

## Abstract

Bedsore, also known as pressure ulcers and decubitus ulcers, are skin and underlying tissue damage caused by continuous pressure on the skin. Bedsore typically appear on skin that covers bony regions of the body, such as the heels, ankles, hips, and tailbone. Debridement is the process of removing dead (necrotic) or infected skin tissue from a wound to aid healing. It can also be used to remove foreign things from tissue. For wounds that aren't healing, surgery is required. These wounds are usually stuck in the early stages of healing.

Present complaint and investigations: A case of a 37-year-old male admitted in male surgery ward in AVBR Hospital on date 18/10/2021 with the complaint of non-healing ulcer over the sacral region for 10 day and also

admitting diagnosis. The prevalence of pressure ulcers is as high as 27.7% in long-term care institutions in the United States. Pressure injuries are recognized as the direct cause of mortality in 7-8 percent of all paraplegia patients.

**Keywords:** Bed Sore; Debridement; Wound; ulcer; Sacral region; Recovery; Spinal injury

## Introduction

A pressure ulcer, also known as bedsore or a decubitus ulcer, is a type of skin injury that occurs most commonly on the body's bony parts. One of the most prevalent types of these injuries is a sacral pressure ulcer. It is commonly associated with co-morbid conditions such as dementia, spinal cord injury, stroke, or other acute illness in hospitalized patients.

Patients who have had their spinal cords injured are unlikely to restore feeling. Because of paralysis, they are unable to detect discomfort caused by pressure and ischemia, as well as relieve pressure. These individuals require tissue that is large enough and of high enough quality to withstand physiological pressure. Debridement of small or superficial wounds can be done at the bedside, but stage III and IV ulcers usually require surgery.

Moisture-related skin injury is now described with pressure ulcers due to variables such as urine and/or fecal incontinence or wound exudate. The process of eliminating foreign debris and dead or damaged tissue from a wound is known as wound debridement. It can hasten the healing process. In 1993, 280 thousand hospital stays were reported with pressure ulcers and 11 years later, 455 thousand ulcers were reported. According to the NHS, in as little as one or two hours, a pressure ulcer of grade 3 or 4 can develop. As per NPUAP, the prevalence of pressure ulcers varies from 0.4 to 38 % in hospitals, 2.2 to 23.9% in skilled nursing facilities, and 0 to 17 % in home health agencies. Hospitalizations due to bedsore have increased by 63 percent in the last ten years, with septicemia being the most common

## Patient Information

A case of a 37-year-old male admitted in male surgery ward AVBR hospital on date 18/10/2021 With the complaint of non-healing ulcer over the sacral region since 10 days and also urinary and stool incontinence. He was operated case of D4-D7 spinal fusion procedure for vertebral and spinal cord injuries post RTA a year that He has having paraplegia. A further all physical and routing investigation carried out and doctor advice Grade 4 bedsore over the sacral region a further taking treatment doctor advice for operation and on 20/10/2021 his debridement over the sacral region for non-healing ulcer done.

## Medical, family and psychosocial history

He has had RTA due to a fall from his motor cycle on 14/09/2021 for management of that decompression of D5, D6 with spinal level instrumental fusion D4-D7 was done on 13/9/2021 for that stays ICU. He has had paraplegia from the operation for 1 month and during that period. He develops bedsore. Now he came for further treatment of bedsore. Other than that patient does not have any history of TB, DM, HTN, etc. He belongs to a nuclear family. There was no type of disease

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