



# Lorinda's Story: Pressure injury prevention, management, and recovery

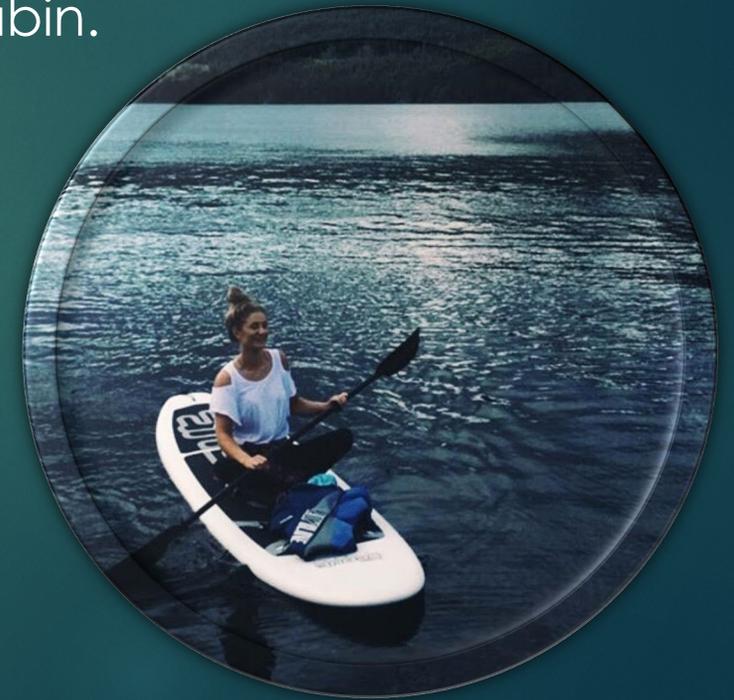
LORINDA BYE

HARDEEP KAINTH

JULIE READER

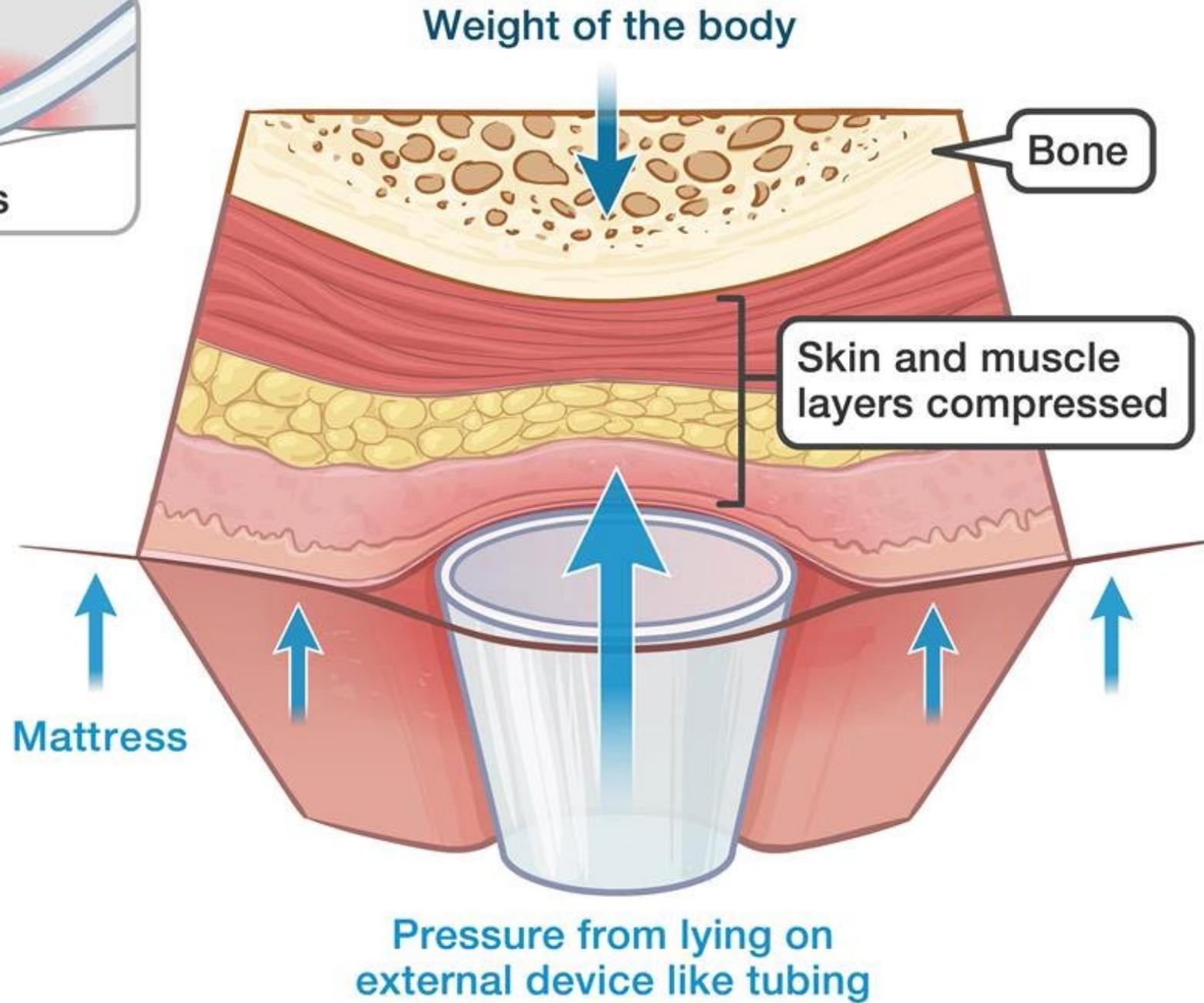
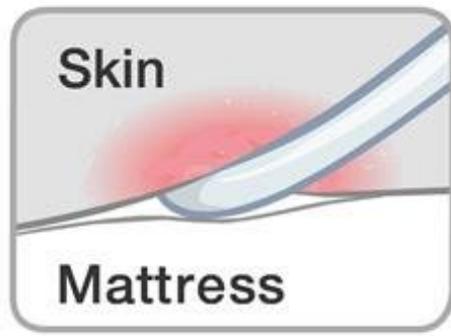
# WHO AM I?

