

Jonathan Rosenfeld's Nursing Homes Abuse Blog

Lack Of Cleanliness & Incontinence Contributes To Development Of Bed Sores In Nursing Home Patients

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Today's portion of my [ongoing series](#) with [attorney David Terry](#) regarding bed sore causes and how caregivers can prevent them, deals with an embarrassing-- yet commonly encountered condition amongst nursing home patients-- [incontinence](#).



Like many other medical complications facing nursing home patients, the source of the problem typically stems from staffing. Improperly trained staff or simply inadequate man power are usually the underlying reasons why patients sit in soiled clothing or diapers for extended periods of time.

Incontinence and developing bed sores

There are a variety of psysical and psychological reasons why a patient may be unable to control their bladder or bowel. Despite the underlying reasons for fecal or urinary incontinence, the fact remains that incontinent nursing home patients are at a heightened risk for developing bed sores (also referred to as:

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pressure sores, pressure ulcers or decubitus ulcers) compared with their continent peers.

When urine and fecal matter remain in contact with the delicate skin on the buttocks and genitalia, the caustic nature of the waste exacerbates the skin-breakdown. When urine or feces is left uncleaned for extended periods, it results in rapid breakdown of the skin especially in bed-bound patients who sit in bed for extended periods.

Incontinence and exacerbation of existing bed sores

Should a bed sore develop in an incontinent patient, staff must be extra diligent to keep the patient clean and dry. In cases where a patient has an open wound (stage 3 or 4), the wound provides easy-access for bacteria to enter the body. Bacteria in feces can enter the wounds causing serious infections such as sepsis-- a systematic infection that can enter the body through an open wound and spread through the blood.

In some cases involving incontinent patients with severe bed sores on the buttocks or sacrum, a physician may recommend a surgical procedure to prevent fecal material getting into the wounds and causing further complications. A surgical procedure known as a 'colostomy' or '[diverting colostomy](#)' to divert fecal waste into a pouch as opposed to passing through the rectum.

During a colostomy procedure, surgeons cut the colon into a shorter piece and bring it through the wall of the abdomen. A colostomy bag is attached to the end of the colon exiting the abdomen where fecal material is collected. The end of the colon that leads to the rectum is closed off and becomes dormant. After the wound has healed and the colostomy bag is no longer needed, the procedure may be reversed.

Caregiver tips for incontinent patients:

As a caregiver, knowing the potential risks that accompany many medical conditions is perhaps the most important aspect of preventing further

complications. Keep in the mind the following when caring for an incontinent patient.

- If you know your patient is wet, demand the facility clean and change them immediately
- Encourage patients who are capable of using the toilet to do so
- Keep call buttons within reach of patients so they may notify staff when they require attention
- As soon a pressure sore becomes noticeable (stage 1) apply barrier gels and bring the condition to the attention of the patients physician

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