

The potentially devastating impact of pressure ulcers



Spinal Injuries Association's trusted partners in the south west, Royds Withy King, give their take on the terrible human cost of pressure ulcers when they are not properly managed.

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“At Royds Withy King, we represent many spinal cord injured clients through our personal injury, clinical negligence and compensation protection departments. Over time, we have seen a high proportion of pressure ulcer injuries sustained by people with spinal cord injuries and have pursued a number of clinical negligence claims on their behalf in recent years. While our experience is necessarily somewhat anecdotal, our impression is that this is a growing problem rather than one which is diminishing.

“Pressure ulcers can arise in quite different contexts – during hospital admissions, at home, in nursing homes. Since spinal cord injuries cause both loss of mobility and loss of sensation, it is perhaps self-evident that they create vulnerability to pressure ulcers developing, but our experience is that unfortunately there is less awareness of the risks than there ought to be amongst healthcare professionals.

“The outcomes experienced as a consequence of pressure ulcers can be devastating. Pressure ulcers heal more slowly in patients with spinal cord injuries and can lead to very lengthy periods of hospitalisation. Tragically, in some cases they may even lead to death.

“An account of some of the cases we have seen will hopefully bring into sharper focus some of the very serious outcomes which can occur if pressure areas are not managed competently.”

The potential impact of pressure ulcers on long-term quality of life

“We acted for Christine in a case which went to trial and ultimately to the Court of Appeal on an important matter of legal principle. What is relevant here, however, is the extent to which pressure ulcers affected Christine’s quality of life. She contracted transverse myelitis, which left her paralysed below the mid-thoracic level and with no control over her bladder or bowels. During her hospitalisation, Christine developed a number of deep pressure ulcers to the sacrum and to the ischial tuberosities (the ‘sitting bones’), and consequently osteomyelitis (infection of the bone marrow), flexion contractures (abnormal shortening of the muscle tissue) of her legs and a hip dislocation.

“The combined effect of this was that Christine’s lower limbs adopted a ‘windswept’ configuration, causing her to fall from an upright sitting position to the left. She was subsequently only able to sit out in her wheelchair for four hours at the most, otherwise she remained in bed. Without the pressure ulcers, and their consequences, Christine would have had a much better quality of life, spending her waking hours out of bed in a standard wheelchair (with the ability to maintain a good spinal posture and balance) which she would have been able to self-propel. While she was inevitably going to be doubly incontinent, her bowel management would have been better, and she would not have required a urethral catheter. She now needed two carers on a 24/7 basis, a requirement that would continue for the rest of her life. Furthermore, she and her husband needed to move to a larger property to accommodate the carers, and also needed a larger vehicle.”

Poor management of pressure ulcers can be life threatening

“We also acted for the widow of a spinal cord injured patient who sadly died as a direct consequence of poor management of his pressure ulcers. Clinical negligence was proven in this case. Mr X underwent two planned operations, following which he developed a grade 2 pressure ulcer on the right buttock. He was seen by the community nursing team for wound care over the next seven months.

“He was subsequently admitted to A&E due to back pain and right leg weakness. A pressure ulcer risk assessment on admission noted a grade 2 pressure ulcer on Mr X’s sacrum. Following discharge five days later, Mr X was admitted on to the District Nursing caseload – but no pressure ulcer risk assessment was completed so he wasn’t identified as high-risk. He had neither an individualised care plan nor a review of his pressure-relieving equipment.

“By the time a risk assessment was undertaken, the pressure ulcer was already 80% dark red with 20% of the skin necrotic. Mr X was admitted to hospital again, where his ulcer was recorded as a grade 4 pressure injury, 8 x 8cms. He remained an in-patient for five weeks, needing debridement of the wound and bladder washouts. The location of the pressure ulcer meant there was a risk that faecal matter would contaminate the wound, so clinicians tried to avoid this with VAC Therapy. But it was unsuccessful, and Mr X had to have laparoscopic assisted loop ileostomy to prevent further contamination. He was discharged home back into the care of the District Nursing team – but soon required another emergency admission with suspected sepsis.

“The Tissue Viability Nurse documented that the pressure ulcer had deteriorated immensely, that Mr X was thought to be suffering with osteomyelitis and necrotising fasciitis, which ultimately led to sepsis. He was transferred to ITU but suffered renal failure with cardiovascular complications and tragically died.”

This is an extreme example – but very sadly not an isolated one.

“These tragic examples demonstrate catastrophic outcomes arising from poor management of pressure areas. In both cases, something that began as manageable with good care evolved into a condition that was soon out of control. That’s why we’re pleased to support the global Stop the Pressure awareness campaign and SIA’s work to help prevent pressure ulcers.”

Preventing pressure ulcers:

If you develop a pressure ulcer and you have concerns about its treatment – or if it seems to be getting worse – contact SCINurseSpecialists@spinal.co.uk for a referral to our SCI Nurse Specialist with a focus on skin care and tissue viability. We can work with your District Nurses or Tissue Viability team to ensure safe and appropriate care and reduce the risk of a recurrence.

- For advice on how to prevent pressure ulcers, see the [SIA ‘Stop & Act’ resource](#) and fact sheet on [‘pressure ulcers – the basics’](#).
- Get in touch with SIA’s Support Line on 0800 980 0501.

- Contact the [SIA Academy](#) for more details on our new 'Skin Care Study Day' titled Preventing Skin Compromise in SCI Skin.