

A new approach to preventing pressure ulcers on the heel





There are 4 categories of a pressure ulcer:

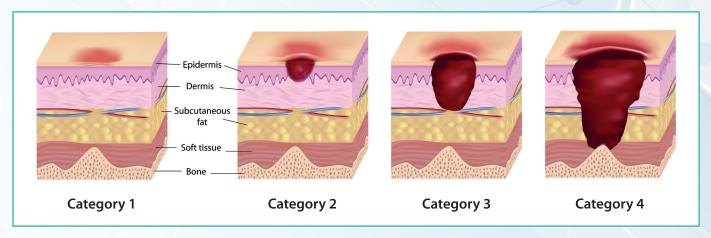
Category 1 Redness of a localised area, usually over a bony prominence. Darkly pigmented skin with no blanching.¹

Category 2 Look like a serous/fluid-filled blister or a partial-thickness open wound. It can be seen as a shiny or dry shallow ulcer without bruising.¹

Category 3 A full thickness wound. Some fat may be exposed but bones/muscles are not. The deepness of the ulcer is all dependent on where it is on the body.¹

Category 4 Full-thickness tissue loss with exposed bone, tendon or muscle which means that the development of osteomyelitis is possible. Slough or eschar may be present on some parts of the wound bed.¹

There is also a type of pressure ulcer which is known as 'unstageable.' This is full-thickness tissue loss in which the base of the ulcer is covered by slough or eschar.¹



Incontinence associated dermatitis (IAD) is not classed as a pressure ulcer but should be treated as one. IAD represents a separate and unique pathology associated with inflammation when the skin is exposed to urine or faeces.²

PRESSURE ULCERS							
Main causes	Risk Factors ³						
 Mechanical load (pressure) Shear/friction Moisture. 	 Mobility/activity Skin/pressure ulcer status Perfusion Haematological measures Moisture Body temperature Nutrition 	 Increasing age Sensory perception Mental status Race Gender General health status Medication 					

Risk Assessment

Several risk assessment tools assess the likelihood of developing pressure damage. Examples are: the Braden Scale, the Norton Scale and the Waterlow Scale.

The risk assessment tool should be used to identify at-risk patients. The NICE guidelines state that all adults at high risk should have a skin assessment.⁴

Size of the problem to the NHS

The Burden of Wounds study reported that out of 63.7million adults, there were 2.2million who had some sort of wound. The annual NHS cost attributable to managing these wounds and associated comorbidities was estimated to be £6 billion. Of these 2.2 million wounds, 7% were found to be pressure ulcers.

The heel is one of the most common areas for pressure ulcers

Whilst the most common area of pressure ulcer development is at the sacrum, the second most common location for pressure ulcers to develop is at the heel.⁶ In a study which surveyed 5947 patients in 25 hospitals in 5 European countries, the prevalence of pressure ulcers was 18.1%. The sacrum and the heel were the most affected locations with 28.6% located at the sacrum and 26% located at the heel. 52.1% of pressure ulcers recorded in the UK were at the heel.⁷

Key Features for a Heel Pressure Ulcer Prevention Device:

	Off-loading	Redistributes pressure	Keeps foot cool/good airflow	Reduces shear	Lightweight	Ambulatory	Wash/ disinfect
Off-loading	1	✓	×	1	/	×	×
Padding	×	/	×	/	/	×	×
Inflatable	1	/	×	✓	1	×	✓
Dermal Pads	×	/	×	✓	/	✓	×
Sheep Skin	×	✓	×	×	1	×	×
Low Friction	×	×	✓	✓	/	×	✓
Gel Pads	×	/	×	1	×	/	/
Sumed Yathan Heel Sleeve	×	1	✓	1	1	/	✓

Clinical Study

- A clinical trial was carried out on 12 patients using the Sumed Yathan Second Skin®.
- The trial period was around 18 months with a mixed aged group.
- Each patient was at medium to very high risk of developing a pressure ulcer.
- There were 5 patients with 9 PUs in category 1 and 3 at the start of the trial.
- All wounds are said to have completely healed during the application of Sumed Yathan Second Skin[®].



Sumed® are experts in preventing heel pressure ulcers and supply a range of products:

Hadfield Boot PruVentor® Heel Protector Action® Heel and Elbow Protectors Sumed Yathan Second Skin®









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