Pressure ulcers – the basics
Slater and Gordon Lawyers are one of the country's leading claimant personal injury law firms, recovering millions of pounds worth of compensation for accident victims every year. We are experts in securing the maximum amount of spinal cord injury compensation and getting rehabilitation support as quickly as possible.

Slater and Gordon Lawyers understand the sudden change in lifestyle caused by an injury to the spinal cord and the immediate strain this places on finances. That is why with Slater and Gordon Lawyers on your side, a No Win, No Fee (Conditional Fee) agreement can enable you to get the support and financial compensation you need to live with a spinal cord injury, not only in the short term, but also to provide for your future needs.

Every spinal cord injury claim is different and the amount of compensation paid will vary from case to case. We will however give you an accurate indication at the earliest stage as to how much compensation you could expect to receive, to help you plan for your future.

Slater and Gordon Lawyers have a specialist team dedicated to pursuing compensation claims on behalf of those who sustain spinal cord injury in all types of accident, be it a road traffic collision, an accident in the workplace or whilst on holiday or travelling in a foreign country. Our expert solicitors provide total support for our clients, particularly at times when they may feel at their most vulnerable. We approach each case with understanding and sensitivity.

Where possible, we will seek to secure an interim payment of compensation to relieve financial pressures and cover immediate expenses. We can also provide advice on long-term financial planning and rehabilitation.

Contact Slater and Gordon Lawyers for a free consultation. We will be happy to help you. Freephone 0808 175 8105 or visit our website at www.slaterandgordon.co.uk

Slater and Gordon Lawyers are proud to be a Diamond Corporate Sponsor of the Spinal Injuries Association and a wider supporter of their services. By supporting the SIA, we understand the need to raise money which will go towards funding SIA's key services such as their Advice Line, website and peer support in the spinal injury centres, hospitals and wider community.
WHAT IS SIA?

SIA is the national organisation for people with spinal cord injuries and their families. If you, a relative or friend is paraplegic or tetraplegic, or you are interested in our work, why not join us? Membership is free of charge and all new UK members will receive a year’s free subscription to SIA’s bi-monthly magazine Forward. An annual subscription to Forward is £20.00.

We also circulate a bi-monthly email newsletter, ‘e-clips’ to all who subscribe while our popular interactive website offers Chat Rooms and a Message Board as well as hundreds of pages of useful information.

We produce a wide range of publications (available to purchase) which deal with all aspects of living with spinal cord injury, e.g. books on bowel and bladder management, sexuality, publications for health care professionals, as well as sports opportunities. We also have an extensive series of Factsheets on a wide range of topics, and, for those pursuing a compensation claim; we publish a Directory of Personal Injury Solicitors.

Our Advice Line is accessible by e-mail, fax, post and telephone and provides accurate and up-to-date information on subjects including welfare advice, specialist equipment, legal rights etc as well as health related topics. We run an employment service, Workwise, for those wishing to return to employment or take up retraining or volunteering. Our Health and Ageing projects both work to improve the quality of life of spinal cord injured people and can be accessed via the Advice Line. Externally, our Peer Support Service, staffed by spinal cord injured people, operates at the Spinal Injuries Centres in England, Wales and Northern Ireland.

SIA also actively campaigns on vital issues affecting the everyday lives of disabled people, set out in our manifesto ‘Campaigning for Change’. We are represented on major voluntary and statutory bodies and our own Governing Board is composed of spinal cord injured people. We have our own state-of-the-art premises, SIA House, which combines the twin principles of inclusive design and accessibility and from here we run the only specialist spinal cord injury Library in the country.

To find out more, or join us, please write to us at:

Spinal Injuries Association, SIA House, 2 Trueman Place, Oldbrook, Milton Keynes MK6 2HH or contact us on:

Tel: 0845 678 6633 (General Office – 9-5)
0800 980 0501 (Freephone Advice Line (9.30-1pm & 2pm– 4.30pm)
Fax 0845 070 69211
Website: www.spinal.co.uk
E-mail: sia@spinal.co.uk
Pressure Ulcers – the basics

Pressure ulcers are one of the major complications of spinal cord injury and it is a topic you will be reminded of time and again. It’s easy to become complacent about checking your skin every day but the consequence of weeks, even months on bed rest, missing out of your daily routines, work, social life etc. are enormous.

A Pressure Ulcer develops when continuous unrelieved pressure is applied to any tissue of the body, but usually occurs over a bony prominence. The pressure prevents blood flowing through the tiny blood vessels which then starves the tissue of oxygen and creates a build up of waste products, creating a red mark. Once a red area is noticed, you need to adopt a ‘stitch in time’ mentality.

Preventative Measures

- Lifting / pressure relieve regularly (some people may need to pressure relieve every 20 minutes, others can last much longer, but over time you will know the tolerance levels of your skin) Some common examples of pressure relief are illustrated below:

  - Leaning from side to side
  - Lifting
  - Leaning forward

- Avoid shearing and damage to the skin during transferring (shearing occurs when the skin and underlying bone move in different directions)

- Checking skin before getting up and on return to bed, (once or twice per day), must become part of your daily routine

- Correct position in the wheelchair – maintaining good posture helps keep the pressure evenly distributed

- Clothing – not too tight and avoid putting objects such as keys, in pockets

- Keep your skin dry – good reliable continence regime help avoid leaking / ‘accidents’

- Treat very dry skin with moisturizers

- Keeping weight stable – not too heavy, not too thin

- Diet – well balanced and best quality food you can afford – plenty of protein for tissue repair

- Keep hydrated – try to drink 2-3 litres of fluids per day
• Take extra care of your skin during and immediately after an illness
• Correct equipment – seat evaluation – OT assessment
• Maintaining equipment – especially your wheelchair and cushion
• Replace your mattress when it is no longer doing the job it is supposed to
• Be aware that other conditions such as diabetes and anaemia can affect the skin and make it more susceptible to breaking down
• Beware the demons - smoking, inactivity and depression (depression can lead to degrees of self-neglect).

