

Treatment of your pressure sore / pressure ulcer



Information for patients

Spinal Injuries - Urology



What are the benefits of having my pressure sore surgically repaired?

- It will enable your sore to be closed and allow you to resume your daily activities.
- A sore repair involves cleaning the wound and therefore reduces any infection.

What are the risks of having my sore repaired?

There is always a small risk of harm from any anaesthetic, as there would be with any surgery.

Other risks include:

- Bleeding
- Infection
- Wound breakdown

Are there any alternatives?

Pressure sore management, not involving surgery, usually requires long term bed rest. The community nursing team in your local area would also need to be involved in caring for your wound. Deep wounds that eventually heal on their own have more tendencies to break down and reoccur.

About your consent

We must seek your consent (permission) for any procedure beforehand. Staff will explain the risks, benefits and alternatives, where relevant, before they ask for your consent.

If you are unsure about any aspect of the procedure proposed, please do not hesitate to ask for more information.

What do I need to know before I am admitted?

You will need to stay on the ward for a minimum of 5 weeks. This may be much longer depending upon the severity and number of your pressure sore, or sores.

You will need to follow a restricted mobilisation plan for a minimum of 6 weeks after you go home (this is discussed later). We will discuss your home circumstances with you during your stay in hospital. This will include your work commitments, care needs and any additional equipment that may be required, such as padded toilet seats, in order to prevent re-occurrence of your sore.

Some medications such as warfarin, and underlying health conditions such as vascular disease, may delay the date of your surgery. Please inform one of the contacts at the end of the leaflet if you think this might apply to you.

Smoking will delay the healing of your wound and we therefore advise you to stop smoking. The hospital has a no smoking policy, so if you do smoke, you need to consider how you are going to manage not smoking during your stay. We can refer you to a dedicated smoking cessation team and prescribe nicotine replacement therapy to help you.

What do I need to bring with me to hospital?

- If possible, please bring your wheelchair and cushion with you, so they can be assessed by our physiotherapists and seating specialist.
- Ensure you bring all your current medications with you.
- Please bring a supply of any specialist stoma or bladder equipment you use, to allow us time to order anything you may require.
- If you have a care package, carers, or a social worker, please bring their contact details with you to enable the staff to liaise with them, prior to your discharge.

What happens during my admission?

To prevent further pressure to your wound, you will need to be nursed in bed off the pressure sore. You will not be able to sit up, or to get up into your wheelchair, until your wound has healed. You will be laid off your sore and turned 4 to 6 hourly, depending on the condition of your skin and wounds. We will aim to use a mattress similar to the one you use at home, but you may require a higher standard of pressure relieving mattress than the one you have at home.

A physiotherapist will meet with you to discuss passive exercises you could do prior to surgical repair. They can also discuss exercises involving weights, if these are required to maintain your upper body strength.

Your hygiene needs and bowel care will be managed on the bed, to prevent further damage to your sore. We will use shower trolleys to allow us to irrigate and cleanse the sore, and to clean it in preparation for theatre.

How are you going to heal my pressure sore?

Your consultant may have already explained this to you and will again discuss your treatment with you before your operation. We will first deslough the sore, which means that we will clean away the infected and dead tissue. We will often send a sample to the laboratories, to help us choose the appropriate antibiotics you will need to start before, during and after your repair surgery. You will return to the ward with an open wound and we will irrigate it daily either on the bed or on the shower trolley. This will continue until the sore has been assessed by the consultants as clean and healthy enough for surgical closure.

Occasionally, if the sore is small and clean enough, the consultant will decide to perform a one stage repair, cleaning and closing the sore at the same time.

Will the surgery affect my bowels?

If your sore is on your buttock, or close to your anus, you will require bowel preparation prior to surgical repair. This involves a special low residue diet for 3 days before, and for 3 days following surgery. You will be asked to cut out high fibre foods, such as wholemeal, fresh fruit and vegetables. This will prevent you requiring bowel management, or having your bowels open, for the first 3 days after theatre. This helps to prevent wound contamination and gives the wound the best chance of healing. Any medication used to assist you going to the toilet, such as Laxido and Senna, are stopped at the same time. We continue with your routine bowel management on the bed until the day of surgery.

