

Please show this advice to your GP, district nurse, practice nurse or any other healthcare professional who is responsible for your care.

If you are prescribed antibiotics for a pin site infection please let us know at your next clinic appointment. This allows us to keep track of any pin site infections being treated or recurring problems.

### For any queries please contact:

Emily Heeley and Lucy Carter  
Clinical Nurse Specialists  
Limb Reconstruction  
Telephone: **07748 624 293**

Further information and a video illustrating how to look after your pin sites can be found on the trust website:

**[www.uhb.nhs.uk](http://www.uhb.nhs.uk)**

- Choose QEHB
- Click on services
- Choose L from A–Z section

Patient information and videos can be found under Limb reconstruction.

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

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If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email **[patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk)**.

#### **Limb Reconstruction Service**

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**University Hospitals Birmingham**  
NHS Foundation Trust



## **Limb Reconstruction Service Pin Site Care Card**

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## Pin site care

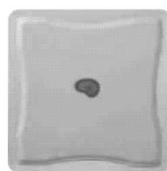
Pin sites should be cleaned and the dressings changed once a week after showering. The frame and dressings should be kept clean and dry at other times and baths are not advised as soaking the affected limb greatly increases the risk of pin site infections.

### Please follow the steps below when caring for your pin sites:

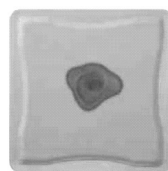
1. Wash your hands thoroughly before carrying out pin site care
2. After showering, use the shower head to spray water over the whole limb and frame and wipe the frame and limb clean and dry
3. Pour sterile water/cool boiled water into a small clean bowl, then using a clean piece of gauze, wipe around each pin site. Use a different piece of gauze for every pin site. Crusts on or around the pins should be removed but not any hard scabs or 'corks' that have formed below the level of the skin. The skin

around the pins should be gently pushed down to release any adherence (sticking), then dried

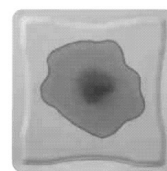
4. Apply a square of an absorbent foam dressing, ideally double layer polymem (alternatives are allevyn or biatain), approximately 5cm x5cm to each pin site. If you have to cut a large dressing into smaller pieces, ensure your scissors are cleaned. Make a small slit in the dressing so that it fits around the pin site and use the disc on the wire or pin to secure the dressing in place. Ensure the discs don't dig into your skin and check around the pin sites regularly to make sure there is no redness or pressure. Loosen the discs if necessary to prevent pressure
5. If pin sites are weeping a lot, the dressing may need to be replaced more frequently than weekly. When the exudate (ooze) is within 2cm of the dressing border it should be changed, as illustrated below:



No need to change



No need to change



Exudate within 2cm of the border, dressing requires changing

## Signs of infection

Some discharge of clear fluid from pin sites is normal in the early stages- this is usually painless.

### Irritation

Sometimes, pin sites can be **irritated**; this will usually look like slight pink/redness with some mild discomfort around the pin sites, with no other symptoms. If this occurs, apply inadine then double layer polymem to affected pin sites and change daily. After 48 hours, if pin sites worsen or signs of infection have developed then treat as pin site infection.

Pin site infections are usually treated with oral antibiotics and depending on your weight, we recommend the following:

- Flucloxacillin 1g four times a day or
- Clindamycin 450mg four times a day (if you are allergic to penicillin)

Your GP can prescribe these for you, or we can give you an emergency prescription if you are due to see us in the outpatient clinic.

We do not routinely swab every pin site infection. If there is prolonged weeping or more than one infected pin site, a swab should be taken using a different swab from each affected site.