

Guideline: Flap Reconstruction for Ischial and Sacral Pressure Injuries
Burn and Soft Tissue Surgery

Purpose: To outline the pre-operative screening and post-operative management for patients who undergo local flap reconstruction for ischial and sacral pressure injuries. This is a guideline and may vary based on patient specific characteristics.

Order set:

Title: *Post Flap Surgery Order set*

A post-operative order set has been developed for this patient population and reflects the management outlined below.

Pre Flap Screening:

Medical Screening

- Compliance with pre-operative appointments
- Bowel management program
- Tobacco counseling
- Diabetes management plan, if applicable
- Nutritional assessment: CMP, Zinc, Vitamin C, CRP, Pre-albumin

Offloading Screening

- Outpatient
 - No evidence of worsening pressure injury assessed at serial pre-operative screening appointments
- Inpatient
 - Patient able to comply with 'Post Flap Activity Restrictions' x 7 days prior to considering flap reconstruction
 - Nursing documentation of compliance

Wheelchair Evaluation

- Outpatient:
 - Refer to burn clinic for wheelchair assessment and cushion measurement by physical therapy
 - If wheelchair is inadequate, then refer to the wheelchair clinic
- Inpatient:
 - Physical therapy to measure for wheelchair cushion prior to surgery
 - If on bed rest, then may sit prior to flap for measurements

Post-Operative Management:

Activity Guideline:

- Restrictions, until POD #28
 - Envella Bed
 - Bedrest
 - Head of bed less than 30 degrees
 - Offload flap site as much as possible, continue frequent repositioning
 - No wedges used below waist
 - Avoid hip flexion > 90 degrees for ischial flaps
 - No bed pan, no commode
 - No use of Overhead and Hoyer lifts

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- Equipment
 - Air fluidized bed (Envella)
 - Overhead Trapeze
 - Heel Protector Soft Boots
- Sitting Protocol
 - Initiate if flap stable on POD #28
 - Discontinue Envella Bed, transition to Air Bed
 - Continue above restrictions
 - If flap stable for 72 hrs after moving to air bed, then initiate sitting trials
 - Sit at side of bed or in wheelchair, 3 times per day
 - Increase sitting time every 48-72 hours at following intervals:
 - 5 min, 10 min, 20 min, 30 min, 60 min
 - PT will lead this stage of sitting protocol in conjunction with BST team

Wound Care:

- Hydrofiber (Aquacel Ag) and Bordered Foam (Mepilex) to incision
 - Change Q3days or if saturated
- When minimal drainage, stop Hydrofiber Dressing
- When dry, leave OTA
- Wash flap incision with soap and water at dressing changes
- Suture removal
 - Begin removing every other suture on POD#14
 - Remove remainder of sutures on POD#17

Drain care:

- Drain to wall suction for 7 days post op, then change to bulb suction
- When drain output less than 100 cc per day, then remove drain

Nutrition

- Nutrition consult
- Therapeutic multivitamin
- Labs
 - CRP, Prealbumin: trend twice weekly
 - Zinc
 - Vitamin C

Consults

- Physical Therapy
- Occupational Therapy
- Nutrition
- Physiatry
- Manipulative Medicine
- Social Services

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Discharge Requirements:

- Flap shows no sign of skin breakdown/dehiscence after sitting for 60 minutes, 3 times per day
 - Increased sitting time will be discussed at first follow up appointment
- Clearance by PT and BST team
- Patient has appropriate and safe wheelchair and cushion
- Home PT/OT/RN/SW referral