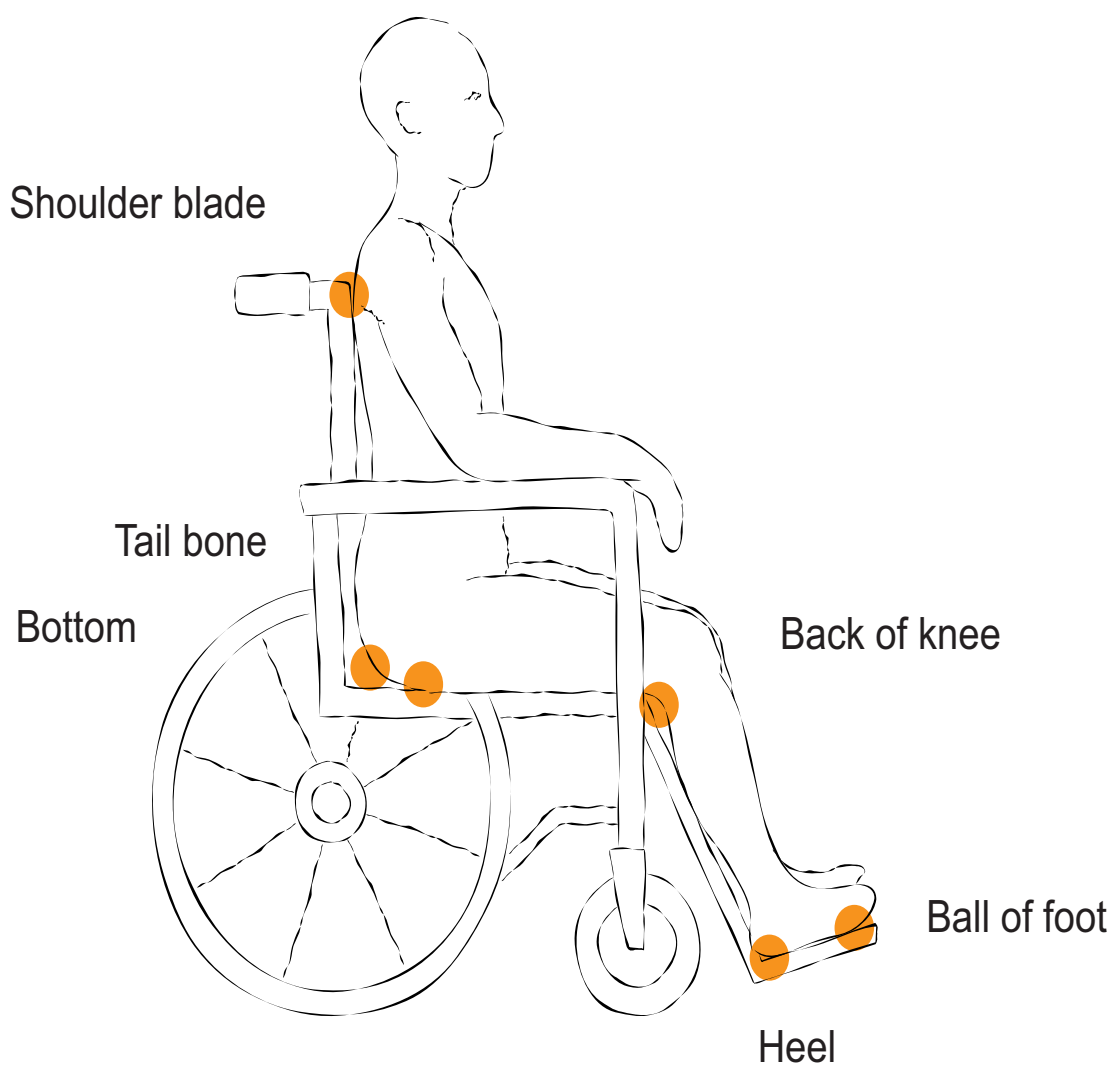
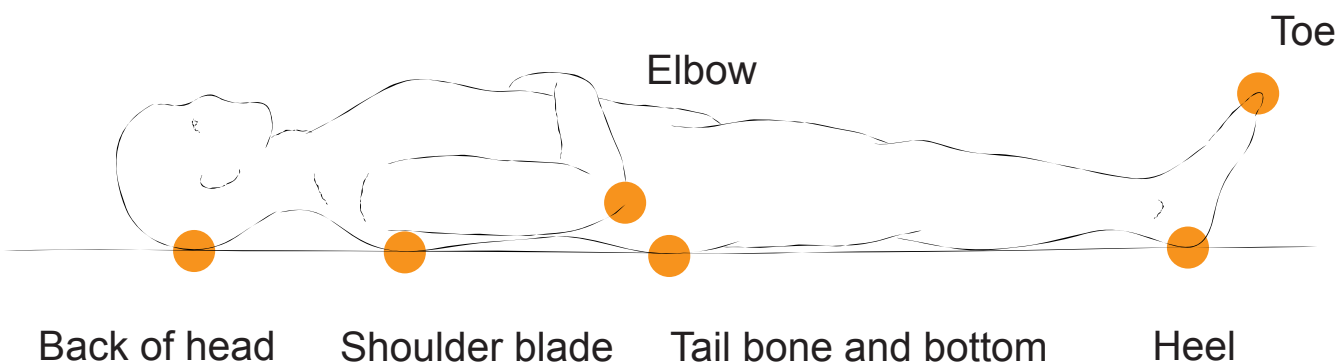
area without moving for a prolonged period of time. But it can take as little as 20 minutes for pressure damage to start to develop.

