For any further advice, or to discuss any concerns, do not hesitate to contact:

Spinal Outpatient Services on 01296 315829
or
St Patrick Ward on 01296 315812
we will be pleased to help you.
A PRESSURE ULCER – FOLLOWING SPINAL CORD INJURY

You have been advised that you may need surgical treatment of a pressure ulcer. This leaflet is to help you understand how you can help yourself before admission to hospital and what will happen once admitted to hospital.

What is a Pressure Ulcer?

A pressure ulcer develops when continuous unrelieved pressure is applied to any tissue of the body, but usually occurs over a bony prominence. If the pressure in the tissue is greater than the blood pressure then no blood can flow through the tissue. The tissue is then starved of oxygen and waste products will not be carried away. After prolonged pressure the cells of the tissue will die and a pressure ulcer will develop. They are often called pressure ulcers or bedsores.

Without complete relief of pressure the pressure ulcer develops further and becomes larger and deeper. Large deep pressure ulcers often need surgical intervention to clean and close them. Without this treatment you may become ill with sepsicaemia (bacteria in the bloodstream) or develop destruction of the bone below the pressure ulcer due to infection.

To help the pressure ulcer be in the best possible state leading up to hospital admission and surgical treatment we recommend the following:

1. The use of prescribed/recommended wound care products to help clean the wound and encourage granulation (new healthy tissue). We strongly recommend a District Nurse is involved with this dressing so as to assess the wound regularly, with the intervention of Spinal Outpatient Services if required.

2. Good hygiene of the whole body, including the pressure ulcer, if possible. We suggest the pressure ulcer is cleaned gently with soap and water in the shower prior to dressing it.

3. Reduce pressure over the affected area as much as possible. District Nurses may be able to provide a more protective mattress and wheelchair services may be able to provide a more protective cushion for the periods of time that are needed to be spent sitting if the ulcer is in the seating area. Do not sit on the affected area if you can lie down but do not lie on the affected area.

4. Try to eat a healthy and well balanced diet, preferably high in protein. This can be difficult when resting in bed. If possible ask a friend or family member to help with shopping and cooking.

What to Expect

The surgical procedure may involve an anaesthetic depending on your level of injury, and will be carried out in the operating theatre. The pressure ulcer may be debrided (cleaned) by cutting away the dead tissue and then may be closed by surgical procedure; these two procedures are not necessarily done at the same time, as time may be needed to rest the wound.

After closure of a pressure ulcer you will stay on complete bed rest for three weeks. You will then start to get up for short periods and gradually increase the time spent up. Your seating and posture will be reviewed by a therapist in the seating and posture clinic.

The length of time spent in hospital for a clean wound is approximately 4 weeks. If the wound is not clean the length of time is extended depending on the severity of the wound and could be up to 3 months.