THE PROBLEM with trying to prevent pressure ulcers is
that, no matter how hard we try or what pressure care
equipment or policies we use, patients still occasionally
develop an ulcer. Provided all reasonable steps are
taken, based on the best available evidence, to try and
protect against such events, we can say that this is not
necessarily anyone’s fault.

Although practitioners strive to reduce the incidence
rates, patients still develop pressure ulcers. Perhaps they are an inevitable side effect
of serious illnesses and certain treatments.

As technology advances, theatre proce­
dures are becoming more successful, but
often take longer to perform. Pressure ulcers can occur post-operatively, but we
should remember that, historically, such patients sometimes died following major
surgery. Many high-risk patients with hospital-
acquired pressure ulcers are referred to a rehabilitation
centre for assessment and provision of pressure care
cushions.

There have been advances in the performance, quality
and reliability of pressure care products. However, the
effectiveness of these products might not be keeping
pace with medical advances. There have also been
improvements in the literature promoting patient
support surfaces (Billingham 1996), but the real
advances in tissue viability are to be made in prac­titioner training and education.

We are already knowledgeable about when to expect
pressure area damage and can react accordingly, and
we understand that there are many extrinsic variables,
such as patient compliance and budgetary implications,
to be managed.

Practitioners are also aware of the impli­
cations of clinical governance, but the
complexity and diversity of tissue viability
means that to increase the effectiveness
of education, we need to increase the
research base and re-examine certain
aspects of practice. More research on the
implications of the use of and reliance on
pressure care equipment, for example,
could help to increase our understanding and improve
future pressure area management.

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REFERENCE