

## Ulcer

ulcer is a localized injury to the skin or underlying tissue, usually over a bony prominence, that is a result of pressure or of pressure combined with shear or friction.

### Types of Ulcers

Ulcer Type	Pathophysiology
Diabetic	Peripheral neuropathy secondary to small or large vessel disease in chronic, uncontrolled diabetes
Ischemic	Reduction in blood flow to tissues caused by coronary artery disease, diabetes mellitus, hypertension, hyperlipidemia, peripheral arterial disease, or smoking
Pressure	Unrelieved pressure resulting in damage to skin or underlying tissue
Venous	Venous hypertension resulting from incompetence of venous valves, post-phlebotic syndrome, or venous insufficiency. Tend to be irregularly shaped

### **ulcer characteristics and diagnosis**

1-Irregularly shaped

2-Granular base

3-Edema & lymphedema

4-Hemosiderin staining

5-Varicosities

Exudate

6-Stasis Dermatitis

7-Cellulitis

8-Sharp or aching pain

9-Itching

10-S/C fibrosis

### **Risk Factors for Developing Pressure Ulcers**

1-According to the surveyor guidance accompanying F314, the risk factors that increase a patient's susceptibility to developing pressure ulcers, or that may impair the healing of an existing pressure ulcer, include but are not limited to the following:

2-Comorbid conditions (e.g., diabetes mellitus, end-stage renal disease, thyroid disease)

3-Drugs that may affect ulcer healing (e.g., steroids)

4-Exposure of skin to urinary or fecal incontinence

5-History of a healed Stage III or IV pressure ulcer

6-Impaired diffuse or localized blood flow (e.g., generalized atherosclerosis, lower-extremity arterial insufficiency)

7-Undernutrition, malnutrition, and hydration deficits

## **Staging of ulcers**

Suspected deep tissue injury

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft

### *Stage I*

Intact skin with non-blanchable redness of a localized area, usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

### *Stage II*

Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink ulcer bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

### *Stage III*

Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

## **Prevention and Treatment:**

The cornerstone of pressure ulcer management is prevention. The purpose of the recognition and assessment phases for patients who have not yet developed a ulcer is to provide the framework for implementation of a prevention strategy Monitoring of animal status and improvement in condition.