



Dekubitus

Decubitus

Zorica Dragojević, Nataša Mijović

Dom zdravlja Kragujevac

Healthcare Center Kragujevac

Apstrakt

Dekubitus ili rana od ležanja je stanje koje nastaje usled dužeg i ponovljenog izlaganja pojedinih delova tela silama pritiska, smicanja i trenja. Jedna je od najčešćih komplikacija nepokretnosti.

Pritisak na određeni deo tela definiše se kao spoljni faktor i na njega možemo delovati u najvećoj meri, ukloniti ga ili umanjiti njegovo dejstvo. U egzogene faktore ubraja se i vlažnost kože, jedan od najznačajnijih faktora rizika. Dugotrajno i produženo prisustvo vlažnosti dovodi do promena u strukturi kože, a time i povećanog rizika za nastanak rane. Postoje i endogeni faktori: neuhranjenost, malokrvnost, loša ishrana, dijabetes, otoci po telu, kao i mnoge druge pridružene bolesti. Na ove nabrojane faktore može se uticati delimično.

Mesta na kojima se najčešće javlja dekubitalna rana su takozvana predilekciona mesta: slabinski deo karlice, sedalna kost, zglobovi kuka, čukljevi, kolena, laktovi, kao i područja na kojima je slabije razvijeno potkožno tkivo.

Dekubitalne rane prolaze kroz određene faze, koje su jasno uočljive, što pacijentu i ukućanima daje šansu da blagovremeno reaguju, potraže profesionalnu pomoć, kao i da tretiraju dekubitalnu ranu u nastajanju i spreče dodatne komplikacije.

U zavisnosti od dubine oštećenja, dekubitusi se dele u pet faza.

1. I faza – crvenilo kože, lokalna temperatura, otok;
2. II faza – pored crvenila, lokalne temperature i otoka, javlja se i plik sa oštećenjem gornjeg sloja kože;
3. III faza – već prisutno oštećenje gornjeg sloja kože se širi na dublje slojeve;
4. IV faza – oštećenje prodire u dublje slojeve kože, a može zahvatiti i mišiće;
5. V faza – tkivo između kože i kostiju je potpuno uništeno, a oštećenje može zahvatiti i kost.

Dekubitalna rana prvog i drugog stepena (kada je zahvaćena samo koža) može se lečiti bez operacije, u kućnim uslovima. Ukoliko je rana trećeg ili četvrtog stepena, ako je velika i ne može da zaraste nekoliko nedelja čak ni uz stručnu pomoć, najbolji lek je hirurška intervencija.

Pojava dekubitalnih rana zahteva adekvatno reagovanje već u prvoj fazi, kako bi se izbegle dalje komplikacije. Na ovaj stadijum se može uticati maksimalnim rasterećenjem od pritiska, održavanjem higijene, utrljavanjem hranljivih krema ili primenom savremenih obloga. Ranu treba tretirati sredstvom za dezinfekciju ili antiseptičnim sprejevima koji deluju protiv bakterija, gljivica i virusa i previti sterilnom gazom ili nekom drugom oblogom za rane.

U okviru prevencije se preporučuje pregled kože svakodnevno kako bi se na vreme uočila promena na koži, promena položaja bolesnika svaka dva sata, održavanje kože čistom i suvom u

Abstract

A decubitus or bedsore is a condition that occurs due to prolonged and repeated exposure of certain parts of the body to the forces of pressure, shear, and friction. It is one of the most common complications of immobility.

Pressure on a certain part of the body is defined as an external factor and we can act on it to the greatest extent, remove or reduce its effect. Exogenous factors include skin moisture, one of the most important risk factors. Long-term and prolonged presence of humidity leads to changes in the skin structure and thus an increased risk of wound formation. There are also endogenous factors: malnutrition, anemia, poor nutrition, diabetes, swelling of the body, as well as many other associated diseases. These listed factors can be partially influenced.

The places where a decubitus wound most often occurs are the so-called predilection places: the lumbar part of the pelvis, saddle bone, hip joint, bunions, knees, and elbows, as well as areas where the subcutaneous tissue is less developed.

Decubitus wounds go through certain stages, that are clearly visible, which gives the patient and family members a chance to react in time, seek professional help, as well as to treat the decubitus wound in the process, and prevent additional complications.

Depending on the depth of damage, pressure ulcers are divided into five stages.

1. Stage I - characterized by redness of the skin, local temperature, swelling
2. Stage II - in addition to redness, local temperature, and swelling, a blister appears with damage to the upper layer of the skin
3. Stage III – already present damage to the upper layer of the skin spreads to deeper layers
4. Stage IV - the damage penetrates into the deeper layers of the skin and can affect the muscles as well
5. Stage V - the tissue between the skin and the bones is completely destroyed, and the damage can affect the bone as well.

A decubitus wound of the first and second degree (when only the skin is affected) can be treated without surgery, at home. If the wound is of the third or fourth degree, if it is large and cannot heal for several weeks even with professional help, the best remedy is surgical intervention.

The appearance of decubitus wounds requires an adequate response already in the first phase, in order to avoid further complications. This stage can be affected by maximum relief from pressure, maintaining hygiene, rubbing in nourishing creams, or using modern dressings.

The wound should be treated with disinfectant or antiseptic sprays that work against bacteria, fungi, and viruses and bandaged with sterile gauze or another wound dressing.



svakom momentu (neophodno je oprati pacijenta neutralnim sredstvima svakog dana, kao i masirati, utrljavati hranljive kreme), nabavka antidekubitalnog dušeka, koji obezbeđuje konstantnu masažu tela i menjanje raspodele pritiska na telo pacijenta, redovna i pravilna ishrana, uz unos dovoljne količine belančevina, vitamina, kao i cinka, gvožđa i bakra, jer to pospešuje zarastanje rana.

Dekubitalna rana često može postati hronična rana. Hronične rane su sve one koje ne zarastaju očekivanom brzinom, već se zadržavaju duže vreme (obično duže od 6 nedelja), pričinjavajući pacijentu neprijatnosti i bolove. Mnoge hronične deku-bitalne rane imaju tendenciju brzog pogoršavanja, ukoliko ne dobijaju pravilan tretman i negu.

As part of prevention, it is recommended to examine the skin daily in order to detect changes in the skin in time, to change the position of the patient every two hours, to keep the skin clean and dry at all times (it is necessary to wash the patient with neutral agents every day, as well as massage, rub in nourishing creams), the purchase of an anti-decubitus mattress, which provides constant body massage and changing the distribution of pressure on the patient's body, regular and proper nutrition, with the intake of sufficient amounts of protein, vitamins, as well as zinc, iron, and copper, because this promotes wound healing.

A decubitus wound can often become a chronic wound. Chronic wounds are all those that do not heal at the expected speed, but persist for a long time (usually longer than 6 weeks), causing discomfort and pain to the patient. Many chronic decubitus wounds tend to worsen rapidly if they do not receive proper treatment and care.