Factsheet

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 Information Team on 020 8438 0799.

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.
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. 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.

There are also 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 uncomfortable 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).
How to avoid getting pressure ulcers

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, leading to malnutrition, 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 chart or clock useful to help you establish an effective turning routine.

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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 good balanced diet can help with both the prevention and healing of pressure ulcers. Drinking plenty of fluids helps to keep the skin supple and hydrated. 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. Vitamin C and zinc both help wound healing, as does an adequate supply of protein (found in meat, fish and dairy products).

A diettian 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.
Clothing
Avoid clothes that are too tight or have hard seams, zips or buttons that might cause pressure. Shoes that fit well, with the feet put in properly, 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 or district nurse can teach you, or your carer, how to do this.

What to do if you think a pressure ulcer is developing
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. Keep a close watch on this area and try not to put any further pressure on it. You should also 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 for pressure ulcers, 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.

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**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 have access to appropriate pressure relieving equipment. These include high
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

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 UK Information Team, or visit www.mssociety.org.uk/library

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MS Helpline
The MS Helpline offers confidential emotional support and information to anyone affected by MS, including family, friends, carers, newly diagnosed or those who have lived with the condition for many years. Calls can be made in over 150 different languages, via an interpreter. Call freephone 0808 800 8000 (weekdays 9am-9pm, except bank holidays) or email helpline@mssociety.org.uk

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Suggestions for improvement in future editions are welcomed. Please send them to infoteam@mssociety.org.uk

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