Definite management and closure of pressure related injuries

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Objectives

• Summarize preoperative criteria for final closure.
• Explain approaches for closure according to location of the lesion.
• Review postoperative management.
• What caused it?
• Why now?
• Are there any reversible causes?
• What is the patient’s overall clinical status?
Re-admission of patients with pressure ulcer

- After discharge from inpatient rehabilitation, patients with spinal cord injury, UTI is the most common reason for readmission, followed by pneumonia.
- Pressure ulcers are the most common complications overall.
- DVT and PE incidence is low


Pressure ulcer present on admission or hospital acquired

Initial assessment and staging
- CT / MRI
- Initial debridement
- Bone biopsy
- Wound vac therapy

Management of other medical issues
- Diabetes, HTN, CAD
- UTI
- Pneumonia
- Spasticity
- Mood disorder
- Drug, tobacco and alcohol use.
- Malnutrition
- Urine / stool diversion

Non-Surgical
- Wound care
- Physical therapy
- Occupational therapy
- Specialty bed
- Nutrition
- Emotional / family support

Discharge planning
- Funding
- LTAC / SNF
- Hospice care
- Home health

Social Services

Case Management

Final Closure
Goal of management of patients with pressure ulcer

1. Prevention of complications
2. Preventing the existing wound from getting larger
3. Preventing sores in other locations
4. Closure of the wound with tissue of adequate thickness and minimal donor site morbidity
Ideal preoperative criteria for closure

- Albumin > 3.5 g/dL
- HbA1C < 6.5
- Prealbumin > 20
- Non-smoker
- Hemoglobin > 10
- Wound debrided and clean
- Cardiology clearance if prior history of cardiopathy
- Adequate antibiotic coverage for osteomyelitis if present with stable IV access
- Urinary and stool diversion if needed
- Adequate social support
- Spasticity and contracture managed
- Specialty bed
- Postoperative placement arranged
~50%
Closure of pressure wounds according to location
Guidelines for wound closure

- Debride wound to healthy bleeding tissue.
- Remove bursa (methylene blue).
- Obtain deep tissue cultures, avoid swabs.
- Use local tissue of adequate thickness.
- Obliterate empty space
- Drain liberally
- Layered closure
- Avoid pressure to flap