



## **EPUAP Webinar: 'Hard to heal pressure ulcers': to treat or not to treat?**

**Speaker: Dr. Leena Berg**

Senior consultant in plastic surgery at Kuopio University Hospital and at Central Hospital of Kainuu

**Date: Wednesday, 5 April 2017**

**Time: 10:00 – 11:00 (CET) including Q&A session**

### **Webinar Focus:**

Pressure ulcers represent high costs and labor-intensive challenges to the health care system around the world. Problems occur when offloading fails. If conservative management of pressure ulcers don't succeed, then operative treatment may be needed. Hereby, the patient must understand and follow the needs of postoperative care. Because of the high recurrence rate of pressure ulcers, allocation of the limited financial resources should target to those patients most likely to benefit from surgical treatment. Social factors such as accessibility to supportive care, compliance and substance abuse are important considerations with strong impact to decide on the definitive treatment.

Dr. Berg will give an overview to clear out this difficult choice between conservative and surgical treatment of pressure ulcers, while keeping in mind to always treat the patient in a holistic approach.

### **Summary:**

Pressure ulcers represent high costs and labour-intensive challenges to the health care system around the world. A multidisciplinary approach can address both prevention and treatment of these chronic wounds. Conservative management may sometimes be an optimal long-term strategy to those patients in whom operative treatment is contraindicated or not beneficial. Offloading of pressure points with turning protocols, specialized mattresses/beds and adequate cushions for transportation devices apply to all these patients. Problems occur when offloading fails: healing may get slower, or even stop. Infection of pressure ulcers will strongly complicate the treatment but debridement, antibiotics and wound care will be the cornerstones to success. Failure in infection control creates high costs and may lead to long-term problems later. If conservative management of pressure ulcer does not succeed, then operative treatment may be needed. Preoperative care is crucial: nutrition, offloading and wound preparation must be optimized. The patient must understand and follow the needs of postoperative care: offloading, nicotine cessation both pre- and postoperatively and gradual mobilization. Because of the recurrent nature of pressure ulcers, allocation of increasingly limited financial resources should target to those patients most likely to benefit from surgical treatment. Recurrence rates have been reported between 5-41.4 percent, depending on the endpoint definition and the follow up duration. Predictors of pressure ulcer recurrence have been suggested, but clinical evidence is still lacking. Social factors such as accessibility to supportive care, compliance and substance abuse are important considerations with strong impact to decide on the definitive treatment.

Understanding these concerns and the high recurrence rate, conservative treatment of pressure ulcers seems to be an optimal pathway. Preventive strategies and local wound care coordinated by a knowledgeable team are essential. The risks of operative treatment and the chance of recurrence of a pressure ulcer must be well balanced with the risk of infection, the possibilities in follow-up of the wound care and a possible malignant degeneration. A holistic approach of the patient with a pressure ulcer is important: to treat the hole in the patient, one must treat the whole patient.



**Speaker's profile:** Leena Berg M.D., Ph.D., works as a senior consultant in plastic surgery at Kuopio University Hospital and at Central Hospital of Kainuu. During 2007-2015 she was a head of Kuopio Burn Unit, Finland. Her clinical interest is wound care in both acute and chronic wounds and also their surgical treatment. Her clinical research interests are cost effectiveness in plastic surgery, flap ischaemia and follow up of microsurgical flaps, surgical treatment of burns, burn wound care, and negative pressure wound therapy, reconstruction of thoracic defects. She has written a chapter in Finnish textbook about pressure ulcers in ICU patients. She is a board member of FWCS ( Finnish Wound Care Society) and she belongs to work group, that was responsible for the translation of Prevention and Treatment of Pressure Ulcers: Quick Reference Guide ( National Pressure ulcer Advisory Panel, European Ulcer Advisory Board and Pan Pacific Pressure Injury Alliance, Emily Haesler (Ed.) Cambridge Media: Osborne Park, Australi:2014) in Finnish.

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