ABSTRACT

Background: Infection in severe pressure ulcer can lead to sepsis with high mortality rate. It also leads to morbidity and renders patients to get other problems like B pneumonia and urinary tract infections. Methods: Operative records of 25 consecutive operative de bridement were reviewed and identified key steps in debridement, mortality, unexpected results and time of discharge after debridement. Results: The mean age of patient was 45 years, 50% were males, most wounds (50%) were located on the hip (Ischum or troc hanter), and others were sacrum and heels. We followed a 4 stage procedure. There was one death one week post debridement of sacral ulcers and one returned to theatre for bleeding 5 days post debridement. Conclusion: Operative debridement of pressure sores is safe despite medical cormobidities. Proper debridement will prevent sepsis and death in patients with multiple cormobid conditions