Background

- Ulcers that appear within the first 72 hours after surgery in tissues that were subjected to pressure during the operation
- Incidence
  - 5-53.4%
- Prevalence
  - 9-21%

Ganos, Siddiqui, 2012
OR Acquired Ulcers Are Often DTI

Prevention starts prior to surgery

- Revising pre-op risk assessment to include relevant OR risks
  - Detailed in Guideline
- Because you can’t reduce the duration of pressure, you must reduce intensity
  - Assess the quality of the OR table mattress
    - Use root cause analysis to determine which OR/cases are highest cases
  - Pretreat patients with dressings
    - Improved OR outcomes in 2 studies
      - Brindle (2012) and Castelano (2012)
  - Wear prescribed heel offloading devices
Determining what is “an OR acquired ulcer”
  - Seldom visible at end of case
    - Cautery, device and prep solution burns visible early
  - How many of your PrU start in OR?

Where and when did it start?

Pressure ulcer in loaded body area during case
  - Need to know position for surgery
  - Supine = buttocks in normal weighted patients, heels and occiput
  - Lithotomy = lower pelvis
  - Prone = face, shoulders, ribs, knees

This burn occurred in the OR; visible at end of case
Who can talk to who?

Clinical Services Tower  WOCN CNOR ADON  Surgical Services Tower

Building the Bridge

- The OR staff are interested in skin and make efforts to pad it
- Efficacy of rolled towels, IV bags poor
The handoff

- Include any skin lesions noted prior to surgery
- Include position of patient during the case
- Examine skin together

Changing the culture in the OR will require investment from administration