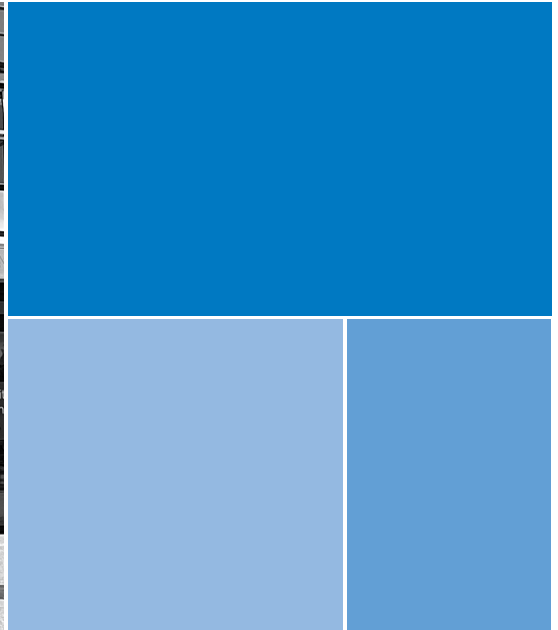




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# Moisture Damage and Pressure Ulceration Prevention



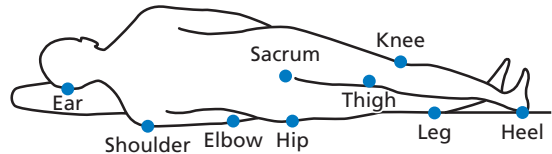
Information for Patients and Carers

## What is a pressure ulcer and what is a moisture lesion?

Pressure ulcers, also known as bed sores and pressure sores, are areas of damage to the skin and underlying tissue, usually caused by pressure, friction and shearing. Moisture lesions are also known as 'incontinence associated dermatitis' or 'moisture associated incontinence dermatitis' and are caused by exposure of the skin to excessive moisture from urine, faeces, sweat and weeping wounds.

## Where do pressure ulcers and moisture lesions occur?

Pressure ulcers occur over any bony areas of the body but often occur on the bottom of the spine, heels, hips and buttocks and they tend to be regular in shape. Moisture lesions can vary in size, colour and shape and often appear as patches of sore skin which tend to occur in skin folds or on and between the buttocks. The skin may blister resulting in skin loss which appears irregular in shape.



## What causes pressure ulcers and moisture lesions?

Pressure ulcers are caused by two main things:

- Pressure – the weight of the body pressing down on the skin. This happens when a person is immobile for a long period of time i.e. ill and in bed or sitting in a chair or wheelchair without the pressure being relieved.
- Shear – the layers of the skin are forced to slide over one another i.e. when you slide down or are pulled up a bed/chair.

Moisture lesions are caused by prolonged exposure to:

- Incontinence – urine or faeces sitting on the skin
- Sweating
- Weeping wound.

Over time the skin will become saturated and soft and therefore vulnerable to breakdown.

## What to look out for?

Pressure ulcers:

- Red patches of skin (light skinned people)
- Blush/purple patches of skin (dark skinned people)
- Blisters or damage to the skin
- Patches of hot skin
- Swelling over bony areas.
- Hard areas of skin.

Moisture lesions:

- Cold, wet or clammy skin.
- Superficial skin loss under the breasts, in the groins or between and on the buttocks.

If you have any pain or discomfort or any of these signs then please inform a healthcare professional immediately.

## What can you do to prevent getting these?

- It is important to move and change positions yourself as often as you can
- Check your own skin to look for signs of pressure ulcers
- Eat a healthy diet and drink plenty of water
- Avoid repeated shearing
- Manage the source of moisture
- Keep the skin clean and dry
- Protect the skin by applying a barrier cream
- Tell someone as soon as you think you may have skin damage.

**Remember, prevention is better than cure.**

## What to expect from healthcare professionals

- Healthcare professionals work together with patients so that they can play an active part in making decisions about their care.
- The treatment offered should take into account each patient's individual needs and preferences.
- Your healthcare professional should assess and regularly reassess whether you are at risk of developing a pressure ulcer or moisture lesion, including checking your skin.
- If you have, or are at risk of developing, a pressure ulcer or moisture lesion, they will work with you to find ways to help you move around and change position. This may involve using equipment to ensure that your body is relieved of pressure and introducing a repositioning regime.
- If you have a pressure ulcer or moisture lesion it should be examined and regularly by a healthcare professional. They should discuss with you what caused it and they should record where it is, the size, what it looks like and any signs of infection.
- They will use a grading system to indicate the severity of the ulcer or moisture lesion which can range from an area of discolouration to a deep wound. You may be asked if a photograph can be taken of the damaged skin to enable staff to monitor the healing and you will be asked to sign a consent form for this to happen.

## Treatment

The most effective method of preventing pressure ulcers is regular movement to relieve pressure while the most effective method of preventing moisture lesions is to remove the source of excess moisture to the skin.

- If you have a pressure ulcer specialist equipment such as cushions and mattresses may be used
- If you have a wound a dressing will be applied by your ward nurses
- In some cases your treatment may involve the removal of damaged skin
- If you have a moisture lesion creams may be prescribed and applied by the ward nurses
- If you have moisture damage the skin must be kept clean and dry after going to the toilet
- Any continence products such as pads should be checked and changed on a regular basis
- Your healthcare professional may consider using alternative products to pads such as Urosheaths and faecal collectors which they will discuss with you
- If you have signs of infection your healthcare professional may treat it with antibiotics, specialist dressings that assist wound healing or topical steroid creams.

## Who can help?

If you have any questions please ask the nurses looking after you.

For further information please contact:

The Tissue Viability Nurse telephone 01493 452299

## Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

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*our patients... each other... ourselves*

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**C**ourtesy and respect

**A**ttentively kind and helpful

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The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

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James Paget University Hospitals NHS  
Foundation Trust  
Review Date: July 2026  
NU 18 version 6