
PRESSURE ULCER/INJURY RECURRENCE

PATIENT CASE ON MANAGEMENT OF RECURRENT PRESSURE INJURY



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Patient case on management of recurrent PI in people with SCI in clinical practice in long-term care

A 58-year-old male, Paul, has paraplegia caused by a traumatic SCI sustained 21 years ago. Paul has developed a category 3 PU/PI on the ischial tuberosity, which first appeared over three years ago. Since then, the ulcer has fluctuated between periods of near-healing and subsequent deterioration. Paul lives independently in his own home, supported by home care nurses and non-certified personal helpers as caregivers.

Paul's first visit to the specialised PU/PI outpatient clinic was a year ago. During this initial consultation, the focus was on:

- Transfer routines and pressure relief: Paul uses a split-leg sling with a mechanical lift for transfers. His repositioning routines were discussed, including areas for optimisation.
- Support surfaces: A full assessment of his wheelchair seating, including the wheelchair cushion, was required and Paul was referred to this.
- Skin and incontinence management: Frequent faecal contamination of the PU/PI led to the recommendation of a colostomy to improve hygiene and reduce the risk of infection.

The primary goal was to support wound healing through optimised routines for pressure relief, posture correction, and enhanced management of incontinence.



Photo: Stock image of a model used for illustrative purposes

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Paul returned to the specialised PU/PI outpatient clinic, as his PU/PI deteriorated further over the last 3-4 months, advancing to a category 4 injury.

We explore Paul's current situation and daily activities:

- He underwent a colostomy eight months ago, and faecal contamination is no longer an issue.
- He got a new wheelchair cushion four months ago.
- His current pressure-relieving routines are as follows: one hour seated during morning routines, one and a half hour of bedrest, two and a half hours seated, two hours of bedrest, three and a half hours seated, and then lying in bed for 13½ hours.

These bedrest routines negatively affect Paul's quality of life and psychosocial well-being.

During the consultation, we observed that Paul was sitting on a nylon strap in his wheelchair, which appears to be a surgical leg strap or positioning strap with thick, robust stitching. This strap, intended for repositioning, was being used to manually drag Paul back to a central seated position, as he tends to slide to one side.

We explain to Paul that this practice causes severe shear stress to the skin and might be a significant factor in the worsening of his PU/PI.

Upon examining Paul's skin, we observed a dry, scaly and flaky skin, which could indicate a potential nutritional deficiency. Nutritional deficiencies can impair wound healing and exacerbate skin breakdown.

Interventions in the second consultation:

- Paul was referred to an SCI specialised occupational therapist to address the seating stability and prevent lateral sliding in the wheelchair.
- A full reassessment of his positioning strategy was planned to minimise shear and friction during transfers and seated activities.
- Recommendation of a maximum of two hours in seated position followed by one to two hours of bed rest to improve offloading and promote healing.
- Referral to a dietitian for a nutritional assessment and dietary optimisation.
- A tailored nutrition plan to ensure adequate protein intake, hydration, and micronutrient supplementation, which is essential for skin integrity and wound healing.

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Paul is a potential candidate for flap surgery to repair the pressure injury. However, post-operative management would require:



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- Lifelong adherence to pressure-relieving routines with a strict limit of two hours of continuous sitting.
- Optimisation of transfer techniques and repositioning strategies to prevent future PUs/PIs and reduce shear and friction.
- Ongoing education for Paul and his caregivers on proper pressure-relief techniques.

Conclusion and next steps

The management plan developed in collaboration with Paul involves addressing all potential contributing factors to his recurrent PU/PI:

- Optimisation of pressure relief routines to prevent further deterioration.
- Enhancement of transfer techniques and proper use of assistive equipment to eliminate shear forces.
- Nutritional optimisation to support skin healing and overall health.
- Comprehensive patient and caregiver education to ensure adherence to the preventive measures required after flap surgery.

The ultimate goal is to eliminate the causes of the recurrent PU/PI, prepare Paul for the demands of life after flap surgery, and ensure a sustainable, long-term strategy for pressure ulcer prevention and quality of life improvement.