



BODY MATTERS

**sia** spinal  
injuries  
association  
for life after spinal cord injury

# PRESSURE ULCERS THE BASICS

FACTSHEET



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# Pressure ulcers the basics

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## Introduction

Pressure ulcers are among the major complications of spinal cord injury (SCI), and they are something you will be reminded of time and again. It's easy to become complacent about checking your skin daily, but the consequences of pressure ulcers can be serious. They can result in weeks or even months of bed rest and will cause much disruption to your daily routines, work and social life.

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 the blood from flowing through the tiny blood vessels that then starve the tissue of oxygen, creating a build-up of waste products. Pressure ulcers typically appear as red marks, but are likely to appear differently on darker skin tones (see next page). If you notice any signs of a pressure ulcer, adopt a stitch in time mentality because early detection and intervention can help resolve the problem before it becomes too severe.

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## What signs might you notice on your skin?

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

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## Checking your skin

Test your skin with the blanching test: press the red, pink or darkened area with your finger; the site should turn white; remove the pressure, and the area should return to the original colour within seconds, indicating good blood flow. If it does not change colour, the capillaries under the skin could be damaged and should be allowed to recover by ensuring the area remains pressure free.

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# Pressure ulcers on darker skintones

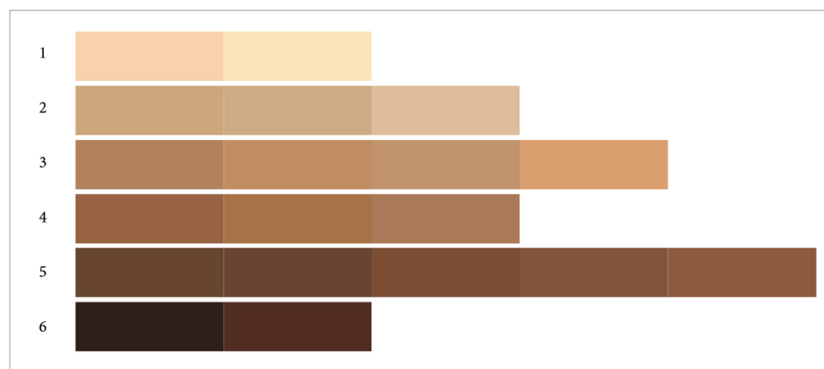
## An awkward topic

Unfortunately a major issue when diagnosing pressure ulcers on darker skin tones is the focus on 'redness', which is generally only visible on lighter skin. This unconscious bias means pressure ulcers on darker skin are often diagnosed at a later stage, when the ulcer is a lot worse.

Some people find it awkward or difficult to discuss skin tone, and are worried about causing offence. Avoiding the topic in this instance will only make things worse. Keep language neutral and professional and no one will be offended.

## Identifying skin tone

Our recommended tool to identify skin tone was developed by Ho and Robinson (2015). Originally designed to screen for risk of skin cancer, it removes the use of any biased language or reductive descriptions of skin colour.



*Adapted from Ho and Robinson 2015*

## What signs you may notice on your skin

- Darkening or lightening of skin; grey/blue/purple tones
- Tight, shiny or spongy skin
- Change in temperature (hot or cold)
- Pain or numbness

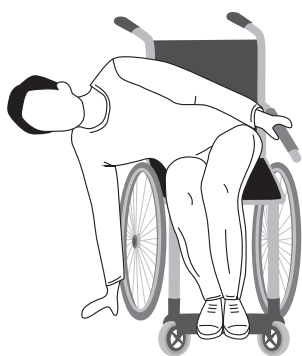


### Preventative measures

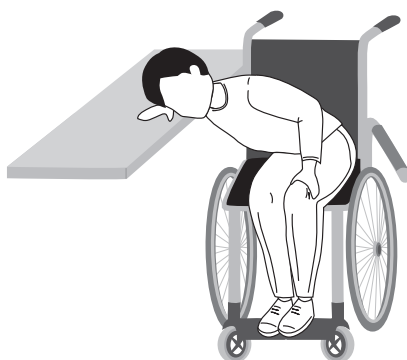
Lift and pressure relieve regularly. Lifting can put pressure on your shoulders, so consider how leaning side-to-side or forwards can reduce that strain.

Some people need to pressure relieve every 20 minutes or so, while others can last much longer. Over time, you will learn the tolerance levels of your skin.

