work**safe**bc

The prevalence of pressure wounds

significant number of seriously injured workers who are confined to wheelchairs develop pressure wounds that can be life threatening. This is especially true for patients with spinal cord injuries. The causes are many and, in some cases, difficult to identify. Equipment may need to be repaired or replaced, the individual may be neglecting him- or herself or ignoring a minor skin breakdown, or he or she may simply not understand the complications that can occur when a pressure wound is left untreated. Often the patient doesn't know where to go for help and assumes that the problem will go away.

Three years ago, an occupational therapist and nurse working in Special Care Services recognized that pressure wounds were a problem for most of the seriously injured workers she visited. To determine the extent of the problem, she conducted a telephone survey of 159 of 347 injured workers with a significant spinal cordinjury. A startling 71% of those surveyed reported having a pressure wound since their injury. Some of the remedies they tried were unconventional and ineffective. Most of the patients simply did not know what to do.

The problem is serious and costly, not only in terms of dollars, but also in terms of the impact on the patient and his or her family.

Diagnosis and early treatment

A patient with a spinal cordinjury may not feel the presence of a pressure wound and may ignore symptoms such as increased spasticity or increased frequency of autonomic dysreflexia. Many injured workers do not do a daily skin check or even realize that they should. They also may not know that a pressure wound can occur on any bony protuberance that is in contact with another surface.

One of the challenges for a person in a wheelchair is visiting his or her family doctor. Getting to the office, up onto the examining table, or even into the examination room may not be possible. Instead, the diagnosis and deterogy in wound dressings, pressure mapping, surgical intervention, and adjunctive therapies. We refer injured workers with pressure wounds to the specialized wound clinic at Vancouver General Hospital or to similar clinics in their communities and arrange for the necessary care and supplies.

A startling 71% of patients with a spinal cord injury have since had a pressure wound, and most do not know how to treat it.

mination of a treatment plan for a pressure wound may require a house call or referral to a special wound clinic.

At GF Strong, where most injured workers with spinal cord injuries receive their rehabilitation, the skin care module, which was optional, is now mandatory.

Raising awareness

Here at WorkSafeBC, our goal is to educate injured workers and their families so that they understand what pressure wounds are and how they can be prevented and/or treated. We also want to raise awareness in BC's medical community about the extent of this problem.

We use a multidisciplinary team approach to look at all the factors involved in the diagnosis, treatment, and prevention of pressure wounds. We cover topics ranging from equipment, transferring patients, nutrition, and personal hygiene to the latest technol-

How you can help

To access best practice guidelines for the prevention and treatment of pressure ulcers using an interdisciplinary patient-centred approach, visit the Canadian Association for Wound Care's web site at www.cawc.net. These guidelines are based on risk assessment, accurate staging and wound assessment, early intervention, prevention, and quality-of-life issues relating to pressure ulcers.

If you have a WorkSafeBC patient with a pressure wound, we would be pleased to assist you in accessing the resources necessary for prompt, appropriate, and cost-effective treatment. Please contact our Special Care Services at 604 279-8197.

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