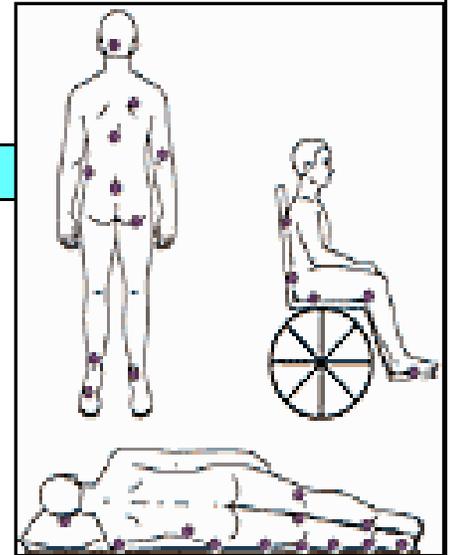


PATIENT EDUCATION/SELF MANAGEMENT

“BED SORES” (PRESSURE ULCERS): WHAT YOU SHOULD KNOW

WHAT IS A PRESSURE ULCER?

- A pressure ulcer or bedsore is an injury to the skin (and sometimes muscle or fat under the skin) that is caused by sitting or lying down in one place for too long.
- Pressure sores are given a “grade” (called Stage) of 1 to 4 depending on how deep they are.
- The skin that is over bony areas like the heel, ankles, hips, or buttocks are the most common places to find pressure ulcers.
- Other things that cause pressure ulcers include the skin getting rubbed in one area for too long.



WHO CAN GET PRESSURE ULCERS?

- Pressure ulcers are common in people who have medical problems and cannot walk, are in bed most of the time, have trouble with blood circulation, need to use diapers or are very thin.
- Pressure ulcers are common in older people, especially those with dementia.
- Pressure ulcers (bedsores) can happen fast and are often hard to treat so it is best to try to prevent them.

HOW ARE PRESSURE ULCERS PREVENTED?

- Do not lay or sit on the same place for a long time. Reposition yourself several times a day.
- Eat and drink regularly and include protein (meat, fish, beans, and dairy products) with your meals.
- Check your skin regularly for red or sore spots. If you are in a hospital or other medical unit (such as OHU, CTC, or GACH) the nurses will check your skin at least once a day.
- If you use a wheelchair all the time, you should check your skin regularly and tell the medical team right away if you notice any change in your skin. Look for red spots or sore spots (you might not get a sore spot if you have no feeling because of a spinal cord injury).

HOW ARE PRESSURE ULCERS TREATED?

- The most important thing is to keep pressure off the problem area. (Do not sit or lay on that area)
- Your medical team will treat the ulcer with different medicines or bandages depending on how deep the ulcer is.
- Sometimes dead tissue will need to be removed from the ulcer to let it heal.
- These ulcers take a long time to heal.

PATIENT EDUCATION/SELF MANAGEMENT

VENOUS LEG ULCERS: WHAT YOU SHOULD KNOW

What is a venous (vee-nus) leg ulcer?

- A sore in the skin of the leg caused by leg swelling and problems with your veins.
- It may start with a small injury to your skin.
- In people with bad veins or a lot of leg swelling the skin wound will not heal and the sore can get bigger. This is a chronic venous leg ulcer.

What Causes Venous Leg Ulcers?

- Stretched out or damaged leg veins from an injury, a blood clot in the leg (deep vein thrombosis "DVT"), or pregnancy.
- The stretched out veins do not carry blood out of the leg which increases the stretching of the veins.
- In time, the veins become so stretched out that fluid leaks out of the veins into the leg tissue causing swelling of the legs, and skin damage.

What are the symptoms?

- A leg ulcer is usually found just above the ankle, often on the inside of the lower leg.
- The leg is usually swollen and may feel slightly warm to touch.
- Skin changes around the ulcer: feels dry and itchy possibly with red brown freckles.
- Sometimes these ulcers are painful, others do not hurt much.
- Ulcers may have liquid drainage that can be clear or yellowish and can run down the leg.



What is the treatment?

The exact treatment will be different for each person but for most venous ulcers, treatment will include:

- **Keeping the leg up:** When your leg is up it takes some pressure off the stretched veins. Raising your feet above the level of your heart is best. Put your legs up whenever you can.
- **Bandages:** Often the nurse will bandage the ulcer to keep it clean, and to help keep the area from swelling more so it can heal.
- **Lessen the swelling in the leg:** Your doctor will try to reduce the swelling in your leg to help the ulcer heal and to keep it from coming back. Using special bandages or stockings can help keep pressure in the leg veins low.



How long will it take the ulcer to heal?

- Most chronic venous ulcers will heal in 3-4 months but sometimes they can take much longer.
- Treatment can be harder in patients who are overweight or have leg swelling that will not go away.
- It is very rare for venous ulcers to get so bad that the leg must be amputated.

How can I help myself?

