



SYST'AM® HEEL PAD

HEEL PAD MADE OF VISCOELASTIC FOAM WITH MULTIBEARING SURFACE AND MEMORY EFFECT

MATERIALS

80
kg/m³



Visco foam



Removable POLYMAILLE®
integral cover



NF EN ISO 597 - 1 & 2

Foam maintenance:



(Do not immerse in water)

Cleaning POLYMAILLE® cover:



INDICATIONS

- Used as prevention, the heel pad to be positioned at the bottom of the bed is particularly well suited to cases of moderate loss of mobility of the lower limbs with a moderate to very high risk of sores forming.
- When used to assist in treatment, this pad enables treatment of the sore in cases of low to normal mobility.



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AVAILABLE VERSIONS



SYST'AM® P902T / HEEL PAD

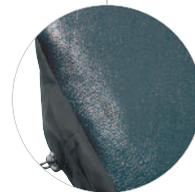


SYST'AM® P904T / HALF HEEL PAD

FEATURES OF THE COVERS

FABRIC COATED WITH BI-STRETCH POLYURETHANE

- Reduces friction and shear effects.
- Supple and soft to the touch (comfortable).
- Favours the exchange of gases (steam, sweat):
 - fights against maceration.
- Impermeable material:
 - better hygiene,
 - longer support system lifespan.
- Washable at 90°C, can be decontaminated using cold sprays.
- Treated to resist fire.
- With a non-slip lower face to help to stay in place.
- In multi-patient use, it is preferable to buy one new cover per patient.



NON-SLIP LOWER FACE

→ Helps the system to stay in place.

DESIGNATION	ITEM CODE	SIZE L x W x H (cm / inches)
Heel Pad	XSP902T1HW	73 x 64 x 10,5 cm / 28,7 x 25,2 x 4"
Half-Heel Pad	XSP904T1HW	73 x 32 x 10,5 cm / 28,7 x 12,6 x 4"



WARRANTY





MADE OF VISCOELASTIC FOAM WITH MEMORY EFFECT

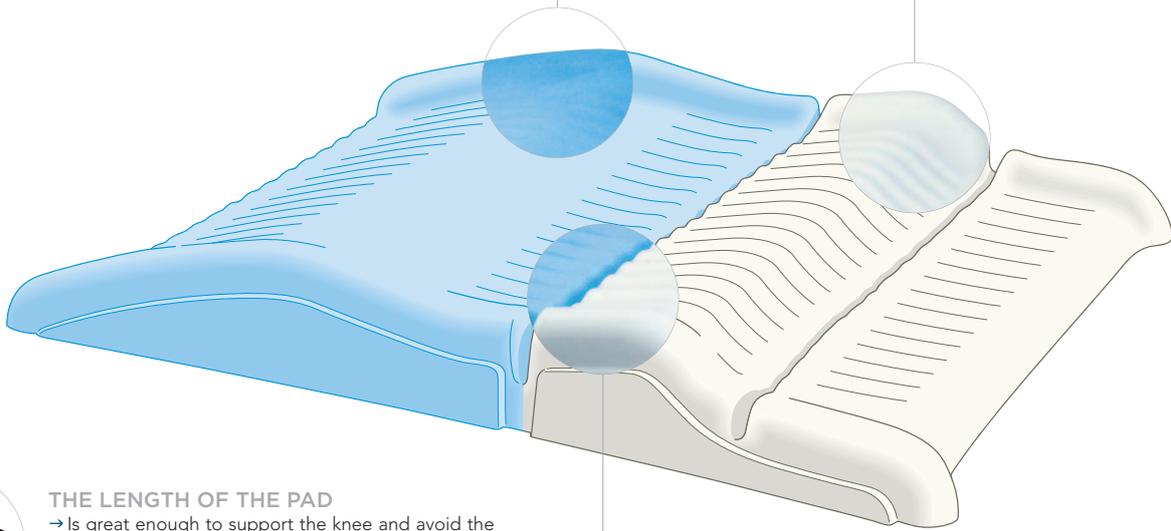
- The heel sinks into the memory foam.
- Combined with the curved form of the system, it reduces pressure peaks in the high-risk areas.

RAISED SIDES

- To avoid the lower members slipping off from the pad.

A SPECIFIC DESIGNED CURVE

- The pressure of the heel area is decreased through a slope creating partial pressure relief.
- The heel pad can be used with partial or complete discharge of pressures.

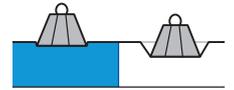


THE LENGTH OF THE PAD

- Is great enough to support the knee and avoid the recurvatum attitude (hyper-extension).

THE WIDTH OF THE PAD

- Enables freedom of movement.



A MULTIBEARING SURFACE COMBINED WITH THE CURVED FORM OF THE SYSTEM

- Makes it possible to shift the pressure points from the high-risk heel areas to the lower risk zones.

WHITE FOAM:

Foam with lower bearing capacity on areas at risk.

