



Wound Stories

Pressure
Ulcer

Jana & František

#WoundStories



Jana
Nurse



It is incredible how much things have changed since I graduated as a nurse back in 1988. For example, there was a time when I considered the occurrence of pressure ulcers to be a precursor to a patient's impending death. It's essential to readjust. But unfortunately, some colleagues still have the same idea now.

I believe many pressure ulcers could be prevented simply by sharing knowledge within hospitals. There are often significant differences between departments, both in the application of prophylactic dressings and in the use of positioning aids. The situation could certainly be improved by coordinating a rigorous root analysis of pressure ulcers and by unifying prevention measures across the facility to reflect the latest best practices.

Of course, some pressure ulcers are still nearly impossible to avoid. Like when you have polytraumatic patients, perhaps with pelvic fractures and spinal trauma who very often have unstable circulation and are on norepinephrine support. In these cases we have very limited options for early intervention in the first phase. But in many other situations there are simple, yet effective measures we can take to avoid the additional burden pressure ulcers put not only on patients and their families, but on healthcare in general."

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Five years ago, I had a motorcycle accident, which required surgery for my lower leg and my wrist. The operation took five and a half hours and when I woke up, I felt this pain in my lower back and my buttocks. Being a surgeon myself, I had suspicions as to what it might be, and when I asked about it, my fears were confirmed. It was a superficial pressure ulcer. Given what we know not about prevention, it's quite likely that if foam dressings had been used for protection, this injury could have been avoided.

Although my ulcer was merely superficial, it was surprisingly painful. And the itch was absolutely terrible. I had a really hard time sleeping, and I couldn't sit well because of where the ulcer was located. At times, the itch was so unbearable that I just wanted to throw away all the dressings and scratch till I bled. I guess the professional side of me really got some important learnings from this

František
Patient

experience. If such a small thing could make my life so unpleasant, one could only imagine what having a larger, more longer lasting ulcer would be like.

Around 28 days after my ulcer appeared, it was declared officially healed. But I think it took about three months before I couldn't feel it at all. Throughout the treatment period, my wife was a huge support. Obviously, I couldn't reach myself, so she had to help me with treating the wound and changing the dressings. It was all rather comical, with me asking for photos so I could give the proper instructions. But it was a great team building activity. I believe this whole thing brought us closer together."