Are you at Risk?
You needn’t be. Don’t be one of the estimated 80% of SCI people who develop a pressure ulcer in their lifetime.

You are more at risk if you are:

• Being treated in a District General Hospital
• Either end of the age scale
• Going through a major lifestyle change i.e. relationship / work related
• Readmitted to hospital and spend long periods on bed rest – e.g. after an operation
• Suffering from depression or a major illness or long term condition such as diabetes.

An SIA member injured in his twenties, told me – just because you’ve never had a pressure ulcer in 40 years doesn’t mean you won’t succumb. Ageing brings many physical changes which makes you more susceptible.

What are the main tell tale signs
• Redness, bruising, swelling, shiny area, hot spots/areas
• Blisters, cracks, dryness
• Pain – if you have sensation.

Consequences of a Pressure Ulcer – A True Story!
Scar tissue forms after a pressure ulcer and this skin / area will, in future, be more vulnerable to breaking down. SIA member Brian demonstrates this perfectly below.

At the beginning of October 2009 I noticed that I had a red mark on my bum. After a couple of days the top layer of skin broke down. I got hold of my district nurse who organised for me to be visited by my local Tissue Viability Nurse (TVN). Her verdict was that it looked like a graze or shearing of the skin. She didn’t think that it was a pressure sore because it didn’t appear to be directly under my ischium. So her advice was to dress the wound with Duoderm and carry on. She didn’t think it would require me staying off my bum -- in other words bed rest.

I work as a freelance disability equality and independent living trainer and October was an extremely busy month for me. So, on the advice of my TVN I continued to dress the wound but carried on with my life. Needless to say the wound did not heal and continued to deteriorate.
At the beginning of November I had an unrelated appointment in the outpatients department at Stoke Mandeville. While I was there I thought I would ask them to take a look at my wound and get their verdict. The expression on their faces pretty much said it all. In their opinion it was a classic ischial pressure sore that by this stage was pretty far gone. There was necrotic tissue and plenty of "slough" to deal with. I was ordered on to 24-hour bed rest!

That Christmas I had a major family reunion that had been planned for over a year in Thailand so I was very diligent and stuck rigidly to the bed rest. The district nurses came in three times a week and I kept in regular contact with the outpatient nurses at Stoke (Digital photography & e-mail were extremely useful in keeping everyone in the loop and maximising the advice and input I was getting). By the 20th of December (my departure date) the sore was almost healed with a very small section that had not skinned over, so I decided to take a chance and go to the reunion.

By the time I got back three weeks later, despite trying to take as many precautions, as I could (I spent pretty much the whole last week of the reunion in bed only getting up for the arranged functions) my sore was once again in a bad state. If anything it was worse than it had been at the beginning of November. The net result was that I spent another 4 months on bed rest.

So a pressure sore that developed in four weeks resulted in 6 1/2 months bed rest (albeit with a three-week hiatus for my family reunion in Thailand). Even now 2 years on I have to be very careful and the area frequently breaks down, resulting in more time in bed. The most annoying part is that had I been given the correct advice right at the beginning, by my TVN, it all may have been avoided!

**What to do if you notice a red mark**
- Bed rest immediately, get off the affected area
- Contact a professional; District Nurse, Outpatient Department Nurse or Liaison Nurse at your SCIC, your GP
- Start any suggested treatment
- Eat a protein high diet and take plenty of healthy fluids

**Where to get further help and advice**
- You will need help with personal needs whilst on bed rest
- Your peers
- You can take digital pictures of your pressure ulcer and email through to nurses in OPD or Liaison Nurses in order to monitor progress
- Your GP and District Nurse
- Tissue Viability Nurse (TVN) at the local Primary Care Trust – ask your GP for a referral and build up a good rapport with the TVN
- SIA Advice Line

There may be occasions when you require help (even if you are generally independent), so teaching carers, personal assistants (PA's), family members or friends how to correctly assist you with pressure relief, transferring and turning in bed, could be invaluable.

If you have a pressure sore which is being treated by professionals/PA's, make sure everyone observes the prescribed treatment plan. Ad hoc treatments may delay healing.
Your turn

The National Campaign, Your Turn, was launched in 2006. The aim of the campaign is to raise public awareness of the dangers of pressure ulcers. Health care professionals can gain awareness and educational support from Your Turn workers.

Carers and patients are at the heart of their work promoting awareness and understanding of how pressure ulcers occur and how they can be prevented.

In October 2010 Your Turn created new Talking Leaflets for patients and their families to assist of those at risk of pressure ulcers. The leaflets are available in 6 different languages.

For more information go to - http://www.your-turn.org.uk/campaign.html.

Long term complications and effects of Pressure Ulcers

- Can result in 6-12 months bed rest
- Loss of tissue / muscle mass
- Extreme surgery – amputation of a foot or leg
- Life changing (may result in loss of job, affect relationships, loss of a limb).

Wise Words: What works today may not work tomorrow.


Further Information

For more extensive coverage of this topic download a copy of the SIA fact sheet on Pressure Care.

This factsheet has been prepared by SIA and contains general advice only which we hope will be of use to you. Nothing in this factsheet should be construed as the giving of specific advice and it should not be relied on as a basis for any decision or action. SIA does not accept any liability arising from its use. We aim to ensure the information is as up to date and accurate as possible, but please be warned that certain areas are subject to change from time to time. Please note that the inclusion of named agencies, companies, products, services or publications in this factsheet does not constitute a recommendation or endorsement by SIA.

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