











Pressure ulcers

Lesão por pressão

BISMARCK ASCAR SAUAIA ^{1*}
RAYSSA YASMIN PEREIRA SAUAIA ²
ANA RITA DA SILVA NUNES ¹
BRENNO RANIERE DA SILVA
ARAÚJO ¹
BRUNO LOBÃO FERNANDES ¹
CAROLINA RAMOS OLIVEIRA ¹
ELIARA LAÍSA CIRINO DE OLIVEIRA
LIMA ¹
ESTER GODINHO SOUSA ¹

■ ABSTRACT

Bedside information on the need for repositioning the patient at 2-h intervals to avoid the appearance of pressure ulcers can reduce hospitalization time, risk of skin lesions, and maintenance costs.

Keywords: Information. Time of hospitalization. Ulcer. Skin. Plastic Surgery.

■ RESUMO

As informações no leito, sobre a necessidade de manobras do paciente, em intervalos de 2h, para evitar o aparecimento de lesões por pressão podem reduzir o tempo de permanência, diminuir o risco de lesões de pele e os custos de manutenção do paciente.

Descritores: Informação; Tempo de internação; Úlcera; Pele; Cirurgia plástica.

Institution: Hospital Universitário Presidente Dutra da Universidade Federal do Maranhão, MA, Brazil.

Article received: October 2, 2019.
Article accepted: October 21, 2019

Conflicts of interest: none.

DOI: 10.5935/2177-1235.2019RBCP0243

The mentoring group III represented by Dr. Bismarck Ascar Saaia and the 2nd year medical students of the Integrating Axis III—Ana Rita da Silva Nunes, Brenno Raniere da Silva Araújo, Bruno Lobão Fernandes, Carolina Ramos Oliveira, Eliara Laísa Cirino de Oliveira Lima, Ester Godinho Sousa, João Gabriel Queiroz Samineses, Leonardo Domingues Gomes, Luiza Oliveira Silva, Matheus Bidney Bayma Paiva, and Thiago Dutra Mendonça— of the Faculty of Medicine, Federal University of Maranhão in collaboration with Dr. Rayssa Yasmin Pereira Saaia, MD - Plastic Surgeon at HU-UFMA and President Dutra, São Luis, MA. After a technical visit, we, hereby, wish to share information with the members and readers of the Journal of the Brazilian Society of Plastic Surgery as a new perspective with regard to the prophylaxis of pressure ulcers after reading numerous articles from publications in the RBCP and a technical visit to the HU-UFMA through a modular presentation of the integrating axis of Medicine III.

¹ Universidade Federal do Maranhão, São Luís, MA, Brazil.

² Hospital Universitário HUUFMA Unidade Presidente Dutra, São Luís, MA, Brazil.

PRESSURE ULCERS

Pressure ulcers (PU), skin lesions, or soft tissue lesions, are associated with friction, shearing, and continuous pressure experienced in protuberances and develop in individuals who have been hospitalized for a long time; PU usually arise from other pathologies and often requiring surgical intervention^{1,2}.

Other predisposing factors for PU include a lack of skilled labor, insufficient number of professionals, lack of awareness of prevention, and scarcity of material resources and operationalization of the risk clinic³.

Although surgical approaches are used for wounds in the advanced stages, PU and the changes in the skin have been a major concern for health service providers impacting patients and families with prolonged hospitalizations, thus, presenting other risks^{4,5}.

It is the responsibility of health professionals to identify, plan, and implement preventive measures through an assessment of risk factors that may contribute to the development of PU in hospitalized patients⁶.

Patient evaluation measures, management of nutritional status, including hydration, daily inspection and assessment of the skin, care with exposure to moisture, and redistribution of pressure are the prophylactic measures for reducing the incidence of PU⁷.

The installation of a focal image showing the time interval and need for patient repositioning, thus, indicating the risk of PU, at the bedside of the patient is also an important educational and prophylactic measure for PU^{8,9}.

PU represent a serious public health problem associated with the time of hospitalization and patient evolution, and provision of accurate information can lead to more efficient prevention of PU, subsequently, leading to a reduction in costs for the patient.

COLLABORATIONS

BAS	Writing - Review & Editing
RYPS	Supervision
ARSN	Writing - Review & Editing
BRSA	Writing - Review & Editing
BLF	Writing - Review & Editing
CRO	Writing - Review & Editing
ELCOL	Writing - Review & Editing
EGS	Writing - Review & Editing

REFERENCES

1. Blanes L, Duarte IS, Calil JA, Ferreira LM. Avaliação clínica e epidemiológica das úlceras por pressão em pacientes internados no hospital São Paulo. *Rev Assoc Med Bras.* 2004;50(2):182-7.
2. Figueiras RG. Tratamento cirúrgico de úlceras por pressão: experiência de dois anos. *Rev Bras Cir Plást.* 2011;26(3):418-27.
3. Rolim JA, Vasconcelos JMB, Caliri MHL, Santos IBC. Prevenção e tratamento de úlceras por pressão no cotidiano de enfermeiros intensivistas. *Rev Rene.* 2013;14(1):148-57.
4. Batista KT, Pereira ICC, Romano ACL. Tratamento Cirúrgico de úlcera por pressão na unidade de pediatria de hospital de reabilitação. *Rev Bras Cir Plást.* 2017;32(4):570-78.
5. Arruda FCF. Opções de retalho da região glútea no tratamento da úlcera de pressão nas regiões isquiática e sacral. *Rev Bras Cir Plást.* 2013;28(3):476-82.
6. Araújo TM, Araújo MFM, Caetano JÁ. Comparison of risk assessment scales for pressure ulcers in critically ill patients. *Acta Paul Enferm.* 2011;24(5):695-700.
7. Borghardt AT, Prado TN, Bicudo SDS, Castro DS, Brinquente MEO. Úlcera por pressão em pacientes críticos: incidência e fatores associados. *Rev Bras Enferm.* 2016;69(3):460-7.
8. Ministério da Saúde (BR). Anexo 2: Protocolo para prevenção de úlcera por pressão. Brasília (DF): ANVISA, FIOCRUZ; 2013; [acesso em 2019 set 10]. Disponível em: http://www.hospital-santalucinda.com.br/downloads/prot_prevencao_ulcera_por_pressao.pdf
9. Ministério da Saúde (BR). Gabinete do Ministro. Portaria n. 529, de 1 de abril de 2013. Institui o Programa Nacional de Segurança do Paciente (PNSP). Brasília (DF): Ministério da Saúde; 2013; [acesso em 2019 set 10]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt0529_01_04_2013.html

*Corresponding author: **Bismarck Ascar Sauaia**
Praça Gonçalves Dias, 21, Centro, São Luís, MA, Brazil.
Zip code: 65020-240
E-mail: bismarek.sauaia@ufma.br