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Pressure sores are also called bed sores, pressure ulcers and decubitus ulcers.

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What are pressure sores?

Pressure sores are areas of injured skin and tissue. They are usually caused by sitting or lying in one position for too long. This puts pressure on certain areas of the body. The pressure can reduce the blood supply to the skin and the tissues under the skin. When a change in position doesn't occur often enough and the blood supply gets too low, a sore may form. Pressure sores are also called bed sores, pressure ulcers and decubitus ulcers.

Are pressure sores serious?

Pressure sores can be serious, depending on how much the skin and tissues have been damaged. You should call your doctor if you think a sore is forming.

Mild damage causes the skin to be discolored, but a sore doesn't form. In light-skinned people, the damaged skin may turn dark purple or red. In dark-skinned people, the area may become darker than normal. The area of damaged skin may also feel warmer than the surrounding skin.

Deep sores can go down into the muscle, or even to the bone. If pressure sores are not treated properly, they can become infected. An infection in a pressure sore can be serious. Pressure sores also hurt a lot and make it hard for a person to move around.

Who gets pressure sores?

Anyone who sits or lies in one position for a long time might get pressure sores. You are more likely to get pressure sores if you use a wheelchair or spend most of your time in bed. However, even people who are able to walk can get pressure sores when they must stay in bed because of an illness or injury. Some chronic diseases, such as diabetes and hardening of the arteries, make it hard for pressure sores to heal because of a poor blood supply to the area.

Where on the body can you get pressure sores?

Pressure sores usually develop over bony parts of the body that don't have much fat to pad them. Pressure sores are most common on the heels and on the hips. Other areas at risk for pressure sores include the base of the spine, the shoulder blades, the backs and sides of the knees, and the back of the head.

How are pressure sores treated?

Three things help pressure sores heal:

- **Relieving the pressure that caused the sore**
- **Treating the sore itself**
- **Improving nutrition and other conditions to help the sore heal**

What can be done to reduce pressure on the sore?

Don't lie on pressure sores. Use foam pads or pillows to take pressure off the sore. Special mattresses, mattress covers, foam wedges or seat cushions can help support you in bed or in a chair to reduce or relieve pressure. Try to avoid resting directly on your hip bone when you're lying on your side. Use pillows under one side so that your weight rests on the fleshy part of your buttock instead of on your hip bone. Also, use pillows to keep your knees and ankles apart. When lying on your back, place a pillow under your lower calves to lift your ankles slightly off the bed. Change your position at least every 2 hours.

When sitting in a chair or wheelchair, sit upright and straight. An upright, straight position will allow you to move more easily and help prevent new sores. If you cannot move by yourself, have your caregiver shift your position at least every hour, or more often if possible.

How should the pressure sore be kept clean?

In order to heal, pressure sores must be kept clean and free of dead tissue. You can clean the sore by rinsing the area with a salt-water solution. The salt water removes extra fluid and loose material. Your doctor or nurse can show you how to clean your pressure sore.

Pressure sores should be kept covered with a bandage or dressing. Sometimes gauze is used. The gauze is kept moist and must be changed at least once a day. Newer kinds of dressings include a see-through film and a hydrocolloid dressing. A hydrocolloid dressing is a bandage made of a gel that molds to the pressure sore. These dressings can stay on for several days at a time.

Dead tissue (which may look like a scab) in the sore can interfere with healing and lead to infection. There are many ways to remove dead tissue from the pressure sore. Rinsing the sore every time you change the bandage is helpful. Special dressings that help your body dissolve the dead tissue can also be used. They are left in place for several days.

Another way to remove dead tissue is to put wet gauze bandages on the sore and allow them to dry. The dead tissue sticks to the gauze and is removed when the gauze is pulled off. Sometimes dead tissue must be removed surgically.

Removing dead tissue and cleaning the sore can hurt. Your doctor can suggest a pain reliever for you to take 30 to 60 minutes before your dressing is changed.

Why is good nutrition important for healing sores?

Good nutrition is important because it helps your body heal the sore. If you don't get enough calories, protein and other nutrients, your body won't be able to heal, no matter how carefully you care for the pressure sore. Your doctor or nurse or a dietitian can give you advice about a healthy diet. Be sure to tell your doctor if you have lost or gained weight recently.

What if the sore gets infected?

Pressure sores that become infected heal more slowly and can spread a dangerous infection to the rest of your body. If you notice any of the signs of infection listed below, call your doctor right away.

Signs of an infected pressure sore include the following:

- **Thick yellow or green pus**
- **A bad smell from the sore**
- **Redness or warmth around the sore**
- **Swelling around the sore**
- **Tenderness around the sore**

Signs that the infection may have spread include the following:

- **Fever or chills**
- **Mental confusion or difficulty concentrating**
- **Rapid heartbeat**
- **Weakness**

How are infected pressure sores treated?

The treatment of an infected pressure sore depends on how bad the infection is. If only the sore itself is infected, an antibiotic ointment can be put on the sore. When bone or deeper tissue is infected, intravenous antibiotics (given through a needle put in a vein) are often required.

How can I tell if the sore is getting better?

As a pressure sore heals, it slowly gets smaller. Less fluid drains from it. New, healthy tissue starts growing at the bottom of the sore. This new tissue is light red or pink and looks lumpy and shiny. It may take 2 to 4 weeks of treatment before you see these signs of healing.

How can pressure sores be prevented?

The most important step to prevent pressure sores is to avoid prolonged pressure on one part of your body, especially the pressure points mentioned previously.

It's also important to keep your skin healthy. Keep your skin clean and dry. Use a mild soap (like Dove, Basis or Oil of Olay) and warm (not hot) water. Apply moisturizers so your skin doesn't get too dry. If you must spend a lot of time in bed or in a wheelchair, check your whole body every day for spots, color changes or other signs of sores. Pay special attention to the pressure points where sores are most likely to occur.

Prevention And Treatment Of Pressure Sores

- 1. Keep skin free of moisture**
- 2. Improve nutrition**
- 3. Frequently turn or reposition someone who is confined to bed or to a wheelchair**
- 4. Foam, gel, or air cushions should be used to relieve pressure. Ask your health care provider which is best for you. Do not use donut-shape cushions. They reduce blood flow and cause tissue to swell, which can increase your risk of getting a pressure ulcer.**
- 5. Heels must be raised off the bed. Place pillows under your legs from midcalf to ankle.**
- 6. Never place pillows behind the knee.**
- 7. Correct or treat incontinence**
- 8. Special dressings may be used**
- 9. Debridement (cutting away dead tissue) or surgery may be required for severe pressure ulcers**

Source:

**For more information about pressure sores, contact:
AHRQ Publications Clearinghouse
P.O. Box 8547**

Silver Spring, MD 20907

Phone: 800-358-9295

<http://www.ahrq.gov/>

Ask for a copy of these 2 booklets:

Preventing Pressure Ulcers: A Patient's Guide (AHCPR 92-0048)

Treating Pressure Sores: Consumer Guide (AHCPR 95-0654)

National Pressure Ulcer Advisory Panel

703/464-4849

www.npuap.org

American Academy of Family Physicians

<http://familydoctor.org/handouts/039.html>

National Institutes of Health

www.nih.gov/ninr/research/vol3/Skin.html