

▶ QUICK GUIDE
HEEL ULCER
MANAGEMENT



Wounds UK

WHY IS THE HEEL AT RISK OF ULCERATION?


- Bony prominences — of which the heel is one — are particularly prone to pressure ulcers (heels are the second most common location for ulcers)
- The foot is load-bearing, and the heel is the focal point of the weight borne by the foot
- The calcaneus heel bone is not well-protected; there are just 3.8mm between the bone and the skin
- When mobilising, the heel region is subject to both internal and external forces
- The Achilles tendon has little blood supply, making the area vulnerable particularly in the vascularly compromised (eg peripheral arterial disease).

➤ Assessing, recognising and diagnosing heel ulcers are crucial to acting quickly to offload the foot, optimise skin/wound moisture levels, and protect the heel from pressure, shear and friction.

WHO IS AT RISK OF ULCERATION?

Patients with:

- Diabetes, which makes fat pads less pliable and less able to regain shape and position after impact
- Reduced mobility, or who are immobile
- Poor perfusion/vascular compromise and/or renal disease
- Fragile skin (eg the elderly)
- Neuropathy or conditions that cause involuntary movements (eg Parkinson's disease), which can result in not being aware of damage to the heel
- Large, oedematous limbs and/or thin, bony feet
- Abnormal foot anatomy (eg high plantar arches or amputated toes).

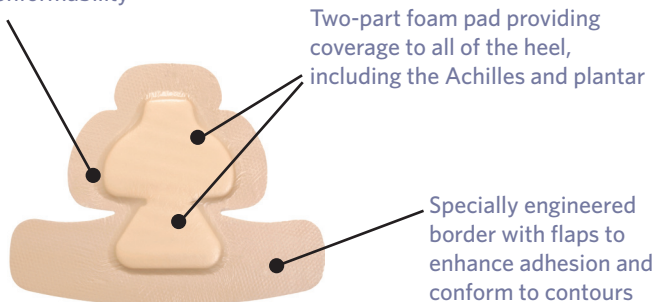
 **Heel ulcers can jeopardise limb viability and lead to a reduction in or loss of function, with up to 42% of patients with a heel ulcer requiring amputation¹**

1. Han PY, Ezquerro R (2011) Surgical treatment of pressure ulcers of the heel in skilled nursing facilities: a 12-year retrospective study of 57 patients. *J Am Podiatr Med Assoc* 101(2):167-75.

WHY ARE HEEL ULCERS DIFFICULT TO MANAGE?

- Pain makes mobility and even bed rest difficult due to ulcer location
- Poor perfusion is inherent in the anatomy
- Moderate to high levels of exudate mean leakage is a common problem requiring management with an absorbent dressing to prevent maceration
- The wound is awkwardly positioned and often irregularly shaped
- Dressings might not stay in place due to ulcer location and exudate levels.

Heel shaped design for conformability



IDEAL PROPERTIES OF HEEL DRESSINGS

- ✓ Easily applied
- ✓ Shaped to fit heels — conformable and adapts to heel contours
- ✓ Maintains moist wound environment (eg good fluid-handling)
- ✓ Minimises risk of maceration
- ✓ Consider use of emollients
- ✓ Remains in place and prevents leakage
- ✓ Encourages healing and does not disturb newly formed granulation tissue on removal
- ✓ Increases patient comfort/minimises pain and trauma at dressing change
- ✓ Lets the patient mobilise
- ✓ Accommodated easily by normal footwear

MEPILEX BORDER HEEL FOR HEEL ULCER MANAGEMENT



Step 1 Clean the wound area, dry the skin thoroughly and remove the central protection film. (Apply appropriate primary dressing if required.) Apply the adherent part of the dressing marked A. Do not stretch.

Step 2 Remove the upper protection films on each side, apply and smooth the dressing. Do not stretch.



Step 3 Apply the adherent part of the dressing marked B under the foot. Do not stretch.

Step 4 Remove one side-flap's protection film. Apply and smooth; repeat with other side-flap's protection film. Do not stretch. Smooth dressing and borders.

