

2<sup>nd</sup> International Conference on

WOUND CARE, TISSUE REPAIR  
AND REGENERATIVE MEDICINE

&

World Congress on

MICROBIOLOGY & APPLIED  
MICROBIOLOGY

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### Prevention of pressure ulcer: When, where, who and why start with prevention of pressure ulcer

**Introduction:** Seventeen percent of hospitalized patients have or will end up having a PU. In the worldwide geriatric population, 71% of patients  $\geq 70$  years have PU. Pressure ulcers (PU) is skin breakdown and continuum of tissue damage localized injury to the skin. Intrinsic factors: Immobilization, cognitive deficit, chronic illness (eg, diabetes mellitus) poor nutrition, use of steroids, aging. Extrinsic factors (pressure, friction, humidity, shearforce).

**Characteristics:** Pain, infectious complications, prolonged and expensive hospitalizations, persistent open ulcers.

**Treatments:** Why? Increased risk of the death. Associated with the development of pressure ulcers. HOW? PREVENTIONS. WHERE? Intensive care unit (ICU). Postoperative care begins

immediately after surgery. Includes pain management and wound care!!!

My choice is: INTEGRATIVE HEALTH & MEDICINE Integrative Medicine is the Medicine of the Future (concludes of International Congress (ICIM) in Stuttgart, 2016).

#### Speaker Biography

Jasmina Begic is a medical consultant for BIOPTRON, Zepter International for Bosnia and Herzegovina, founder of Association for Wound Management in B&H, founder and author of Euro-Asian Forum, one of founder of BALWMA. She is currently working as a dermatovenerologist in Bioptron International team -Wound Healing. She finished her graduation and post-graduation studies at Medical School of University Sarajevo, Sarajevo, Bosnia and Herzegovina and completed her PhD in the field of tissue regeneration and wound healing from Indian Institute of Technology, Kharagpur. She is also active member in UEMS TF WH, EWMA, EADV.

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