The pressure of your body weight on a small area of skin stops the blood flowing properly through that area. If you spend a lot of time sitting down or in a wheelchair, almost half your body weight is supported by just the sitting bones (the bones in your buttocks) and the area surrounding it. As a result, this small and particularly vulnerable area of your body is exposed to a great deal of pressure. Other parts of your body at greater risk of ulcers include your heels and the back of your head. The diagrams on the next page show where people tend to get ulcers

Other factors which might contribute to an ulcer forming:

- **Shearing** - This is when layers of skin are forced to slide over each other or over deeper tissue. It can be caused by sliding down or being pulled up a bed or chair.
- **Transfers** - Moving from a bed to a chair, for example, can also shear the skin and cause damage, so it is important to take care to avoid knocking or dragging your body.
- **Friction** - This can happen when clothing rubs against the skin and removes the top layer of skin. This can be caused by poor lifting and moving techniques.
- **Numbness** - MS can sometimes cause changed sensations or a loss of feeling in certain areas. This might mean that you can't feel the sensation of pressure building up, so you don't change position to relieve the pressure.





- **Pain** - If your MS causes you a lot of pain, you may be reluctant to change position for fear of triggering more pain - and therefore pressure can build up.
- **Dampness** - This may be caused by sweat, a weeping wound or incontinence, and it can make skin more vulnerable to damage. For more information on incontinence see MS Society booklets *Managing bladder problems* and *Managing the bowel in MS*. You can also seek advice from a continence nurse or from the Bladder and Bowel Foundation (see page 7).
- **History** - If you have had pressure ulcers before, any scar tissue from the previous one will be weaker and more prone to further damage.
- **Diet** - A poor diet might increase your risk of developing a pressure ulcer. Losing too much weight could lead to loss of padding over bony points. Not drinking enough water could lead to dehydration affecting the skin. For more information on diet and MS, see the MS Society booklet, *Diet and nutrition*.

What are the first signs of pressure damage?

The skin looks different:

- red patches if you have light skin, or purplish/bluish patches if you have dark skin
- swelling
- blisters
- shiny areas
- dry patches
- cracks, calluses, wrinkles

The skin feels different:

- hard areas
- warm areas
- swollen skin over bony points

Spotting the first signs of pressure damage if you have dark skin can be quite difficult. If you have dark skin, look out for patches that are a different colour, or that feel harder or warmer than the skin around it.

How to avoid getting pressure ulcers

There are a number of things you can do to prevent pressure ulcers from forming. You may want someone to help you with some of these. A nurse can advise both you and your carers.

Movement

If you spend a lot of time in a wheelchair or sitting down, try to lift your bottom off the chair every 20 minutes if you can, and change the position of your legs. This allows the blood to flow normally for a few seconds, which is all it needs. If it is too difficult to lift your bottom, then try a change of position: leaning forwards or rolling from one side to the other. Ask your MS nurse or district nurse for advice on how often you should be doing this.

If you are in bed, you may find a turning clock or chart useful to help you establish an effective turning routine. You will need to change position at least once every two hours.

If you find it hard or impossible to move yourself regularly, it is important that carers can regularly move you to relieve pressure.

Relieving pressure

There are many items available, such as cushions, pads and mattresses, to help with relieving pressure. If you are a wheelchair user and your wheelchair is provided by the NHS, wheelchair therapists should assess you for any cushions or other accessories that you may need.

Your occupational therapist, physiotherapist, MS nurse or district nurse can also advise you on what is available and what would be most suitable for you. There is also a factsheet available from the Disabled

Living Foundation called Choosing pressure relief equipment (see page 7 for contact details).

