

Skin Care & Pressure Sores



Skin Care Management - Children

Parents of young children should check their skin daily for any signs of redness especially the back and buttocks area, and potential pressure points from shoes or calipers. Change, wash and dry as soon as possible if the child is wet or soiled.

A good balanced diet, with plenty of fruit and vegetables is invaluable for prevention and healing. An adequate intake of fluids to hydrate the skin is necessary and extra Vitamin C and Zinc aids the healing process.

Self skincare management should be introduced as early as possible. Skin should be regularly inspected as part of a regular care routine, using a long-handled mirror to view hard to see parts of the body. In case of incontinence 'accidents', wash and dry skin as soon as possible. Wheelchair users should relieve pressure on the buttocks by lifting the bottom every twenty minutes or at the very least, change position. Change position of feet frequently. Wear suitable clothing - no tight clothes, hard seams, zips or buttons that could cause pressure sores. Wear shoes that fit properly. Make sure that the wheelchair cushion is suitable - seek advice from Occupational Therapist, Physiotherapist or Seating Clinic. Protect skin when transferring and finally, protect skin from burns and frost-bite.

Skin Care Management - Adults

Poor circulation below the waist means that the cells don't get adequate supplies of oxygen and nutrients to keep them healthy. Nor do they get rid of all their waste products.

A system of the body called the lymphatic system works together with the circulation to remove fluid and waste products. This also does not work as efficiently in people with spina bifida as it should, so there can be a build-up of fluid in the legs. This is called oedema. All these things together mean that pressure sores can develop very rapidly and then be very slow to heal.

Neurological (nerve) problems associated with Spina Bifida and the resulting loss of feeling means that little or no discomfort is felt and therefore there is no trigger telling you to move and reduce the pressure on a particular part of the body.

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Incontinence will cause the skin to become even more prone to damage as both urine and faeces contain substances that break down the skin and cause it to become infected.

Pressure Sores

A pressure sore is a sore on an area of skin where there is continuous heavy pressure, leading to a reduced flow of blood to the area causing tissue to erode and die. People with Spina Bifida, especially wheelchair users are prone to developing pressure sores because of de-sensitive skin, paralysis or scoliosis.

Sores usually occur at the site of a bony prominence or where there is pressure and or tension and a reduced flow of blood. They are mostly in the lower part of the body, especially on the buttocks and limbs. These also appear on the feet as a result of badly fitting shoes and calipers. Wet skin is more likely to break down than dry skin i.e. where urine or sweat is present on the skin.

Causes of Pressure Sores

- Immobility
- Poor diet
- Incontinence
- Poor blood supply and oxygen to body tissue (Arterial Disease)
- Weight gain

The four grades of Pressure Sores

1. Red patch, warm to the touch which blanches when pressed. This then progresses on to the next stage.
2. When the lesion is red, it does not blanch and is cool to the touch.
3. Pustular formation with oozing and broken skin
4. Surface crusting with deep tissue damage



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Prevention – reducing the risk

Change your position

Every 20 minutes lift your bottom off the chair and change the position of your legs. This allows the blood to flow normally for a few seconds (that's all it needs!). If it is too difficult to lift your bottom, then try a change of position; leaning forwards or to one side then the other.

Regular inspection of the skin

Ideally the whole body should be inspected night and morning for signs of any redness or changes in the skin. If you find a red patch and it disappears quickly after you have eased the pressure in that area, there is no cause for alarm. But if the red colour remains, this could be the first sign of a sore developing. A close eye should be kept on this area and no further pressure should be put on it. A long-handled mirror is very useful for inspecting the back and bottom!

Diet

A good balanced diet is essential for both the prevention and healing of pressure sores. An adequate intake of fluids helps to keep the skin supple and hydrated. Complex carbohydrates (bread, rice, pasta) will keep the muscles healthy. Iron-rich food such as spinach, will help the blood carry the oxygen around the body to the cells. Vitamin C and zinc (a mineral) both help wound healing, as does an adequate supply of protein (found in meat, fish and dairy products).

Wear suitable clothing

Avoid clothes that are too tight or have hard seams, zips or buttons that might cause pressure. Good fitting shoes, with the feet put in properly, are essential. Take care when transferring from your wheelchair not to knock or drag the body. Barrier creams such as Sudocrem, Conotrane or Zinc and Castor Oil Cream, can be useful protection for the skin against incontinence but the most important protection is to clean up and change as soon as an 'accident' has happened.

Hospital admissions

If you have to go into hospital and will be spending more time than usual in bed, ring the ward and tell them before you go that you will need a pressure-relieving mattress.

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Operating theatres also need to be aware of your needs before you have an operation. A visit before admission will be useful to you and to the staff.

If you have to visit the Accident & Emergency Department, do remind them as soon as possible of your high risk of developing sores. The staff should then make sure that you are not left on a hand trolley or in a wheelchair without help to move around every 20 minutes or so.

Treatment

The treatment of pressure sores involves firstly, removing the pressure. Superficial wounds should be covered lightly yet allowed to breathe. Don't rub or massage the area. If it appears that a pressure sore is developing, have it seen to immediately. If neglected, sores can become progressively worse, leading to hospitalisation. In extreme cases, the bone may be affected and surgery, even amputation may be necessary.

The best treatment of all is relief of pressure from the affected area. Special cushions and mattresses are available and the community team (occupational therapist or nurse) is responsible for assessing and arranging provision of these.

If there are recurrent sores, it may be that a further assessment of pressure relief aids, equipment, etc - that is, wheelchair and lifestyle - needs to be made.

Remember

- Lift your bottom from your chair every 20 minutes.
- Change the position of your legs at the same time.
- Check your skin all over at least once a day (twice is better).
- If you are wet or soiled, the quicker you clean up and change, the better.
- Take care when transferring from your wheelchair.
- Eat a good balanced diet including a variety of fruit and vegetables, and drink plenty of clear fluids.