




**Liverpool Women's**  
NHS Foundation Trust

# Preventing a pressure ulcer and caring for my surgical wound during and after a stay in hospital

*A guide for patients and carers*



A pressure ulcer (also known as a bedsore or pressure sore) is an injury to the skin and underlying tissue, caused by prolonged pressure on the skin by anything, but most commonly it's a surface or device.

This can happen to anyone, however usually people affected have recently been in hospital, or have reduced mobility such as wheelchair users.

Pressure ulcers can affect any part of the body but are most common on bony parts such as coccyx (base of spine), hips, heels and elbows. They can develop in a few hours.

## **Early signs of a pressure ulcer include:**

Spot of skin becoming discoloured – this may appear red, purple or blue.

Discoloured patches will not turn white when pressed and will require elevation.

A patch of skin that feels warm, spongy or hard, or painful.



## **Later signs of a pressure ulcer include:**

An open wound or blister (category two pressure ulcer)

A deep wound that reaches the deeper layers of skin (category three)

A very deep wound that may reach the muscle and bone (category four pressure ulcer)



## Preventing pressure ulcers


It can be difficult to completely prevent pressure ulcers, but there are some things that you or your carers can do to reduce the risk.

These include:

Regularly changing your position – if you are unable to do this, please ask your nurse, carer or relative to help you.

If you're an inpatient with us at LWH your nurses complete a thorough risk assessment to assess your risk of developing a pressure ulcer. They will monitor your skin regularly, assist you in changing position and give you special equipment such as an air mattress or cushion to help.

Checking your skin every day for early signs and symptoms of pressure ulcers – you may need help by your nurse or carer to do this in those hard to reach areas.



Maintaining a healthy, balanced diet that contains enough protein with a good variety of vitamins and minerals. If you're concerned about your diet or caring for someone whose diet may be poor, your hospital dietician or GP, if you are at home will be able to help.


Making sure you are not sat or lay on things such as catheters, lines, or crinkles in your bedsheets.

Stopping smoking; smoking increases your likeliness of developing a pressure ulcer as it damages your circulation and oxygen supply.

## **Treatment of pressure ulcers in hospital**

### **Changing position**

Moving and regularly changing your position helps to relieve the pressure on ulcers that have already developed. It also helps prevent pressure ulcers form.



After your care team has assessed your risk of developing pressure ulcers, they'll draw up a repositioning timetable. This states how often you need to move, or be moved if you're unable to do so yourself.

For some patients in our care, this may be as often as once every 30 minutes. Others may need to be moved only once every 2 to 4 hours.

You may also be given training and advice about better sitting and lying positions, how you can adjust your sitting and lying positions, how best to support your feet to relieve pressure on your heels and any special equipment you need and how to use it.

## **Mattresses and Cushions**

If you're at risk of getting pressure ulcers or have a minor ulcer, your nurses will recommend a specially designed static foam or dynamic mattress or if you're really at risk you'll need a more sophisticated mattress or bed system, such as a mattress connected to a pump



that delivers a constant flow of air into the mattress.

There is also a range of foam or pressure-redistributing cushions available. Ask your carer about the types most suitable for you.

## **Dressings**

Specially designed dressings can be used to protect pressure ulcers and speed up the healing process.

Ask your nurse or carer about which type of dressing they're using to manage your pressure ulcer.

## **Creams and Ointments**

Topical antiseptic or antimicrobial (antibiotic) creams and ointments are not usually recommended for treating pressure ulcers. Barrier creams may be needed to protect skin that's been damaged or irritated by incontinence.



## Antibiotics

Antibiotics may be prescribed to treat an infected ulcer or if you have a serious infection, such as blood poisoning (sepsis), bacterial infection of tissues under the skin (cellulitis) and infection of the bone (osteomyelitis).

## Diet and Nutrition

Eating a healthy, balanced diet that contains enough protein and a good variety of vitamins and minerals can speed up the healing process.

If your diet is poor, you may need to see a dietitian. They can draw up a suitable dietary plan for you.

It's also important to drink plenty of fluids to avoid dehydration, because being dehydrated can slow down the healing process.





## **Caring for your surgical wound in and out of hospital**

Caring for a surgical wound is important to lower your risk of infection and ensure your wound heals in the best way possible.

You will have a surgical wound after an operation at Liverpool Women's Hospital (LWH), during which, one of our trained surgeons will make a cut into your skin and tissues. Usually after your surgeon finishes they'll bring the edges of the cut together and secure them with stitches, staples or glue.

