

Tretman dekubitalnih rana

Treatment of decubital wounds

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Apstrakt

Dekubitus – hronična rana izazvana pritiskom, predstavlja oštećenje kože i tkiva koje se nalazi ispod nje kao posledica predugog položaja tela u jednom položaju. Pritisak samog tela na podlogu, mada i bilo kakav drugi produženi pritisak može dovesti do pojave dekubitusa. U nastanku dekubitusa dominiraju tri glavna mehanizma: dejstvo sile pritiska, sile smicanja, trenja, i njihovom kombinacijom. Dekubitus nastaje zbog stalnog pritiska koji je dovoljan da naruši lokalnu cirkulaciju u mekim tkivima na duži period. Tkiva mogu kraći vremenski period podneti povišene pritiske, čak i značajno više, ali prolongirano vreme izlaganja povišenom pritisku, čak i ako je samo nešto iznad vrednosti kapilarnog punjenja, započinje kaskadu prema nekrozi tkiva i pojavu ulkusa. Etiološki faktori koji dovode do pojave dekubitusa mogu se podeliti na: egzogene (spoljašnje) i endogene (unutrašnje).

U kiličkoj slici dekubitusa dominira lokalizacija promena na regijama tela koje su izložene pritisku o tvrdu, mokru i/ili neravnu podlogu. U razvoju kliničke slike dekubitusa razlikujemo pet stadijuma. Lečenje dekubitusa je veoma dug proces koji zahteva multidisciplinarni pristup i angažovanje lekara različitih specijalnosti: dermatologa, hirurga, interniste (kardiologa, endokrinologa), urologa, neurologa, fizijatra, srednjeg medicinskog kadra i pomoćnog medicinskog osoblja. U lečenju dekubitalnih ulceracija primenjuju se dva osnovna principa: sistemski ili opšti oblik lečenja i lokalni oblik lečenja (konzervativni ili hirurški). Najčešće komplikacije su: infekcija, dehidratacija i metabolički disbalans, anemija, malignizacija, estetske deformacije.

Zaključak: Savremena nauka kaže da je pojava dekubita neuspeh celog sistema zdravstvene zaštite. Svi dekubitalni ulkusi se mogu prevenirati, što je bazični tretman, a u skoro svim situacijama pojava masivnih ulkusa označava grešku procedure standardne nege obolele osobe. Postojanje dekubitusa je istovremeno veliki zdravstveni i ekonomski program: bolesnika, ustanove u koje se nalazi, njegove okoline i šire društvene zajednice. Intenziviranje nege, edukacija osoblja, redukcija rizičnih faktora, implementacija pravilnih preventivnih postupaka, ispravna terapija mogla bi u značajnoj meri sprečiti nastanak dekubitusa.

Abstract

Decubitus - a chronic wound caused by pressure, is damage to the skin and tissues that are below it as a result of the too-long position of the body in one position. The pressure of the body itself on the substrate, although any other prolonged pressure can lead to pressure ulcers. The development of pressure ulcers is dominated by three main mechanisms: the action of pressure force, shear force, friction, and their combination. Decubitus occurs due to constant pressure, which is enough to disrupt the local circulation in the soft tissues for a longer period. Tissues can withstand elevated pressures for a shorter period of time, even significantly more, but prolonged exposure time to elevated pressure, even if it is only slightly above the value of capillary filling, begins a cascade towards tissue necrosis and ulcers. Etiological factors that lead to pressure ulcers can be divided into exogenous (external) and endogenous (internal).

The clinical picture of pressure ulcers is dominated by the localization of changes in regions of the body that are exposed to pressure on a hard, wet and / or uneven surface. We distinguish five stages in the development of the clinical picture of pressure ulcers. Treatment of pressure ulcers is a very long process that requires a multidisciplinary approach and the engagement of doctors of various specialties: dermatologists, surgeons, internists (cardiologists, endocrinologists), urologists, neurologists, physiatrists, midwives and paramedics. In the treatment of decubitus ulcers, two basic principles are applied: systemic or general form of treatment and local form of treatment (conservative or surgical). The most common complications are: infection, dehydration and metabolic imbalance, anemia, malignancy, aesthetic deformities.

Conclusion: Modern science says that the appearance of decubitus is a failure of the entire health care system. All decubitus ulcers can be prevented, which is a basic treatment, and in almost all situations the appearance of massive ulcers means a mistake in the standard care procedure. The existence of pressure ulcers is at the same time a great health and economic program: the patient, the institution in which he is located, his surroundings, and the wider community. Intensification of care, education of staff, reduction of risk factors, implementation of proper preventive procedures, correct therapy could significantly prevent the occurrence of pressure ulcers.