What happens after sore repair surgery?

On your return from your operation, you will have one or more drains near the wound, which are there to remove excess fluid from the repair site.

The drains are usually removed 5 to 10 days after the operation, once drainage reduces. The consultants will review the stitches of the repair site usually on the 3rd day after the surgery. Your stitches are removed between 10 and 14 days after surgery. During this time we will continue to nurse you on flat bed rest, with regular turns off your surgical repair site. We will restart your bowel care on the bed 3 days after your surgery. You will be taking antibiotics and this will continue for at least 5 days. If there was a deep seated infection, your antibiotics will be continued for a longer period. This decision is arrived at in consultation with the microbiology team.

Getting into your wheelchair after surgery

If the repair site is reviewed as satisfactory by the consultants, we will start to get you into your wheelchair 21 days after your surgery.

At first, even if you transfer yourself, we may hoist you until you become accustomed to being upright and regain more strength. The physiotherapist will then assess your transfers to ensure no damage occurs to the surgical repair site. One of our seating specialists, from the physiotherapy team, will check your cushion and wheelchair to ensure it is suitable for your newly repaired skin.

How do I look after my repair site?

You require padding to your repair site before sitting out in your wheelchair, so we will teach you or a carer how to do this. Padding is a pad taped in place over the repair site to prevent it being damaged during mobilising. Once back in bed, you are asked to remove the pad and look at your repair site and skin. You need to check for any changes such as red areas that remain red when pressed, or bruising or breaks in the skin. Hand-held mirrors are useful aids to do this. If you notice any of these, you will need to remain in bed off the repair site until the problem resolves.

The mobilising plan

We have a set mobilising plan which initially means getting up in your wheelchair for only half an hour on the first day of mobilising. You may be racked up in bed for this first half hour, depending upon your individual needs, such as feeling faint or light headed. The staff will discuss this option with you when you are ready to mobilise.

- Day 1 mobilising for ½ hour
- Day 2 mobilising for 1 hour
- Day 3 mobilising for 1½ hours
- Day 4 mobilising for 2 hours
- Day 5 mobilising for 2 hrs twice in the day or 3 hrs once
- Day 6 mobilising for 3 hrs twice in the day or 4 hrs once

If your repair site is delicate, or if you had an extensive repair, the consultant may ask you to double up the mobilising plan. This means repeating each day to ensure your repair site is healing. Before you go home, we will be aiming to get you up in your wheelchair for 3 hours twice a day, with a minimum of 2 hours in between back in bed off your repair site. You can mobilise for a period of 4 hours once a day if care input at home or lifestyle commitments make this necessary. Whichever plan you commit to, it needs to be the one you continue throughout the 6 weeks restricted mobilising period at home.

When am I ready for discharge?

You will be ready for discharge when you are mobilising in your wheelchair for 3 hours twice a day, or 4 hours once a day.

After you leave hospital

Your care requirements will have been discussed with you and a plan of care produced for the first 6 weeks you are home. You will need to follow your care plan, as this will enable your repair site to continue to heal and to strengthen the underlying tissue.

For 6 weeks after discharge:

- You must continue on your chosen mobilisation programme, that is, 3 hours twice a day or 4 hours once a day.
- You must continue to pad the repair site.
- You must continue to have bowel care on the bed.
- You must not use a shower chair or sit on a toilet seat for hygiene
- We advise you not to use your car or to make any non-essential journeys.
- During your time in bed, you must lie flat, off your repair site. You must not use your bed elevator to sit up.

We will have discussed with you any changes you may need in your care provision to meet these requirements. If needed, your district nurses will have been contacted by the ward staff to ask them to assess your surgical repair site, or to assist with your bowel management.

You will have a review 6 weeks after your discharge, either by a Liaison Sister visit or telephone call, or by you attending Outpatients. Mobilising, padding, use of showers chairs and toilet seat will be discussed at this time.

How do I contact you?

If you require any help or advice once you are home, please contact our Liaison Team:

- **0114 271 5618**

Osborn 2:

- **0114 271 5629** or **0114 271 5628**
(outside office hours)



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