The evidence suggests that these items can all be equally effective. So you should use the one that's best suited to your needs and is most comfortable for you. The MS Society may be able to provide a grant towards the cost of pressure relieving items, provided that you have been assessed as needing them and there is no other source of funding available. For more information contact the Grants team on 020 8438 0700 or email grants@mssociety.org.uk.

Correct posture can also help to relieve pressure. Sitting in a slumped position can create pressure on the large bone at the base of your spine (the sacrum), which can lead to shearing. To avoid slumping, make sure that your seat isn't too long or too high. Sitting with your knees higher than your hips can also create extra pressure on your sitting bones - so make sure that your seat isn't too low.

Diet

A healthy and balanced diet containing adequate amounts of protein (found in meat, fish and dairy products), vitamins and minerals can help both with the prevention and healing of pressure ulcers. Vitamin C and zinc both help wound healing. Bread, rice and pasta can help to keep the muscles healthy. Iron-rich food such as spinach and liver will help the blood carry oxygen around the body to the cells.

Drinking plenty of fluids helps to keep the skin supple and hydrated. If you are a vegetarian, it's important to eat high-protein alternatives to meat. Cheese, yoghurt, peanut butter, custard, beans and nuts are all good sources of protein. A dietitian or MS nurse can help you find ways to get these nutrients into your diet even if you are restricted in what you can eat.

Smoking

If you smoke, giving up is one of the most effective ways of preventing pressure ulcers. Smoking reduces the levels of oxygen in your blood as well as

weakening your immune system, which increases your risk of developing pressure ulcers.

What to do if a pressure ulcer is developing

Clothing

Avoid clothes that are too tight or have hard seams, zips or buttons that might cause pressure. Making sure your shoes fit well can also help.

Protection from moisture

If you have problems with incontinence, the most important protection is to clean the skin and change damp clothing straight away. This avoids wetness or bacteria on the skin.

A 'once over', twice a day

You or your carer (if you have one) should regularly check your skin all over, looking for signs of possible or actual damage, such as redness or changes in the skin. Ideally, this should be done once a day, twice if possible: morning and night. Your MS nurse can teach you, or your carer, how to do this.

Following the steps above can be very effective in preventing pressure ulcers, but if one develops it needs to be treated promptly. Pressure ulcers can very quickly develop into serious wounds, particularly if left untreated. A pressure ulcer can extend through the skin, exposing the fat underneath or - in serious cases - the bones or muscles. Good management of a pressure ulcer at an early stage can prevent weeks or sometimes months of treatment.

If you find a red patch and it disappears quickly after you have eased the pressure in that area, there is no cause for alarm. But if the red colour remains, this could be the first sign of an ulcer developing. Try not to put any further pressure on it and contact your district nurse or GP.

Treating pressure ulcers

If a pressure ulcer has developed, the following steps will help you to manage it:

- Keep the area clean and free of dead tissue, to allow it to heal. Your doctor or nurse can show you how to do this.
- Try to avoid putting any further pressure on the affected area.
- Cover the ulcer with a suitable dressing. There are a number of different dressings available so your GP or district nurse should assess the ulcer to see which one would be best.
- Remember to always wash your hands (or remind the person who is changing the dressing to wash their hands) before cleaning the ulcer and changing the dressing.
- If the ulcer becomes infected, it will need to be treated with antibiotics, as an infection in a pressure ulcer can be serious. Signs of infection can be redness around the edge of the ulcer, warm skin, large amounts of greenish fluid from the ulcer, odour or a fever. If only the ulcer itself is infected, an antibiotic ointment can be put on the ulcer. When bone or deeper tissue is infected, intravenous antibiotics (given as an injection) will be required.

Holistic approach

It is important to treat pressure ulcers holistically, to consider the whole body and environment, not just the ulcer. This can include many of the things already covered in this factsheet, including positioning, the use of pressure relieving equipment, moving and handling techniques, and appropriate diet and fluid intake. It can also cover a review of any medications you take, general hygiene and continence. Your district nurse or GP will be able to help with this.

Tissue viability nurses

Tissue viability nurses specialise in the care of people with wounds and skin problems. If you are concerned about pressure ulcers, either because

you think one is developing or you already have one, you can ask your GP or district nurse for a referral.

Hospital stays

If you are admitted to hospital for any reason, the staff should take every measure to prevent pressure ulcers.

The NICE guideline Pressure ulcer management outlines what you should expect (available to download from www.nice.org.uk/CG29, or in hardcopy by calling 0845 003 7783 or by emailing publications@nice.org.uk).

Staff should make sure that all patients, whether in a bed, chair or wheelchair, change position or are repositioned regularly to prevent a pressure ulcer from developing.

If you are at risk of developing a pressure ulcer, or if one does develop, you should request specification foam mattresses, dynamic air loss systems or cushions with pressure-reducing properties.