BLUE FOAM:

Firmer foam with higher bearing capacity for areas at lower risk.

P904T / HALF-HEEL PAD

- Enables different positions or pressure relief for each lower limb.



WITH PARTIAL DISCHARGE



WITH COMPLETE DISCHARGE





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HEEL SUPPORTS

The area of the heel is described by many authors as being a particularly frequent location of pressure sores. Meehan identifies the heels as the second pressure sore development zone after the sacrum, while Hunter considers distribution of pressure sores between these two sites as being equal.

RISK FACTORS

- The study by Blaszczyk highlighted 5 risk factors often associated with the risk of pressure sores on the heel.
 - Age > 70 years
 - Diabetes
 - Altered mental state (agitation, confusion, absence of response, stupor)
 - Loss of movement in at least one lower member
 - Decrease in the level of physical activity.
- Other factors should also be taken into account, such as stiffness of the knee, vascular problems in the peripheral areas or oedema in a lower member.
- The immobilisation factor is primordial in the development of pressure sores on the heel. Certain pathologies inducing the immobilisation of the lower members are therefore more frequently linked with the occurrence of these sores. As proof of this, after surgery on the lower members, several studies have shown the frequent occurrence of pressure sores, in particular after surgery on the femoral neck. They report rates of 27% to 42%. Versluysen notes incidence of 32%, including 23% heel pressure sores. These pressure sores appear very early, with 18% observed before operating, 16% on the day of the operation and 30% the week following it. Only 13% were recorded in the second week after the operation.
- In intensive care, a survey conducted in wards in 94 hospitals in France showed that the most frequent location of pressure sores was the heels, 44.4% of cases, then the sacrum for 25.9%. Among the risk factors, immobility of the lower members was essential in this case too.

ARE PRESSURE SORE PREVENTION OR TREATMENT SUPPORTS EFFECTIVE IN PROTECTING THE AREA OF THE HEEL ?

- Several studies have shown that the use of pressure sore prevention or treatment supports reduced the rate of sacrum pressure sores but had little or no influence on the rate of heel pressure sores; this observation was the same whatever the support used.
- Blaszczyk assessed the effect of using pressure sore prevention or treatment supports in the intensive care department of a hospital. He noted a decrease in the incidence of pressure sores on the sacrum and an increase in that of pressure sores on the heels.
- Allen compared the pressure exerted on the heels on two supports of the motorised low-pressure active air type. He found good results for the area of the buttocks, while the pressure recorded on the heels was high (2.67 times higher).
- Maklebus compared the pressure recorded on a memory foam mattress, an active-air mattress of the low-pressure type and a standard mattress for 64 subjects. The results were greater than 32 mmhg in all cases.
- This observation is confirmed in wards equipped with motorised active air supports of the low-pressure type, where the persistence or even an increase in the incidence of heel sores is recorded after the installation of these mattresses.
- Consequently, it would appear obvious that prevention for the heel area must be considered separately from the pressure sore prevention and treatment support in high-risk situations.

ARE TRADITIONAL HEEL SUPPORTS EFFECTIVE IN PREVENTING THE APPEARANCE OF SORES ?

- Medical staff often use heel supports. There are a large number of models, most of them made of gel, foam, silicon-coated fibres or synthetic sheepskin. Many studies have shown, however, that this type of device does not distribute pressure sufficiently, judging by the clinical results obtained.
- Other studies comparing the efficiency of these heel protection systems consider that only those systems that relieve pressure completely seem to offer real efficiency when the conditions of use allow.
- When this is not the case or when inappropriate use of the pressure-release systems is noted (reduced or complete mobility of the lower members), the use of accessories attached to the foot and placed at the bottom of the bed represents an appropriate alternative given the lesser risk related to the mobility factor.

THE SYST'AM® HEEL SUPPORT RANGE

Total pressure relief boot

- The results of the implementation of a post-operation prevention protocol in orthopaedics (hip replacement) and intensive care on 30 patients showed that no heel sores appeared (Cheney and Blaszczyk). In cases where there was a loss of mobility in at least one lower member, education of the patient and total relief of pressure on the heels proves to be very effective.
- On the basis of this data, SYST'AM® has developed a boot with an innovative anatomical shape, made of very high density viscoelastic memory foam, ensuring the reduction of pressure peaks and good comfort levels in use.

Integral heel support or heel pad

- In cases of normal or reduced mobility, the risk of sores is lower but still exists if we take into account the other risk factors such as diabetes, mental state, age or vascular problems. The use of heel pressure-relief systems is not efficient in such cases as the patient does not use them correctly (difficult to keep the heel firmly in place in the boot); in such cases, it is better to use systems that allow the lower members to move, such as devices attached to the foot or positioned at the bottom of the bed.
- For patients with normal mobility but suffering from cognitive disorders and movements that engender friction phenomena, it is necessary to use a heel support attached to the foot.
- For these sorts of cases, SYST'AM® has developed two models made with very high-density viscoelastic memory foam – a support pad to be placed on the bed and a model that is attached to the foot.