In most people, wounds tend to heal within a couple of weeks but this can vary depending on the type of surgery you have had with us.



## How your wound heals

After your surgery cells called platelets in your blood form clumps to stop the bleeding.

In the first few days cells arrive to keep your wound free of any infection and to remove any dead tissue which may be present, this process encourages new cells to arrive.

From three days to three weeks, new blood vessels use nutrients such as protein (which is why a good protein diet is important) to rebuild your wound like scaffolding.

Finally, from three weeks to around one year scarring becomes stronger and stronger. Most scar tissue has around 80% of the strength the skin had prior to wounding.



## Monitoring your wound

During your wound healing process, it's important to monitor it to check for signs of infection.

Most surgical wounds will heal without causing any problems, but it's possible that your wound may become infected after surgery.

If you develop an infection, you'll usually be treated with anti-biotics. We will do everything we can to prevent an infection but it is important that you know what to look out for after you go home. The usual signs of infection are:

- Pain
- Redness or swelling
- Unpleasant pleasant
- Weeping of liquid, pus or blood
- High temperature



## Dressings

It's not always essential to have a dressing applied to your wound, but if you do need one, its purpose is to:


- Absorb any fluid weeping from your wound
- Provide a good healing environment
- Protect the area as your wound heals
- Keep out any bacteria or infection

## Stitches, staples or skin glue

The medical term for stitches is sutures; however your wound may be closed with metal clips, or skin glue. This method is selected by your surgeon depending on the size or location of your surgical wound.

If you have stitches (sutures) you may see small ends of the stitches poking out of our wound. This will dissolve or fall off – don't be tempted to pull on this, if you're concerned or it is still present after a few weeks let us know.

As your skin heals, it's perfectly normal for the skin around the wound to feel itchy try not to



scratch or apply any creams as this may introduce infection.

Most stitches we use at LWH are dissolvable so you won't need to have them removed, they will usually disappear in around four to eight weeks.

A nurse or doctor will remove non-dissolvable stitches or clips 10 days after your operation day. Your nurse who is discharging you from LWH will arrange this with you.

## **Skin Glue**

Your surgeon may use skin glue to close your wound, especially if you have a small wound. An advantage of skin glue that it brings the edges of the wound together quickly, forming a barrier quicker than sutures or staples.

Skin glue is waterproof after 48 hours. It will flake off by itself in seven to ten days, so you don't need a healthcare professional to remove it. Do not submerge your wound in water, shower using only water with no soaps on your wound. It's important not to use any ointment or moisturiser near your wound, or expose the wound to the sun as this may loosen the glue before its ready to come off.



## Bathing and Showering

It's usually possible to have a shower around 48 hours after surgery but this will depend on the operation you had.

Generally, shower rather than bathe so your wound isn't submerged in water; this could soften your wound too much and encourage it to open.

Always check if your wound is waterproof and can be left on. If the dressing is not waterproof it could make your wound soggy if left on in the shower.

Only wash yourself in the shower with mild soap, to avoid any perfumed or strong soaps falling on your wound.

After showering, pat dry your wound with a clean towel, do not rub and allow to air dry.



## Keeping yourself healthy

Your surgical wound is most likely to heal if your body is as healthy as possible.

### Smoking

If you smoke, you should make every attempt to give up before your surgery. Smoking significantly reduces the amount of oxygen that can be distributed to your tissues; this in turn slows down wound healing. You can receive help and support to give up smoking from your GP or practice nurse.

### Diet

Your body needs energy and the right nutrients to encourage good healing. A healthy balanced diet with lots of protein will help, you don't usually need to take supplements. Ensure you're thoroughly hydrated as this will also help healing.

### Weight

Unfortunately those whom have a high body mass index (BMI) are more likely to have a wound infection or experience healing problems with wounds.



## Diabetes

If you have diabetes, it's important that your blood sugar is well controlled – having high blood sugar can increase the chances of having a wound infection or slowing down the healing process.






## Where can I get further information about infections in hospital?

The Public Health England website <https://www.hpa-uk.org/> has a section on surgical wound infections which includes the latest report. More information about surgical wound infections can be found in the guideline on the Prevention and Treatment of Surgical Site Infection published by the National Institute for health and Clinical Excellence in 2008, and can be found online at [www.nice.org.uk](http://www.nice.org.uk).

If you have concerns regarding infection or infection prevention, please speak to the nurse looking after you. You can also discuss your concerns with a matron or a member of the Infection Prevention and Control Team on 0151 702 4014.



This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at [pals@lwh.nhs.uk](mailto:pals@lwh.nhs.uk).

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