

## Insufficient evidence on repositioning patients for treatment of pressure ulcers

<b>Clinical question</b>	How effective is repositioning patients for treatment of pressure ulcers?
<b>Bottom line</b>	Despite the widespread use of repositioning as a component of the management plan for individuals with existing pressure ulcers, there is no randomised controlled trial (RCT) evidence that assesses the effects of repositioning patients on the healing rates of pressure ulcers.
<b>Caveat</b>	Pressure from lying or sitting on a particular part of the body results in oxygen deprivation to the affected area. If a patient with an existing pressure ulcer continues to lie or bear weight on the affected area, the tissues become depleted of blood flow and there is no oxygen or nutrient supply to the wound, and no removal of waste products from the wound, all of which are necessary for healing. International best practice advocates the use of repositioning as an integral component of a pressure ulcer management strategy.
<b>Context</b>	The proportion of people that develop a pressure ulcer ranges from 2.2% to 66% in the UK, and from 0% to 65.6% in the US and Canada <sup>1</sup> (the wide range being due to studying populations with very different risks). Pressure ulcers are a significant financial burden to healthcare systems. The total annual cost for pressure ulcer management in the UK has been estimated as £1.4 to £2.1 billion, which at that time was equivalent to 4% of the total UK healthcare expenditure
<b>Cochrane Systematic Review</b>	Moore ZEH, Cowman S. Repositioning for treating pressure ulcers. Cochrane Reviews 2009. Issue 2. Article No. CD006898. DOI: 0.1002/14651858.CD006898.pub2. No trials were eligible for inclusion in the review.
PEARLS No. 195, September 2009, written by Brian R McAvoy	

[References]

1. Kaltenthaler E et al. J Wound Care 2001;10:530-35.
2. Bennett G et al. Age Ageing 2004;33:230-35.

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