



The prevention and treatment of pressure ulcers (PU) can be a challenge to clinicians in all health care settings.

After the sacrum, the heel is the second most common site for pressure ulcers¹, and the most common site for pressure ulcers in the perioperative patient². Thirty seven percent of patients who develop one heel pressure ulcer develop them bilaterally² and the heel is the most common site of deep tissue injury³ (DTI). Heel pressure ulcers account for 41% of all DTIs⁴ and the effects of a full-thickness heel pressure ulcer can be devastating to ambulation and quality of life.

The heels are particularly vulnerable to pressure ulcers due to the anatomical shape of the calcaneus and the lack of subcutaneous fat and muscle combined with poor perfusion³. Additional risk factors include diabetes mellitus, vascular disease and immobility².

Heel pressure ulcers can take a long time to recover; delays in healing can be attributed to underlying co-morbidities and barriers to maintaining pressure relief⁴.

Full thickness pressure ulcers with osteomyelitis or critical limb ischemia can lead to amputation. In one study, 42% of patients with heel pressure ulcers required lower limb amputation as a result of persistent infection or non-healing wounds⁵.



The incidence of hospital acquired heel pressure ulcers can be significantly reduced by regular and effective repositioning, skin assessment and use of heel protecting devices.

Mölnlycke[®] Z-Flex[®] Fluidized Heel Boot

- Adjustable shin straps to accommodate different leg sizes
- Fully offloads the heel and redistributes pressure over the Achilles
- Integrated air chamber helps support the lower leg and prevent overextension of the knee
- Built-in gate allows skin assessment
- Provides ease of use and comfort for the patient
- For single patient use only





As much as 41% of all deep tissue injuries are heel pressure ulcers³.

Fully offloads the heel and protects the Achilles

Through a combination of positive air displacement and fluidised technology

Fits different leg sizes and accommodates compression devices

Thanks to adjustable shin straps

Allows easy access for regular skin inspection

Thanks to a built-in gate



Ordering Information



Mölnlycke® Z-Flex® Fluidized Heel Boot

Ref. no	Description	Case Oty
1400122	Z-Flex Fluidized Heel Boot (Case of 2 Z-Flex Fluidized Heel Protector w/ gate, Ankle Strap)	2
1400123	Z-Flex Fluidized Heel Boot (Case of 8 Z-Flex Fluidized Heel Protector w/ gate, Ankle Strap)	8

References: 1. VanGilder, C., McFarlane, GD., Meyer, S. Results of nine international pressure ulcer prevalence surveys: 1989 to 2005. Ostomy Wound Management. 2008;54(2):40-54. 2. Delmore, B., Lebovitz, S., Suggs, B. Risk Factors Associated With Heel Pressure Ulcers in Hospitalized Patients. J Wound Ostomy Continence Nurs. 2015;42(3):242-248. 3. Salcido R, Lee A, Ahn C. Heel pressure ulcers: purple heel and deep tissue injury. Advances in Skin and Wound Care. 2011;24(8):374-382. 4. Black, J. Preventing pressure ulcers occurring on the heel. Wounds International. 2012, Vol 3, No 3. 5. Han, P., Ezquerro, R. Surgical treatment of pressure ulcers of the heel in skilled nursing facilities: a 12 year retrospective study of 57 patients. Journal of the American Podiatric Medical Association 2011; 101(2): 167–75. 6. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Altiance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. EPUAP/NPIAP/PPPIA: 2019.



