Pressure ulcers

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 you spend a long time sitting or lying down in one position you could be at risk of pressure ulcers.

With pressure ulcers, prevention is better than cure. There are a number of measures you can take to prevent one from developing. But 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 Essentials Factsheets useful: *Posture and movement 1 - an introduction* and *Posture and movement 2 - moving well with MS*. Both these and the other free publications mentioned in this factsheet are available at www.mssociety.org.uk/publications or call the Information Team on 020 8438 0799.

Who is at risk?

If you are unable to move or to change position regularly, a pressure ulcer can quickly develop. Older people, wheelchair users and those who spend a lot of time in bed are most at risk. People living with incontinence are also at higher risk, as prolonged exposure to moisture can irritate the skin and make it vulnerable to damage. You could also be at risk if you have reduced sensation - when you cannot feel the discomfort that would tell you that pressure is building up.
Pressure ulcers can develop in a number of ways. The most common is when you rest on a small bony area for a prolonged period of time, although it can take as little as 20 minutes for pressure damage to start to develop. The extended pressure of 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.\(^1,2,3\)

There are also other factors which can damage the skin and might contribute to an ulcer forming:

- Sliding down, or being pulled up, a bed or chair can lead to shearing (rubbing). This is when layers of skin are forced to slide over each other or over deeper tissue. 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, which can happen when clothing rubs against the skin, can remove the top layer of skin. This can be caused by poor lifting and moving techniques.

- MS can sometimes cause changed sensations or a loss of feeling in certain areas. This might mean that someone cannot feel the uncomfortable sensation of pressure building up and doesn't change position to relieve pressure.

- Dampness caused by incontinence, sweat or a weeping wound can make skin more vulnerable to damage. For more information on incontinence see MS Society publications 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).

- If you have had pressure ulcers before, any scar tissue from the previous one will be weaker and more prone to further damage.

- During a relapse a person with MS may suddenly develop reduced sensation or difficulty moving. As a result, they may be at greater risk from pressure ulcers than at other times.
What are the first signs of pressure damage?

- A poor diet might cause you to be malnourished. Not drinking enough water could lead to dehydration affecting the skin. Losing too much weight could lead to loss of padding over bony points. For more information on a balanced diet, see the MS Society publication, Diet and nutrition.

The skin looks different:

- red patches on light-skinned people, or purplish/bluish patches on dark-skinned people. The area may also become light, dry, flaky, or ashy.
- swelling
- blisters
- shiny areas
- dry patches
- cracks, calluses, wrinkles

The skin feels different:

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

How to avoid getting pressure ulcers

There are a number of different things that you can do to prevent a pressure ulcer 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 (that's 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. Change the position of your legs at the same time. Seek advice from your MS nurse or district nurse about 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.
Relieving pressure
There are many items available, such as cushions and pads, 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).

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.4

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

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 dietitian can help you find ways to get these nutrients into your diet even if you have restrictions on 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
The most important protection is to clean the skin and change damp clothing straight away if incontinence is a problem. This avoids wetness or bacteria on the skin.
A ‘once over’, twice a day
You or your carer 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 how to do this. Training can also be given to your carer, if you have one.

Early signs
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.

If you notice any marks as described above, or if there is any sign of pressure damage, contact your district nurse or GP. Pressure ulcers can 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.

Holistic approach
It is important to treat pressure ulcers holistically, to ensure proper care. This means focusing on 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 medications review, general hygiene and a continence review. Your district nurse or GP will be able to help with this.

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 to refer you to a tissue viability nurse. These nurses specialise in the care of people with wounds and skin problems.
Treatment for pressure ulcers

Following the steps above can be very effective in preventing pressure ulcers, but if one develops it must be kept clean and free of dead tissue in order to heal. Your doctor or nurse can show you how to do this. You should also try to avoid putting any further pressure on the affected area.

Pressure ulcers should be kept covered with a suitable dressing. The ulcer will be assessed by a health care professional to see which dressing 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.

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 a pressure ulcer does develop, you should have access to appropriate pressure relieving equipment, designed to spread your weight over a larger surface area, 24 hours a day. 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 'actively mobilise' - change your position 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 you are concerned about pressure ulcers while you are in hospital, you can ask to be referred to a tissue viability nurse.

References


Who can help?

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
www.nhs24.com

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

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

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
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If you don't have access to a printer and would like a printed version of this factsheet, or any other MS Society publication or DVD, call the Information Team on 020 8438 0799 (weekdays, 9am-4pm) or email infoteam@mssociety.org.uk

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

Authors and contributors

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

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