

**LIVING WITH SCI**

**FACTSHEETS**

**sia** spinal  
injuries  
association  
FOR LIFE AFTER SPINAL CORD INJURY



**PRESSURE ULCERS  
THE BASICS**

## 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 developing a pressure ulcer can be serious: it could result in weeks or even months of bed rest, and will cause much disruption to your daily routines, work, social life etc.

**A pressure ulcer** develops when continuous unrelieved pressure is applied to any tissue of the body and usually occurs over a bony prominence. Continuous pressure prevents your 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 should adopt the 'stitch in time' mentality.

### What are the signs you may notice with your skin?

- Redness, bruising, swelling, shiny areas, hot areas.
- Blisters, cracks, dryness.
- Pain, if you have sensation.

### Checking your skin

#### The blanching test

Test your skin with the blanching test: Press on the red, pink or darkened area with your finger. The area should go white; remove the pressure and the area should return to red, pink or darkened colour within a few seconds, indicating good blood flow.

If it does not change colour then damage has occurred to capillaries under the skin and should be allowed to recover by ensuring the area remains completely pressure free.

### Preventative measures

- Lift / pressure relieve regularly:  
Some people need to pressure relieve every 20 minutes or so, while others can last much longer, but over time you will learn the tolerance levels of your skin. Some common examples of pressure relief are illustrated below:



Leaning from side to side



Lifting



Leaning forward

- Try to avoid shearing damage to the skin during transferring: shearing occurs when layers of skin slide over one another.
- Try to get into the habit of checking your skin before getting up and on returning to bed. Checking your skin once or twice a day must become part of your daily routine.
- Correct seating position in your wheelchair: an OT can assist you and some spinal cord injury centres run a seating clinic.

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- Maintaining a good posture helps to keep the pressure evenly distributed.
- Clothing, particularly jeans and trousers, should not be too tight; and avoid putting objects such as keys in your pockets.
- Keep your skin dry, a good continence regime helps to avoid leaking 'accidents.'
- Treat very dry skin with a moisturiser.
- Keep your weight stable, not too heavy, not too thin.
- A well-balanced diet, containing sufficient amounts of protein, will aid tissue repair.
- Keep well hydrated and try to drink 2-3 litres of fluid each day.
- Take extra care of your skin during and immediately after an illness.
- Correct equipment e.g. have a seat evaluation and regular OT assessments.
- Maintain equipment, especially your wheelchair and cushion.
- Replace your mattress when it is no longer fit for purpose.
- Be aware that conditions such as diabetes and anaemia can affect your skin and make it more susceptible to breaking down.
- Beware the demons: smoking, inactivity and depression; the latter can lead to a degree 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:

- Were treated or are being treated in a District General Hospital.
- Are either end of the age scale.
- Are going through a major lifestyle change e.g. relationship or work related.
- Are readmitted to hospital and spend long periods on bed rest e.g. following an operation.
- Are suffering from depression, a major illness or long-term condition such as diabetes.

#### 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 and 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.

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- Take digital pictures of your pressure ulcer and email them to the SCIC nurses in the Outpatients Department or the Liaison Nurses; in order to monitor progress.
- Your GP and District Nurse.
- Tissue Viability Nurse (TVN) with the local CCG (Clinical Commissioning Group). You can ask your GP for a referral to the TVN and it would be a good idea to build up a good rapport with them.
- SIA Advice Line.

There may be occasions when you require help, even if you are generally independent, and teaching carers, personal assistants, 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 ulcer which is being treated by healthcare professionals and / or your personal assistants, make sure everyone observes the prescribed treatment plan. Ad-hoc treatments carried out by different individuals may delay healing.

#### Long-term complications and effects of pressure ulcers

- Can result in 6 -12 months of bed rest.
- Loss of tissue / muscle mass.
- Extreme surgery, including amputation of a foot or leg.
- Loss of job.
- Effect on relationships.

#### Wise words: “what works today may not work tomorrow”.

#### Consequences of a pressure ulcer – a true story!

Scar tissue forms after a pressure ulcer heals 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 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 as 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 Tissue Viability Nurse, so it all may have been avoided!*

## **Further Information**

### **Stop the Pressure**

A website giving invaluable information on the prevention of pressure ulcers and care of the skin to both people living with long-term conditions and their carers.

<http://nhs.stopthepressure.co.uk/patients.html>

### **References**

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## About SIA

The Spinal Injuries Association (SIA) is the leading national user-led charity for spinal cord injured (SCI) people. Being user led, we are well placed to understand the everyday needs of living with spinal cord injury and are here to meet those needs by providing key services to share information and experiences, and to campaign for change ensuring each person can lead a full and active life. We are here to support you from the moment your spinal cord injury happens, and for the rest of your life.

For more information contact us via the following:

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Charity No: 1054097

# Please support SIA



SIA relies on fundraising, donations and gifts in wills to provide services that help spinal cord injured people rebuild their lives.

With your help, we can provide the right support to spinal cord injured people and their families and friends so they can enjoy a full and independent life after injury. Your donation today will go towards changing someone's life.

I would like to give: £15  £20  £53  other amount £.....

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