I think I have a pressure ulcer, what shall I do?
If you suspect you may have a pressure ulcer please inform a health care professional immediately. Please remember if your situation changes you must INFORM US.

INFORM US
- if you’ve had a pressure ulcer before
- if you use pressure relieving equipment at home
- if you have altered sensation
- if you have continence problems
- if you are sleeping in a chair not a bed at night
- if you have discomfort in your knees, hips, elbows or bottom
- if you’re not moving as much as you did before admission
- if your oral intake has reduced significantly

This will help your health professional assess your individual risk of developing a pressure ulcer.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

Early signs of pressure damage:
- Change in skin colour
- Change in skin temperature
- Discomfort or pain
- Blistering
- Small break in the skin

For more information contact:
Sharon Gardner, Tissue Viability Nurse
Department 43
Call 0161 918 7989 or email sharon.gardner@christie.nhs.uk

For more information about The Christie and our services, please visit www.christie.nhs.uk or visit the cancer information centres at Withington, Oldham or Salford.

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The Christie Patient Information Service
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What is a pressure ulcer?
A pressure ulcer is an area of skin and underlying tissue which is damaged.

What causes pressure ulcers?
A lack of circulation to tissue is the cause of a pressure ulcer, amongst many factors which heighten a patient’s risk. A single factor or a combination of these factors can contribute to the development of skin and tissue damage.

- **pressure**
Body weight and equipment apply pressure to skin and tissues, resulting in a lack of blood supply, this could lead to damage and ultimately a pressure ulcer.

Whilst sitting in a chair or lying in bed it is important that your position is changed regularly to avoid this.

Oxygen masks, catheters, NG tubes and Anti-embolism stockings are examples of equipment which could also cause damage to skin – the position of these should be regularly alternated to allow skin to receive adequate blood supply.

- **friction and shear**
This occurs when layers of skin are forced to slide against each other. The breakdown of the top layer of skin can be the result of slumping or sliding up the bed. It is important that correct moving and handling techniques are used and to inform your nurse if you need assistance to change position.

You will be at a greater risk of developing a pressure ulcer if you have:
- decreased mobility – if you are unable to change position independently.
- poor circulation – history of vascular disease, diabetes or if you a smoker.
- increased moisture of skin – if you are incontinent or have increased moisture due to sweating.
- decreased sensitivity to pain – if you have a history of diabetes, motor neurone disease or stroke this could affect your ability to feel pain and know that a position change is needed.
- previous tissue damage – if you have had a pressure ulcer in the past, scar tissue is weak and more likely to breakdown.
- reduced oral intake – due to treatment you may have a reduced intake of food and drink due to a decrease in appetite, nausea, vomiting or mucositis. Dehydration, weight loss and reduced healing can all contribute to risk. Bony prominences due to weight loss are high risk of potential breakdown in skin.

How will you assess my risk?
As part of your admission process a health care professional will ask you questions in regard to all risk factors and evaluate whether you are high, medium or low risk of developing a pressure ulcer. Each day whilst you are an inpatient at The Christie, a health care professional will ask you about your skin integrity; this is your time to highlight any concerns, pain or changes to your skin, if any. This process may include a visual assessment in which we may request to view areas at risk.

This process will help us develop an individual plan of care for you and will highlight possible need for equipment or assistance with pressure area care.

What equipment could be used to prevent a pressure ulcer?
If you are at risk of a pressure ulcer, we can supply a pressure relieving mattress or cushion if required – these work to eliminate pressure and increase blood flow to areas at risk. Please notify a health care professional if you would like more information about these and other useful products.