- ◆ **Stop smoking**
- ◆ **Get regular exercise.** Using your foot and leg muscles helps the blood flow in your legs to reduce the swelling and helps you control your weight. Try not to stand or sit in one position for a long time. Walk around as much as possible or when you are sitting move your feet around and up and down.
- ◆ **Keep your legs up as much as possible.** Even after your ulcer heals it can help to keep your legs up to reduce leg swelling. Also do not cross your legs when sitting and do not let the edge of a chair press into the backs of your legs.
- ◆ **Wear support stockings if they are recommended.** The stockings help keep your legs from swelling. They can be hard to put on but if your doctor recommends them you should wear them as much as possible.
- ◆ **Wear comfortable, well-fitting shoes.**
- ◆ **Protect your skin and legs.** Keep your skin clean and try not to let your skin get too dry. Take care not to bang your feet or legs on sharp corners or objects.
- ◆ **Check your feet and legs regularly.** Look for sores or changes in color – use a mirror if needed. Let your health care team know right away if you think you are getting an ulcer.
- ◆ **Eat and drink regularly.** Include protein (meat, fish, beans, and dairy products) with your meals

PATIENT EDUCATION/SELF MANAGEMENT

ISCHEMIC (ARTERIAL) ULCERS: WHAT YOU SHOULD KNOW

What causes ischemic (is-kee-mic) ulcers?

- Ischemic ulcers can happen when blood flow to your leg is limited. This is called ischemic disease.
- Being cold, smoking, and high blood pressure can slow the blood flow to your lower legs.
- Raising your legs can slow the blood flow to your lower legs.

What is ischemic disease?

Ischemic disease is when you have restricted blood flow to your legs

You may have all or some of these symptoms:

- Pain in the lower leg with walking that is relieved by rest
- Pain in the lower leg while lying in bed
- Loss of hair on the leg and foot
- Cold feet



What will increase the risk of getting ischemic ulcers?

- Diabetes
- High blood pressure
- Hardening of the arteries
- Smoking



When should I see my health care provider?

If you have:

- Numbness in one or both of your feet
- Loss of movement in your legs or feet
- Color change in your lower legs
- Redness, blisters or sores on either foot

If you have an ulcer, you should see your health care provider if there is:

- Increased pain at your ulcer site
- Bad smell coming from the wound
- Change in color or amount of drainage from wound
- Fever or chills
- You feel sick to your stomach or are vomiting



What can I do to help prevent ischemic ulcers?

- Do not walk barefoot
- Wear shoes and socks that protect your feet from the cold
- Protect your legs and feet from injury
- Inspect your lower legs and feet daily to find problems early
- Don't smoke
- Exercise as directed
- Follow recommended diet



PATIENT EDUCATION/SELF MANAGEMENT

DIABETIC FOOT ULCERS: WHAT YOU SHOULD KNOW**What is a foot ulcer?**

- A foot ulcer is a sore, usually on the bottom of the foot, that does not heal well.
- These “sores” can be deep and go into the tendon and bone of the foot.

**Why do some people with diabetes get foot ulcers?**

- **People with diabetes may not have normal feeling in their feet:** High blood sugar can cause damage to some of the nerves in the feet. This is called neuropathy (noo-rop-uh-thee). If you cannot feel parts of your feet, you may not know if you step on something sharp or get a blister from wearing a tight shoe.
- **People with diabetes may get clogged arteries going to the feet:** There is more risk of getting “hardening of the arteries” in your legs and feet if you have diabetes (peripheral vascular disease). When this happens, the blood vessels (arteries) become clogged and blood does not travel well to the legs and feet. If there is not much blood flowing to the feet even a small cut may not heal well and may turn into a foot ulcer.

What increases the risk of getting foot ulcers?

- Poor control of your blood sugars.
- Smoking, high cholesterol, high blood pressure, or not enough exercise.
- Having kidney or eye problems from diabetes can mean you have clogged arteries.
- Foot problems such as bunions that put more pressure on some areas of the foot.
- Badly fitting footwear.



Picture shows where most foot ulcers are found

Can foot ulcers be treated?

- Yes, but they can take a long time to heal, especially if your diabetes is not in good control and you have clogged arteries in your feet.
- Treatment may include covering the ulcer with a bandage to keep it clean and protecting the ulcer from more pressure by wearing pads in your shoes or by wearing special shoes or a cast.
- You may need antibiotics if the ulcer gets infected. Sometimes ulcers get worse and surgery is needed.
- People with diabetes may need to have toes or part of their foot removed (amputation) if the ulcer will not heal. It is very important to follow instructions to help your ulcer heal and to avoid problems.

What can I do to help prevent diabetic foot ulcers?

- **Have your feet checked regularly:** Your health care provider should look at your feet at least once a year.
- **Take care of your diabetes:** Control your blood sugars. If you smoke - stop. If you have high blood pressure or high cholesterol you should get these under control.
- **Take care of your feet by:**
 - Looking carefully at your feet each day, even between the toes. If you cannot do this yourself ask someone for help.
 - Seeing your health care provider if you see anything new (such as a cut, bruise, blister, redness or bleeding).
 - Not taking care of corns, calluses, warts, athletes' foot or other foot problems by yourself.
 - Trying to avoid dry skin. If you use lotion, do not put it between your toes (this can make the skin too moist).
 - Cutting your toenails correctly. Do not cut down the sides of the nails, or cut them too short. If you cannot see properly, do not try to cut your nails yourself because you may cut your skin. You should ask someone else to do it.
 - Washing your feet regularly and drying them carefully, especially between the toes.
 - Not walking barefoot. You might step on something and cause a sore.
 - Always wearing socks with shoes or other footwear. (But don't wear socks that are too tight around the ankle)
 - Not wearing tight shoes that rub any area of the foot. If your feet are an abnormal shape, or if you have bunions or other foot problems, you may need specially fitted shoes to stop your feet from rubbing.

