

# Bed Sore FAQs

QUESTIONS & ANSWERS FROM A NURSING HOME LAWYER

## Can bed sores lead to amputation of limbs?

Yes. Bed sores (also known as: pressure sores, decubitus ulcers or pressure ulcers) are caused by pressure, which cuts off blood flow to parts of the body resulting in areas of injured skin and tissue. The areas of the body most vulnerable to pressure sores are the heels, hips, and buttocks. Persons who are bedridden, have limited mobility, or are confined to a wheelchair are especially at risk for bed sores. As such, elderly nursing home patients are particularly vulnerable to pressure sores because of prolonged bed rest, limited mobility, and weakness. Nursing home staff must turn residents who are bed ridden or have prolonged bed rest often enough so blood can circulate to areas that are under pressure.

Bed sores can be a very serious condition depending on how much skin and tissue is damaged. Deep pressure sores can go all the way down to the muscle or even the bone. Stage III bed sores result when the tissue below the skin is damaged, causing a deep wound. Stage IV bed sores are the most serious pressure sores and involves destruction of large areas of skin accompanied by damage to the underlying muscle, bone, tendons, and joints. If not treated properly, infection can set in and even require amputations. Signs of infection include pus, bad smell, redness, swelling, tenderness, fever, and chills.

Surgical debridement (removal of damaged tissue) is one approach to treating serious bed sores. This process can be very painful because it involves using a scalpel or other instrument to remove all the dead tissue. Some bed sores reach a point where surgical repair is necessary. The treatment usually involves harvesting tissue from another area of the body and using it to pad the wound. In some situations, amputation is necessary.

When bed sores are not treated properly, tissue damage can spread and infection, including gangrene, can set in. In severe cases (where surgical debridement, antibiotics, and oxygen treatment are unsuccessful), amputation of the limb might be required to prevent the infection from spreading further. This is especially true in elderly people, especially those who are malnourished, because of poor blood flow.

Amputation is the surgical removal of a limb or body part (arms, legs, feet, fingers, toes), usually to remove diseased tissue or relieve pain. The amputation procedure is performed by an orthopedic surgeon in a hospital operating room under regional or general anesthesia. The procedure varies depending on which limb is removed; however, all surgical amputations involve removing diseased tissue and constructing a stump, which will fit a prosthesis. The procedure for an above-the-knee amputation includes: first cutting the skin and muscle layers, then clamping the major blood vessels and cutting them, then cutting the bone with a bone saw, and finally, the muscles are stitched together over the bone and the skin is closed over the wound.

The decision of how much of the limb to remove depends on how much tissue needs to be removed for proper healing, while saving as much of the healthy skin, blood vessels, and nerve tissue as possible for rehabilitative purposes. One test that the surgeon performs to determine the health of the limb is the amount of blood flow to the affected region (measurement of blood pressure in the limb).

As with other major surgeries, amputation carries with it the same risks including complications with anesthesia, blood loss, and blood clots; however, infection is the main complication following surgery. Amputation is a painful procedure, requiring treatment with pain medication and antibiotics post-surgery, and a hospital stay ranging from five to fourteen days, absent further complications. Following surgery, the newly formed stump must be moved often to encourage circulation, with physical therapy commencing as soon as possible. The rehabilitative process is a long process, especially for above the knee amputees. The physical rehabilitation is often accompanied by grief counseling to help the patient cope with the sense of loss that comes with losing a limb. Patients also often have phantom limb pain, which is very difficult to treat. Amputation is a last resort for both physicians and patients, but in some cases, as with severe bed sores (which are almost universally preventable), it becomes necessary.

**Sources:**

[MayoClinic.com – Pressure Sores](#)

[Merck – Pressure Sores](#)

[Encyclopedia of Surgery – Amputation](#)

[Vascular Web – Amputation](#)