

Pressure ulcers: Just the facts!

This factsheet has been produced by the European Pressure Ulcer Advisory Panel to provide facts and figures related to pressure ulcers for use by the public, media representatives, healthcare professionals, researchers, policy makers and politicians.

Definition and Presentation

A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated¹.

Types of pressure ulcer

Category I: Non-blanchable Erythema



Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its colour may differ from the surrounding area.

Category II: Partial Thickness Skin Loss



Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Category III: Full Thickness Skin Loss



Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Category IV: Full thickness skin loss



Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often include undermining and tunneling.

Unstageable: Depth Unknown



Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

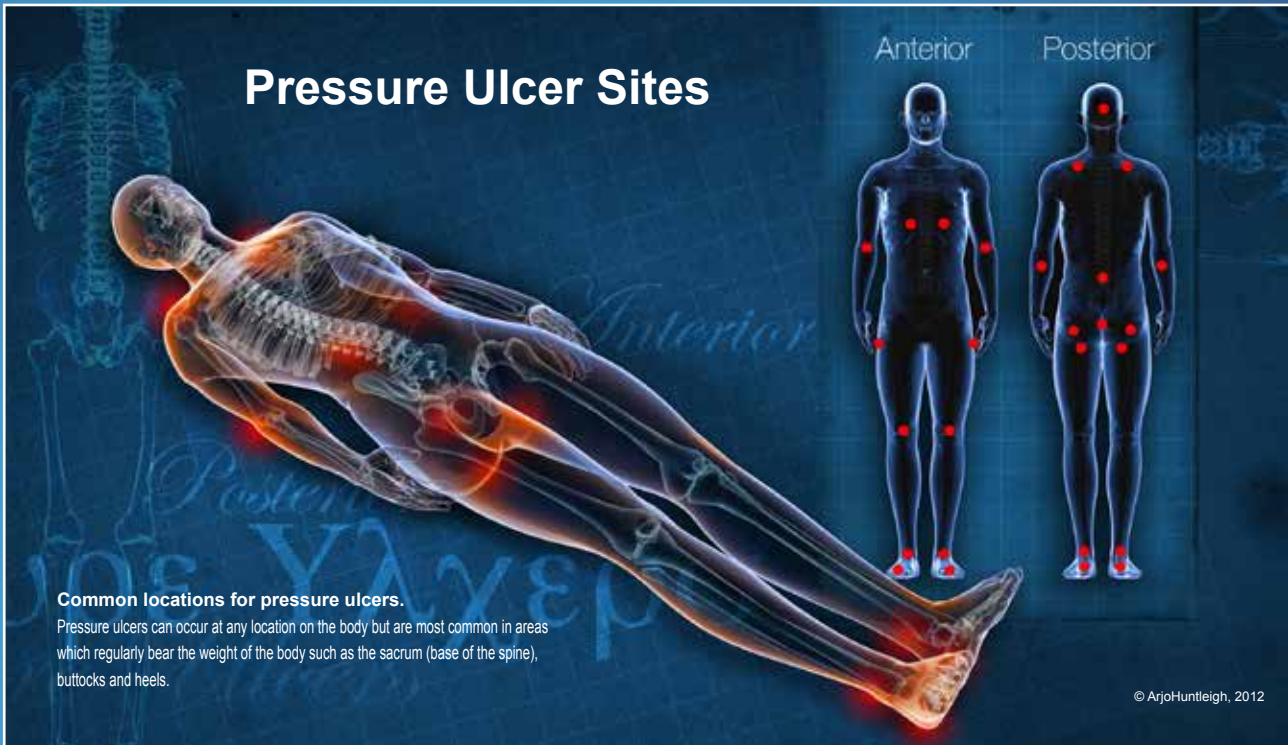
Suspected Deep Tissue Injury: Depth Unknown



Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure ulcer and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.



Pressure Ulcer Sites



Common locations for pressure ulcers.

Pressure ulcers can occur at any location on the body but are most common in areas which regularly bear the weight of the body such as the sacrum (base of the spine), buttocks and heels.

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Numbers of people with pressure ulcers.

In 2007 Vanderwee and colleagues³ reported a pilot pressure ulcer prevalence survey conducted across 26 hospitals in Belgium, Italy, Portugal, Sweden and the UK. The survey included 5947 patients with 1078 (18.3%) having pressure ulcers. By country, the proportion of patients surveyed who had pressure ulcers varied - Italy (8.3%), Portugal (12.5%), Belgium (21.0%), UK (21.9%), Sweden (22.9%).

Most of the pressure ulcers reported by Vanderwee et al² were Category I (n=454) or Category II pressure ulcers (n=282). Full thickness pressure ulcers were less common - Category III (n=199) and Category IV (n=143).

Pressure ulcers most commonly occurred at the sacrum (n=532) and the heels (n=484). Other common sites for pressure ulcer development were the ischial tuberosities (buttocks) (n=186), the ankles (n=149), elbows (n=143) and the hips (n=136).

In an audit across acute and community services in Bradford UK, Vowden and Vowden⁴ reported that the prevalence of pressure ulceration within the population receiving healthcare was 0.74 people with a pressure ulcer per 1000 population. Of the people with pressure ulcers few (n=40, 11%) were located in hospital suggesting that current pressure ulcer epidemiology and costs may be understated given their reliance on hospital based surveys of pressure ulcers.

Across all the surveys described in this fact sheet pressure ulcers were common, affecting almost 20% of all patients.

The consequences of having a pressure ulcer.

Essex and colleagues⁵ have reported a number of consequences for people who have pressure ulcers - these included increased pain, reduced vitality, reduced physical activity and generally reduced quality of life. Pressure ulcers may also

lead to death with 171 death certificates in the UK in 1986 listing pressure ulcers as the cause of death with a further 1929 certificates citing pressure ulcers as contributing to death⁶.

The costs of pressure ulcers.

There are no European wide estimates of the total cost of pressure ulcer prevention and treatment. Within specific countries the high cost of pressure ulcers has been identified. In the Netherlands, 1% of all health care expenditure was calculated to be spent on pressure ulcer care.

Posnett and Franks⁷ considered the UK national cost of pressure ulcers to the NHS to be between £1,760 million and £2,640 million each year, making pressure ulcers the single most costly chronic wound to the Health Service. This calculation was based upon the original modelling of Bennett and colleagues⁸ who estimated that the typical cost of treating Category I pressure ulcers would be £1064, rising to £4402 for a Category II ulcer then to £7313 and £10,551 for Category III and IV pressure ulcers respectively.

Sources of information

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