This should be combined with close observation of skin changes and a properly recorded timetable for positioning and repositioning. You should change your position, if you can, or be re-positioned frequently.

If you are unable to move yourself, health care staff should consider 'passive movement' - moving parts of your body for you. If they don't do this, you or your carer (if you have one) can speak to the health care staff involved in your care to make sure that you are not left in one position for too long.

If you are concerned about pressure ulcers while you are in hospital, you can ask to be referred to a tissue viability nurse. If you have developed a pressure ulcer while in hospital and feel it's because of the standard of care you've received, you can complain. There's more information about how to make a complaint in the MS Society booklet Getting the best from health care services.

Useful organisations

The Bladder and Bowel Foundation

Runs a helpline staffed by specialist continence nurses and lists local NHS specialist continence services.

Telephone 0845 345 0165

www.bladderandbowelfoundation.org

Disabled Living Foundation (DLF)

The DLF publishes a database of disability equipment, including clothing and pressure-relieving items.

Telephone 0845 130 9177 (weekdays 10am-4pm)

www.dlf.org.uk

NHS online and telephone advice

England and Wales

Telephone 0845 4647

www.nhsdirect.nhs.uk (England)

www.nhsdirect.wales.nhs.uk (Wales)

Scotland

Telephone 08454 24 24 24 (out of hours service only)

www.nhs24.com

PURSUN UK

PURSUN UK (Pressure Ulcer Research Service User Network for the UK) is a network of service users, patients and carers who work together to ensure that pressure ulcer research is relevant to the public and is carried out in an ethical and respectful way.

Telephone 0113 343 8609

www.pursun.org.uk

REMAP

Can provide free, one-off technical aids to help disabled people of all ages to enjoy a better lifestyle.

England, Wales and Northern Ireland

Telephone 0845 130 0456

www.remap.org.uk

Scotland

Telephone 01294 832566

www.remap-scotland.org

Ricability

Reports on a range of products and services for disabled people.

Telephone 020 7427 2460

Textphone 020 7427 2469

www.ricability.org.uk

About this resource

Thanks

With thanks to Michael Clark and Pauline Shaw and all the people affected by MS who contributed to this resource.

Disclaimer: We have made every effort to ensure that the information in this publication is correct. We do not accept liability for any errors or omissions. The law and government regulations may change. Be sure to seek local advice from the sources listed.

Let us know what you think

If you have any comments on this information or on the work of the MS Society, please send them to resources@mssociety.org.uk, or you can complete our short online survey at www.surveymonkey.com/s/MSresources

References

A list of references is available on request, and all cited articles are available to borrow from the MS Society library (there may be a small charge). Contact the librarian on 020 8438 0900, or visit www.mssociety.org.uk/library

© Multiple Sclerosis Society, Second edition??, August 2015.


This title will be reviewed within three years of publication.

FS08/0815

Further information from the MS Society

Library

For more information, research articles and DVDs about MS, contact our librarian.

 020 8438 0900

 librarian@mssociety.org.uk

 www.mssociety.org.uk/library

Resources

Our award winning information resources cover every aspect of living with MS.

020 8438 0999


shop@mssociety.org.uk

www.mssociety.org.uk/publications

Helpline

The Freephone MS Helpline offers confidential emotional support and information for anyone affected by MS, including family, friends and carers.

Information is available in over 150 languages through an interpreter service.

 0808 800 8000 (weekdays 9am–9pm)

 helpline@mssociety.org.uk


The Multiple Sclerosis Society

More than 100,000 people live with multiple sclerosis in the UK. Every one of them shares the uncertainty of life with MS. We're funding research and fighting for better treatment and care to help people with MS take control of their lives.

With your support, we will beat MS.


Contact us

MS National Centre

 020 8438 0700

 info@mssociety.org.uk

MS Helpline

 Freephone 0808 800 8000
(weekdays 9am-9pm)

 helpline@mssociety.org.uk


Online

 www.mssociety.org.uk

 www.facebook.com/mssociety

 www.twitter.com/mssocietyuk

MS Society Scotland

 0131 335 4050


 msscotland@mssociety.org.uk

MS Society Northern Ireland

 028 9080 2802

 nireception@mssociety.org.uk

MS Society Cymru

 020 8438 0700

 mscymru@mssociety.org.uk

The MS Society provides this information free of charge but if you would like to help cover the cost, which will help towards our essential work, please call 0800 100 133 or visit the fundraising section of our website to make a donation. Anything you can give will be greatly appreciated.

Multiple Sclerosis Society

Registered charity nos 1139257/SC041990. Registered as a limited company in England and Wales 07451571



Registered with
**FUNDRAISING
REGULATOR**