

Pathway for Category 3 or 4 pressure ulcers for consideration of surgical debridement and revision.

This Pathway is for the preparation of patients with a category 3 or 4 pressure ulcer that may or may not require surgical debridement and consideration of a referral to the Spinal Unit for ongoing management.

A category 3 pressure ulcer will have full thickness skin loss involving damage or necrosis of subcutaneous tissue. Undermining and tunnelling may occur, fascia, muscle, tendon, ligament, cartilage, and or bone are not exposed.

A category 4 pressure ulcer will have full thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, and or bone in the ulcer. There is an increased risk of Osteomyelitis (NWCS 2023).



Preparation

Undertake wound bed preparation - Follow the [Wound Bed Preparation Pathway](#) to cleanse and mechanically debride the wound bed.

Assessment

Assess and [categorise](#) the Pressure Ulcer, documenting accordingly on Nerve Centre with Clinical photograph (or via DATIX for non- Nerve Centre areas) to ensure a referral is sent to the Skin Integrity Team.

Management

Redress the Pressure Ulcer following the Pathway for [Pressure Ulcer Management](#) OR if there are signs of a wound infection follow the [Wound Infection Pathway](#).

Referrals

If the pressure ulcer has [signs of spreading or systemic infection](#), a collection or a large amount of devitalised tissue to the wound bed, ensure that the patient has been referred to the General Surgical team for review for consideration of surgical debridement.

Ongoing

Following a Skin Integrity review or General Surgical review they will consider a referral for surgical interventions and management by the Plastic surgeons at the Spinal Unit at the Northern General.

Suitability

The following elements should be considered when considering a referral to the Spinal Unit at Sheffield:

- Have all reasonable conservative / non-surgical methods been tried to close the pressure ulcer?
- Would the individual consider surgical revision?
- Is the individual able and motivated to adhere to post-operative regimens to prevent pressure ulcer recurrence or breakdown of surgical repair.
- Does the individual have available skin / muscle for surgical revision (to be assessed by a member of the surgical team)
- Is the individual fit for surgery or able to become fit for surgery (e.g., through treatment for infection, by improved nutrition)
- Is the base of the wound showing healthy granulation tissue without infection to optimism wound healing and preparation for surgical repair.

Spinal Unit Referral

1. The decision and rational to refer to the plastic surgeons at the spinal injury unit at Sheffield or not should be clearly documented by the Skin Integrity Team and Surgical Team in the nursing and medical records.
2. If a referral to the Spinal Unit at Sheffield is required refer to the Clinical Photography Team at DBTH to undertake photography which will be sent over the Spinal Unit. Once the Clinical Photography is available follow the referral process.
3. To refer to the Spinal Unit at Sheffield, contact the Switchboard for the Northern General Hospital and ask to be put through to the Spinal Consultant on call.
4. If a referral is accepted by the Spinal Unit continue to provide Wound Bed Preparation and the initial management.
5. Take [wound swabs](#) at each dressing change (after the Wound Bed Preparation) as 2 negative wound swabs are required prior to transfer to the Spinal Unit at Sheffield.