

# The Added Pressure of Surgery: Preventing Pressure Sores After Your Child's Surgery

## What is a Pressure Sore?

A breakdown of skin due to pressure is called a pressure sore. It usually starts as a red area that does not go away.

## Why do Pressure Sores Happen?

Your child may develop pressure sores after surgery for a number of different reasons:

- Your child's skin is under pressure from a cast or splints
- Your child has decreased movement while wearing casts and splints both in bed and in wheelchair
- Your child's bottom may be slipping on the bed or wheelchair
- Your child is sitting in a different position in his or her wheelchair (e.g. legs raised may put more pressure on buttock)
- Your child may not have the right nutrients in his or her diet for sore healing
- Your child has moisture on his or her skin (e.g. sweating or damp diaper/pad)

## Where do Pressure Sores Happen?

Check for pressure sores when you are helping your child go to the toilet.

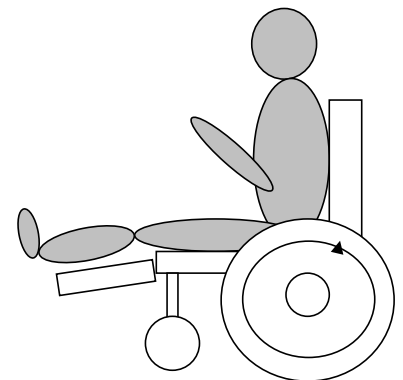
Common areas to watch out for include (but not limited to):

1. Bottom: tailbone and "sit bones" (called Ischial Tuberosities or "I.T.s")
2. Back of thighs, at the top of the cast or splints
3. Back of the ankle, at the bottom of the cast or splints
4. Heels

## How to Prevent Pressure Sores

- Frequently reposition your child in bed (every two hours in the day). Alternate their position from side to side. Use pillows to help support them.
- Make sure your child is well supported in their wheelchair with no gaps between the wheelchair and the cast or splint. The Occupational or Physical Therapist can show you proper positioning.
- Provide "pressure breaks" from the wheelchair by removing your child from the wheelchair at least every two hours, preferably for at least 30 minutes.
- Check risk areas (e.g. bottom and heels) when helping your child go to the toilet.
- Keep pressure off heels by propping a rolled towel under the leg. Do not place the rolled towel under the heels.

**If you recognize a red area on your child's skin that does not go away, contact a member of your child's health care team (physician, occupational therapist, physiotherapist or nurse) as soon as possible!**



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*Developed by the health professionals of the Department of Occupational Therapy and the Orthopaedic Cerebral Palsy Clinic with assistance from the Learning & Development Department*