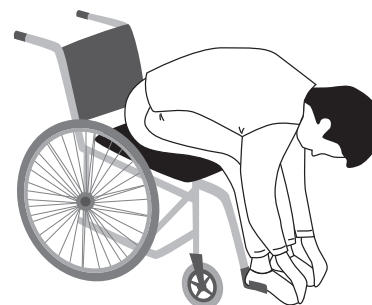
**Common examples of pressure relief are illustrated below:**



*Leaning from side-to-side*



*Lifting*



*Leaning forwards*

- Try to avoid shearing damage to the skin while 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 daily must become part of your routine
- Ensure you are in the correct seating position in your wheelchair. An occupational therapist (OT) can help with this, and some specialist spinal injury centres run seating clinics. Your local wheelchair service may also offer a similar service.
- Maintaining a good posture helps to keep the pressure evenly distributed
- Clothing, especially jeans and trousers, should not be too tight and avoid putting objects, such as keys, in your pockets. Be aware of the effect of heavy stitching, pockets and rivets and how they could mark your skin
- Keep your skin dry. A good continence regime helps avoid leaking accidents
- Treat dry skin with a moisturiser
- Keep your weight stable
- A well-balanced diet with sufficient protein will aid tissue repair
- Keep well hydrated and try to drink about 2 litres of fluid daily
- Take extra care of your skin during and immediately after an illness
- Correct equipment. Have a seat evaluation and regular OT assessments
- Maintain equipment, especially your wheelchair and cushion
- Replace your mattress before 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



## Are you at risk?

**You are at risk of pressure ulcers if you:**

- Were treated or are being treated in a general hospital rather than a specialist spinal setting
- Are at either end of the age scale
- Are going through a significant lifestyle change, including in relationships or work
- Are readmitted to hospital and spend extended periods on bed rest, such as following surgery
- Have depression, a major illness or long-term condition, such as diabetes

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## What to do if you notice a red mark

- Take bed rest at once and get off the affected area
- Take pictures of the pressure mark and email them to your spinal centre healthcare professionals so progress can be monitored
- Contact a professional such as a district nurse, GP or outpatient department nurse or liaison nurse at your spinal injury centre
- Eat a high protein diet and take plenty of healthy fluids

Further help and advice are available from tissue viability nurses (TVN) – your GP can refer you to your local service. The SIA support line and SCI nurse specialists can also help.

You may need occasional help in life, even if you are independent, so teaching carers, personal assistants, family members and friends about how to correctly help you with pressure relief, transferring and turning in bed is essential.

If you have a pressure ulcer being treated by healthcare professionals and personal assistants, make sure everyone follows the prescribed treatment plan. Ad-hoc treatments carried out by different individuals can delay healing.

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## Long-term complications and effects of pressure ulcers

**The long-term effects of pressure ulcers can include:**

- Weeks or months of bed rest
- Loss of tissue and muscle mass
- Major surgery, which could include foot or leg amputation
- Loss of earnings
- Impact on relationships and family dynamics

### WISE WORDS



What works today  
may not work tomorrow





## A true story

### The consequences of a pressure ulcer

Scar tissue forms after a pressure ulcer has healed, and this area will be more vulnerable to breaking down. SIA member Brian shares his experience.

At the beginning of October 2009, I noticed a red mark on my bum. After a couple of days, the top layer of skin broke down. I contacted my district nurse, who organised for me to be visited by my local tissue viability nurse. Her verdict was that it looked like a graze or shearing of the skin. She didn't think it was a pressure sore because it didn't appear to be directly under my ischium (the lower and back region of the hip bone). 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. 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 outpatient appointment at Stoke Mandeville Hospital. While there, I thought I would ask them to take a look at my wound and get their verdict. The expression on their faces said it all. In their opinion, it was a classic ischial pressure sore that was far gone by this stage. There was necrotic tissue and plenty of slough (dead tissue) to deal with. I was ordered to take 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 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. Photos and emails were extremely useful in keeping everyone in the loop and maximising the advice and input I was getting. By 20 December, my departure date, the sore was almost healed with a tiny 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 arranged functions because my sore was once again in a bad state – it was worse than it had been at the beginning of November. The net result was that I spent another four months on bed rest.

So, a pressure sore that developed in four weeks resulted in six and a half months of bed rest, albeit with a three-week hiatus for my family reunion. Even now, I have to be careful because the area often breaks down, resulting in more time in bed. The most annoying part is that had I been given the correct advice from the outset, it all may have been avoided.

## Further information

### Stop the Pressure

[nationalwoundcarestrategy.net/pressure-ulcer](http://nationalwoundcarestrategy.net/pressure-ulcer)

A website offering invaluable information on preventing pressure ulcers and skin care for people living with long-term conditions and their carers.

### References

Diagrams used with permission from the University of Washington Model Systems Knowledge Translation Center (funded by the National Institute on Disability and Rehabilitation Research)

**For more information, contact us at:**

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## About SIA

Spinal Injuries Association (SIA) is the leading national charity for anyone affected by spinal cord injury. We have specialist support available, for free, to support you through the mental and physical challenges you may face, both now and for the rest of your life.

Our support network is coordinated by a team of people, across the UK, who can put you in touch with our network of experts and trusted partners, covering all aspects of mind, body and life, to help you move forward with life. Our partners specialise in services such as legal, care, housing, finance, mental health and much more.

We are the voice of spinal cord injured people, through our expertise and we can connect you to the services and organisations you need through our network for all.

You can join the SIA community by signing up for free online at [www.spinal.co.uk](http://www.spinal.co.uk).

## Disclaimer

This factsheet has been prepared by SIA and contains general advice that we hope will be useful. Nothing in this factsheet should be construed as giving 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.

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