Care of Pressure Sores in the Rehabilitation of Paraplegia

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The Paralysis of both the lower limbs caused by injury to the spinal cord at the thoracic or lumber level or disease, is known as 'Paraplegia'.

The paralysis depends upon the level of lesion but the common feature, more or less is found in most of cases are loss of power, loss of sensation, loss of function of the affected parts of the body. The overall care and treatment of patient is called Rehabilitation and for this a highly specialized team of Orthopaedic Surgeon, Physio-Occupational Therapist, Psychologist, Nurses, Social Worker and Vocational Counsellor is needed. Rehabilitation of paraplegia is a long term treatment programme and due to the paraplegia, patients are to be bedridden for long time, there is already loss of sensation, thus if the skin care is not taken the pressure sore is inevitable.

The pressure sores are caused by what their names implies 'Pressure' when sitting or lying in the bed, in same position for prolonged periods of time, blood is forced away from the areas under pressure due to the body weight, the skin and underlying tissue degenerate through being starved of its blood supply and this is the start of pressure sore. Pressure sores can be started in other ways such as knocks and scrapes during transfer of patient from bed to bed, bed to chair, chair to car or through septic spots which are usually caused by a combination of pressure and skin bacteria. The other type of sore is bursa, which is a pocket of fluid that collects between tissue and bone.

The treatment of sores and bursa required skilled nursing and sometime surgery too, but the role of nurses is very important for both prevention and cure of the sores.

In order to go in details of nursing care of pressue sores and bursa it is necessary to know vulnerable pressure areas of the body and how to recognize the start of a pressure sores.

Every part of the body is prone to pressure sores, some areas being more vulnerable than others, due to the shape of our skeleton, where sharp or prominent areas which come in direct contact with hard or thin mattress. These areas re shoulders, elbows, illiac crests, sacrum, trochanters, ischial tuberosities, ankle and heels.

The first sign of a pressure sore is redness over the area of skin that has been in contact and by continuous pressure, the skin will turn bluish red and bluish black. Reduce pressure by changing the position, the need of regular turning, every three hours, and it should be explained to the relatives of attendant of paraplegic, by nursing staff. Consequently, by the time patients should be made ready to sit in their wheel chair, the lift up of the body on the arms to release the pressure, should be known to the patients, the turning, when in bed and for lifting when in the wheel chair, this allows blood to flow freely and feed the underlying tissue and skin to keep it normal.

The responsibility of Physio-Occupational Therapist is to teach the patient, the transfer activities, from bed to chair, chair to commode and bath tub, commode to chair, chair to car, car to chair and chair to bed. Exercises for strengthening of the both upper limbs should be done, which helps in the transfer activities and ambulation by wheel chair or crutches with HKAFO (Hip Knee Ankle Foot Orthosis) for both the limbs.

'Prevention is better than cure', so, it is better to start the care of skin from the first day of the admission of a paraplegic patient, because the first time, if ignored can be the moment when trouble starts.

For the prevention of sores it is necessary to clean the body by sponging, apply talcum powder, change of clothes and bed sheets every day, but take the few precautions that water should not be too hot and clothes should be soft and not to be tight when lying in bed, a good quality thick and soft mattress should be used, pillows placed between the knees and feet, to keep the leg on the suspend heels and also against the soles of the feet to prevent 'foot drop'. Air or water filled mattress is suitable for this purpose to relieve the pressure, but turning every three hours should not be forgotten. While sitting chair seat and back should be hard enough, but pillowed or cushioned and foot rest be paded and lifting up the body by help of both arms in sitting position on every 15 minutes.

Prevention of pressure sores is a daily 24 hours job. Once routine has been established it becomes easy, but in ignorance, it hinders and prolongs the rehabilitation programme and in the extreme cases can be a cause for death.

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