- T – 10 Paraplegic since August 3, 2009 from a camping accident
- Was living an adjusted and active life until June 2017 when I sustained a pressure injury, while at a friend's cabin.





# Pressure injuries and how we prevent them



Sensory impairment

Spinal motion restriction/spine board

Cervical collar/orthotics

Medical/adaptive devices

Use of inappropriate equipment

Mechanical Load:  
magnitude, duration,  
type

Mechanical  
boundary  
conditions

Tissue  
Tolerance

Good Nutrition

Younger Age

Good Tissue Perfusion

No Chronic Illness

Normal Skin & Body Temperature

Moisture – not dry or moist

Muscle mass

Potential microvascular  
changes

Autonomic dysfunction

Previous pressure injuries/scar  
tissue

Bowel/bladder dysfunction

Muscle atrophy



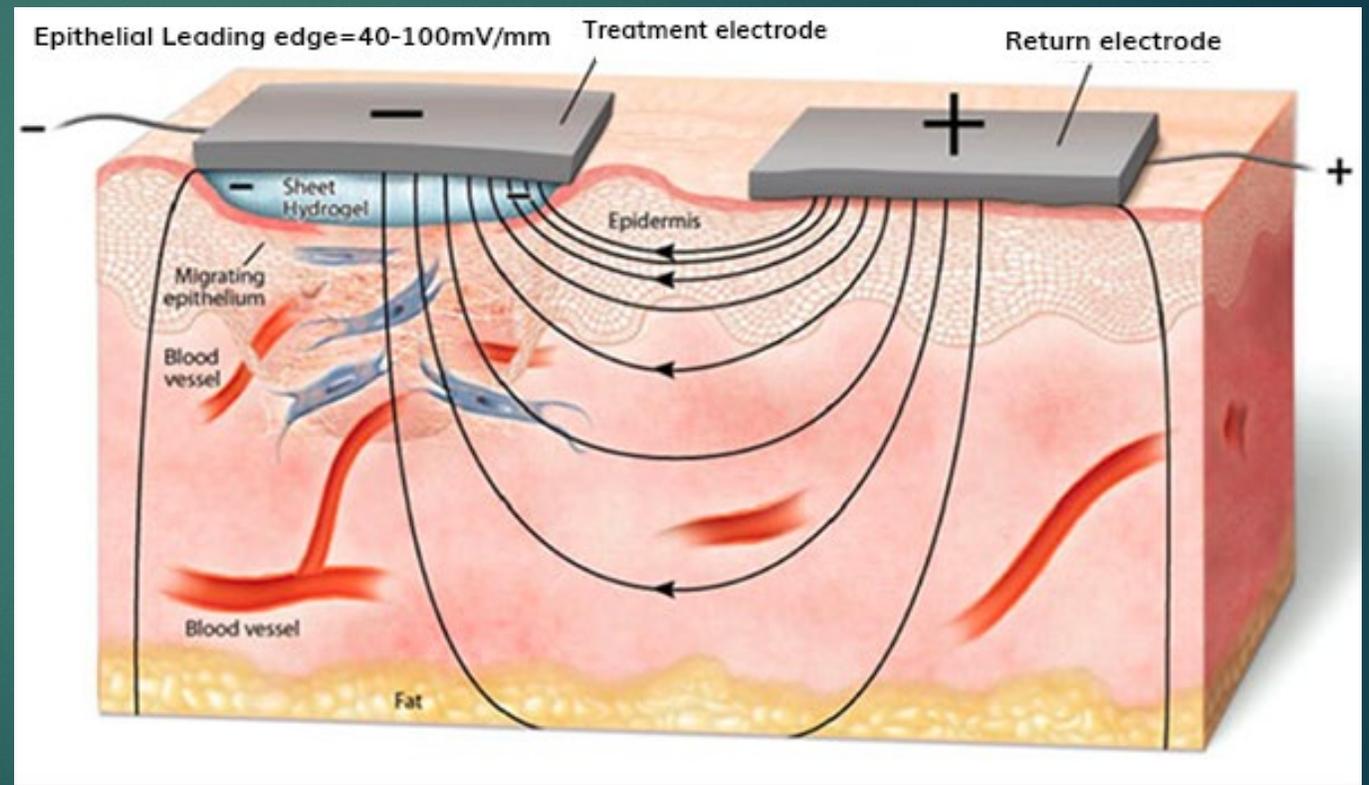
# Management and Treatment

# Management

- ▶ Prevention
- ▶ Offloading, Surfaces, Moisture control, Wound dressings
- ▶ Stage 3 or 4 pressure injury
  - ▶ Negative pressure wound therapy
  - ▶ Electrical Stimulation for wound healing
- ▶ Surgery

# Electrical Stimulation

- ▶ Galvanotaxis
- ▶ Stage 3 or Stage 4 pressure injury
- ▶ Treatment time: 60 minutes, 3 to 5 times per week.
- ▶ Sub-motor intensity.
- ▶ Polarity (+/-) alternate weekly.



Interdisciplinary Assessment	Team Member	Focus
Surgical expectations	Plastic Surgery, Anesthesiology	Assess surgical candidacy, explain outcomes. Sitting protocol. Consent for surgery.
Spinal Cord Injury Comorbidities	Rehabilitation Physician and Rehabilitation Nursing	Bowel, Bladder, Spasticity, Pain, Autonomic dysreflexia, Pressure Injury education, Neurological level, Sensation assessment, Heterotopic Ossification
