Correlation of support surfaces with regard to the occurrence of pressure injures in the surgical patient

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Objective

To correlate the support surfaces used in the surgical positioning with the occurrence of pressure injuries resulting from this practice.

Method

Exploratory, descriptive, retrospective study of correlation with patients of a large, private philanthropic hospital in São Paulo - Brazil. We evaluated 145 patients from a database of a previous study on positioning lesions. Inclusion criteria were elective adult surgical patients admitted to the preoperative and day clinic from 6 to 7 pm, who spontaneously agreed to participate in the study. Were excluded pediatric patients, adults from other hospitalization units, and who did not use a support surface for surgical positioning. The previous project was approved by CEPIEPHSL 1.935.424, with the objective of evaluating the occurrence of skin lesions due to the surgical positioning, the patients were approached in the preoperative period, the skin evaluation was performed, were collected the antecedents, type of positioning and surfaces used, and a new evaluation of the skin in the postoperative period. Data were analyzed using Pearson's statistical correlation test.

Results

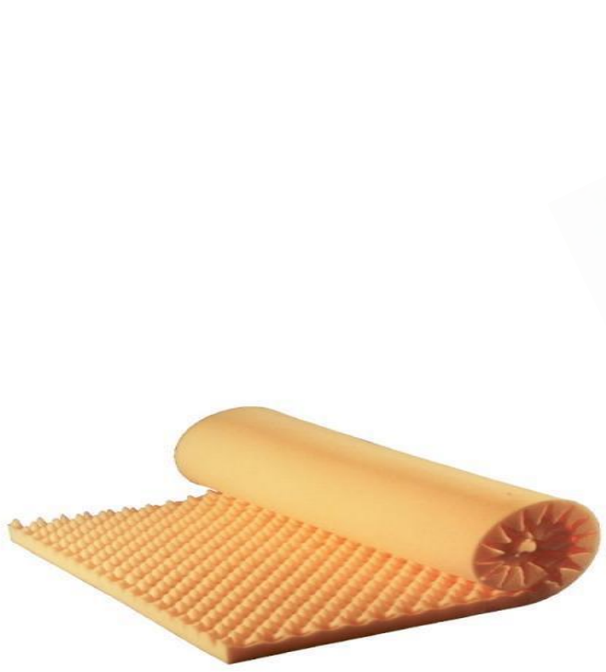
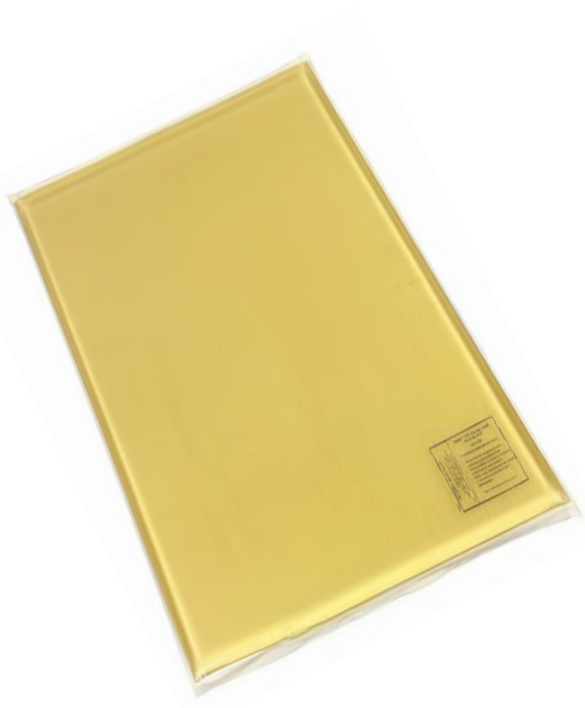
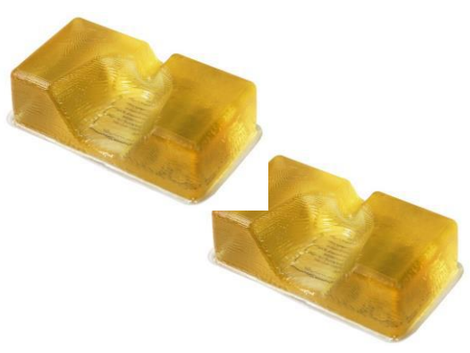
The procedures were small, medium and large, different specialties and the support surfaces used were viscoelastic, pyramidal foam, adhesive dressing, vacuum mattress, cotton cloth field and pillow, in some procedures there was a combination of more a surface. The occurrence of lesions by positioning was observed in five patients. The correlation tests as an observed in the table 1.

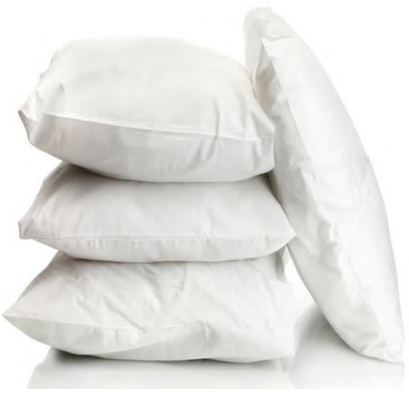
Table 1. Correlation tests for support surfaces.

Variables	Statistic	df	p- value
Viscoelastic	8,9209	1	0,003*
Pyramidal foam	5,0752	1	0,024*
Adhesive dressing	-	-	0,055
Vacuum mattress	-	-	1,000
Cotton cloth field	-	-	0,181
Pillow	8,7133	1	0,003*

Conclusion

The low incidence of lesions by positioning in this sample shows the importance of the use of support surfaces as a prevention method, the significant values of the correlation reinforce the potentiality of these surfaces in the prevention of pressure lesions in the surgical positioning.



Reference: Spruce L, Sharon AVW. Back to basics: positioning the patient. AORN J. 2014;100(3): 299-303; Lopes CMM, Haas VJ, Dantas RAS, Oliveira CG, Galvão CM. Escala de avaliação de risco para lesões decorrentes do posicionamento cirúrgico. Rev. Latino-Am. Enfermagem. 2016;24:e2704; Nilson UG. Intraoperative Positioning of patients under general anesthesia and risk of postoperative pain and pressure ulcers. J Perianesth Nurs. 2013; 28(3):137-143; Sutton S, Link T, Makic MB. A quality improvement project for safe and effective patient positioning during robotic-assisted surgery. AORN J. 2013; 97(4): 248-256.