Dressing Pressure Ulcers

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One of the most unpleasant complications of almost any disease associated with limited mobility of a person is pressure sores. Modern medicine under this concept understands the process of soft tissue death, arising from the constant pressure on certain parts of the body. Such an impact on skin areas provokes disturbances in the blood circulation process, as well as dysfunction of the nervous tropism - the influence of the nervous system on the structural and chemical organization of tissues and organs.

In most cases, pressure sores occur in patients who for one reason or another are limited in mobility. In particular, lying patients are prone to the formation of soft tissue necrosis, who cannot independently change the position of their body with the proper frequency. In addition, according to medical statistics, in seven out of ten cases, problems with bedsores occur in older people. This is due to the fact that their body itself is no longer as mobile, the blood circulation is naturally degraded, and the tissues are less able to restore themselves. (Black, Brindle, Dealey, Santamaria, Call & Clark, 2015).

With age, human skin loses its elasticity, and, with constant compression, skin defects often develop. Unfortunately, the majority of elderly people are forced to stay in one position for a long time, there are bedsores. Most often they are formed after compression of the skin in the prone position. The most dangerous places are the sacrum and heels. In our experience, almost every second patient who has had a stroke or a hip fracture has these skin problems. What is very unpleasant is the fact that the bedsores significantly limit the possibility of rehabilitation and worsen its results, because instead of ensuring the patient's early physical activity, medical personnel or often relatives are forced to engage in the treatment of pressure ulcers.

The areas of occurrence of bedsores directly depend on the position in which the person spends most of the time. If the patient lies on his back, the bedsores are formed on the lower back, buttocks and interscapular region. For people who lie on their side, the formation of pressure sores is typical for areas of the shoulders and knees, as well as the lower back and cheekbones. In the same patients, who spend most of their time in a sitting position - in a wheelchair, in most cases bedsores are formed on the shoulder blades, bottom and heels.

In medicine, there are four degrees of development of bedsores: the first degree is characterized by reddening and coarsening of the skin in places of greatest pressure, which are often accompanied by slight swelling. At the same time, no structural skin disorders are observed. Starting treatment of bedsores in older people in the first stage, the easiest way to achieve a positive effect of therapy. No complex medical procedures are required. (Moore & Webster, 2018).

The second degree of development of bedsores is indicated by the defeat of the upper layer of the epidermis, which provokes a violation of its integrity. In addition, at this stage, the processes of exfoliation and erosion begin, which concern the subcutaneous tissue.

The main characteristic of the third degree is the beginning of serious difficulties in the treatment of pressure sores. At this stage of development, completely dead skin areas are observed, under which fat and muscle tissue are clearly visible. Quite often, this stage of bedsores is accompanied by purulent filling of the wound. (Moore & Webster, 2018).

Extreme development of bedsores is manifested by involvement in the process of destruction of tendons and bone tissue. The wounds are very deep, the skin and fatty tissue are almost completely destroyed by necrotic processes. All fourth-degree wounds are filled with pus. Treatment mainly requires surgical intervention.

**Complications, which can cause pressure sores**

Insufficient care for the bedridden patients, as well as improper treatment of developing bedsores, can lead to very serious consequences. These include:

circulatory problems of the whole body,

gangrene,

sepsis,

skin cancer,

osteomyelitis.

All these consequences are extreme cases. But the likelihood of their development should be remembered, and every effort should be made to prevent the development of pressure sores or to overcome them in the early stages.

**Treatment of pressure sores**

Anti-decubitus therapy directly depends on the stage of their development. Therefore, the tactics of treatment of this pathology should be considered in steps.

Treatment of first-degree bedsores

The main goal of the treatment of bedsores at the initial stage of development is to prevent their transition to the next stages. In fact, treatment at this stage is a complex of preventive measures, combined with a fairly simple therapy of local exposure. First of all, bedsores of the first stage of development are a signal of improper care of the patient. Therefore, noticing such a complication, it is necessary to immediately improve the maintenance of the patient. Every two hours it is necessary to change the position of his body, regularly carry out hygiene of the skin, to keep the affected skin in a dry state. In addition, at this stage it is recommended to use drugs that improve the blood supply process. These activities will eliminate the main causes of pressure sores: pressure on a specific area of ​​the body and insufficient blood supply. The next step in treating first-degree bedsores will be immunostimulant therapy, which will speed up the process of restoring skin tissue. In most cases, such a set of measures is sufficient to effectively eliminate the problem in a fairly short time.

**Treatment of decubitus ulcers**

In most cases, pressure sores in the fourth stage of development require surgery to remove dead tissue. This procedure is rather complicated from the point of view that it is often impossible to accurately determine the boundaries of the affected area.

In addition, this degree of development of the pathological process requires the same complex of drug therapy as the previous one, including ointments, injections and powders, but the following physiotherapeutic procedures are also added to it; phonophoresis of antiseptic preparations for deeper penetration of drugs of this group. Laser therapy to accelerate the healing process; electrophoresis of antibiotic drugs, which can effectively reduce the number of bacteria and reduce the dynamics of the development of the inflammatory process; UHF-effect on bedsores in bedridden patients to combat pathogenic microorganisms and normalize the blood supply process. (Westby, Dumville, Soares, Stubbs & Norman, 2017).

But even a properly constructed therapy tactic for fourth-degree bedsores does not always give the desired effect. Therefore, we must do everything to prevent the development of pathology to this stage. In fact, it is much easier than eliminating such deep tissue damage to the body.

References

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