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Bedridden patients need care to avoid pressure sores

Most of you are aware of that sinking feeling that occurs when you are hauling a piece of furniture around your domicile and - whack! - a corner of the offending object knocks a big hole in a wall. You survey the white, ragged edges of the plasterboard contrasting with the paint you will never quite match, and mightily wish you hadn't had that ever-so-slight burst of inattention. That fractional second now leads to trips to the hardware store, patches, searching for the paint can and its mysterious code, and perhaps recriminations from an ungenerous domestic partner.

What is an annoying but manageable task on your bedroom wall is vastly more complicated and expensive on a human being. A hole in a human being can be exceedingly difficult to fix. Much like with holes in our walls, the key is careful attention and prevention. A pressure sore is basically a hole in a person caused by prolonged pressure on the skin overlying a bony spot. Once they get started, they take a great deal of time, care and expense to fix. Pressure sores can lead to infection and death.

Why does this matter to you? At some point in your life, you will likely have a relative or friend who must endure a period of relative immobility. Common causes are trauma, stroke, spinal-cord injuries, a bad pneumonia or any other illness that leaves someone in a chair or bed for prolonged periods. If you are aware of the potential problems from this immobility, you can help prevent this devastating complication.

What happens with pressures is that skin and muscle gets squished

between an underlying bone and the bed or chair. Because pressure cuts off blood supply, first the muscle and then the skin begins to die. It takes only hours for this to occur. A hole or ulcer develops because the tissue has died. Infection develops in the dead tissue, and the underlying bone can become exposed.

Common locations for pressure sores are sacrum (tail bone), the ischium (sitting bone), trochanters (hip bones), the heels and sometimes even the back of the head. When the ulcers become advanced, plastic surgeons (it's not all Hollywood) have to debride, or clean out the ulcer, and then repair it with a flap of skin and muscle from an adjacent area. This is a long, involved process that is best avoided.

So how can you help? If you are caring for someone who is immobile, or you have a friend or relative laid up in the hospital, first be aware of the risk. Part of being ill is the desire to linger in bed, and that isn't necessarily healthy. There is no reason people with pneumonia can't walk, or stroke patients can't sit up, with proper protection. If patients can't get up, they need to be turned frequently to avoid continuous pressure on a certain area. Heels can be protected with heel protectors (medical terminology takes years to learn).

Special beds are available that use air-fluid interfaces to reduce pressure on bony prominences. Being a polite and gentle pest while the person is in the hospital (Do you mind if I turn her? Could we get her some heel protectors? How's her skin doing? Would a specialty bed be appropriate?) can save a lot of grief later.

If you are caring for someone at home, do a frequent survey of the pressure points, turn the person frequently, and keep the skin moisturized.

Another frequently overlooked factor is nutrition. Adequate protein intake is essential to maintaining skin integrity, so if a person isn't eating, ask about supplements.

Pressure sores can begin in hours, and then take months and years to fix. By being aware of this risk, you may tremendously improve or save the life of someone you care about.

One of the humbling aspects of medical practice is encountering people who you know are just better than you are. I have met many caregivers, often those of patients with pressure sores, who have cared for these patients for years, day after day, changing dressings, changing adult diapers, turning them, feeding them, all day, all night.

I have had the privilege in my career to have snatched a few souls out of the drain, a few dramatic saves, stab wounds to the heart, that sort of thing. But in perspective, that is nothing in the face of years of quiet, unnoticed, unshakably faithful devotion. I wonder if I have that in me, or if I would inspire that devotion in others. I know my children have looked at Web site for nursing homes in Tuflukistan, where for \$8 a day you share a room and half a goat with thirty others.

My wife and I have disagreed over my living will - I don't think that five continuous days of cold symptoms is quite reason enough to pull the plug. Perhaps the message is to live your life in a way that someone will be inspired to protect the skin on your backside.

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