Rehabilitation Plan	Physical Therapy and Occupational Therapy	Seating, therapeutic support surface and other equipment recommendations, Activities of daily living, transfers. Sitting Protocol. Exercise expectations.
Nutritional Status	Dietician	Diet and vitamin supplementation
Discharge planning	Social Work, Physical therapy and Occupational therapy	Finances, support needs post surgery, discharge assessment, discharge equipment
Medical Comorbidities	Medicine Physician	Diabetes management, smoking cessation, osteomyelitis and other medical comorbidities e.g. DVT prophylaxis and respiratory complications.
Psychological	Psychologist, occupational therapy, recreational therapy, social work	Cognition, depression/anxiety screen, adjustment

# Post Flap Progressive Sitting Protocol

- ▶ 3 weeks bedrest
- ▶ Progressive sitting: 10-15 mins x2-3 sessions a day
- ▶ Increase by 5-10 minutes per day if wound is improving
- ▶ Goal is 2-3 hour sitting increments
- ▶ Total takes 5-8 weeks

# WHO AM I... NOW?

- I am a changed person after this experience and I have PTSD from the mental and physical toll this pressure injury took on my health.
- BUT... I am more PROACTIVE
  - Seating is dialed into my exact needs
  - ROHO everywhere I go
  - Wear a Mepilex bandage on flap surgery site to act as a layer of skin and prevent skin break down
  - Frequent skin checks
  - High Protein Diet
  - More awareness about injuries and being a resource to other peers who are navigating pressure wounds

