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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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The Jay Xtreme Active Cushion *(page 1 of 4)*

Why do I need a Jay Xtreme Active cushion?

Your injury means that you may easily develop pressure marks and ulcers. You have been assessed as needing a specialist cushion to reduce the chance of this happening.

Your Jay Xtreme Active cushion

There are two versions of this cushion, the standard fluid pad and the larger fluid pad.

Due to muscle bulk loss around seating bones we advise patients with a spinal injury to use the larger fluid gel pad.

The different sized gel pads and foam bases are not interchangeable.

Do not use a different type of Jay Xtreme Active cushion until you have been assessed for its use. Please contact the staff at the Pressure Clinic who can help.

The Jay Xtreme Active cushion is made up of 4 main parts:

- a moulded foam base
- a moisture resistant inner cover
- a fluid gel pad. This is secured by velcro strips on top of the inner liner
- an outer cover for protection.



Accessories such as a solid seat insert (SSI) and additional postural leg supports can be used with this type of cushion.

This cushion provides stability and good weight distribution and helps in positioning and support.

Before use

Always hold the cushion by the handle at the front or by the base.

To provide sufficient padding under your bottom and prevent the cushion 'bottoming out' the gel section must be remoulded before use. This will help prevent skin marking and the development of pressure ulcers.

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Daily checks

You need to check the cushion every day.

If someone else is doing this for you, they will need you to tell them how to do it and make sure that they do it correctly.

- remove the outer cover and check the gel pad for punctures and leakage.
- check the foam base for wear or change of shape.
- check the inner cover for signs of damage.
- make sure that any additional postural accessories are not damaged and are correctly inserted.
- when fitting the gel pad to the foam base make sure that the Velcro strips are in place and match up correctly. Check that the gel pad covers the whole foam base, with no corners exposed.
- if a solid seat insert (SSI) is used, attach it to the bottom of the foam base and insert the cushion correctly into the outer cover. If necessary this can also be attached directly to the outer cover.
- the SSI is designed to increase the lifespan of the cushion and help your posture by minimising the foam base sagging when the cushion is used on foldable wheelchair bases. You must remove this if you use the cushion on a flat base because it can increase the interface pressure to your seating bones, causing skin damage.
- The gel pad/foam base and SSI are labelled front/back to help you place it the right way round.

Cleaning your cushion

Turn the cover inside out before cleaning. The outer cover and the cover of the leg supports can be machine washed on a 40°C wash cycle with mild detergent. Washing instructions are on the label. Do not use bleach. It should be drip-dried or tumble-dried on a cool setting to prevent shrinkage.

You need to separate the gel pad carefully from the foam base before you can clean it.

The gel pad can be cleaned with warm water and detergent. Make sure that the gel pad's creases are wiped clean.

The inner cover can be wiped cleaned with warm water and detergent. Make sure that areas between the folds are clean. Do not submerge into water. If the leg supports are used remove them before cleaning.

The foam base and leg supports should be wiped with a damp cloth only - never use soap or detergent. Do not put the foam base or positional components in water.

Never use bleach, alcohol products or oil-based lotions to clean any parts of your cushion, as they as they can damage it.

Dry the cushion in open air. Do not place it in direct sunlight or in front of fires, radiators or

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heaters.

If the base or postural inserts becomes soiled due to incontinence they must be replaced because they cannot be cleaned. Contact your wheelchair services or cushion provider for a replacement.

Using the cushion

Once you have finished checking or cleaning the cushion, you will need to put it back together carefully. There are labels on the foam base and on the gel pad to help you with this.

When the foam base is inside the cover, the gel pad should be at the zippered end of the outer cover. The outer cover has a carry handle at the front, zippers at the back, and descriptive labels on the sides and underside of the cover to help you.

It is important that all the parts are assembled correctly. If you put the foam base, gel pad or the complete assembled cushion the wrong way round you can cause significant skin damage.

Do not expose your cushion to naked flames or long periods of extreme temperatures as this can effect the consistency/viscosity of the gel fluid.

Store this cushion flat.

Do not store items under or to the side of your cushion because this will create a higher seating pressure, and lead to pressure marks or ulcers. Sharp objects may puncture and split the gel pad. If this happens you must contact your wheelchair service or your cushion supplier immediately.

The cushion has been designed to be used with the outer cover. If the cover is damaged, it must be replaced.

The cushion may be used without the cover for short periods such as when the cover is in the wash. Use without an outer cover should be for a short period because it will increase the risk of heat generation/moisture build up on your skin. Do not use an alternative cover such as a pillow case, because this will effect the efficiency of the cushion, and can cause skin marking.

Replacement covers are available from your wheelchair service or the supplier of your cushion. It is at the discretion of your cushion supplier if a spare outer cover is provided.

The maximum user weight of these type of cushions are: 150kg / 330lbs / 23st 8lbs.

Your skin can be badly damaged if the cushion is not used properly.

Pressure relief

You may need to carry out pressure relief on this cushion. If you are not sure whether you need to do this, please contact the Pressure Clinic.

Pressure relief helps to keep the blood flowing in your seating area. This is necessary for healthy skin and helps prevent ulcers forming.

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Pressure is relieved when the bony parts of your bottom are lifted clear from the cushion. To do this you can lift your bottom off the seat or lean side to side or forward and then back. If possible relieve the pressure every 20 minutes for 20 seconds.

Skin

You should check your skin for any skin damage before getting into your wheelchair and when you go to bed. When in bed, if you have any red or pink marks on your skin, you will need to relieve pressure from the area until the mark has completely faded. If the mark is still there after 30 minutes, please contact the Pressure Clinic for advice.

New cushions are firmer than older ones, so you need to check you skin as often as possible when you get a new one.

Life expectancy of the cushion and how to replace it

The Jay Xtreme Active cushion should last between 2 – 3 years, but this can vary depending on your weight and how active you are. The cushion is guaranteed for 2 years from manufacturing defects.

To repair or replace your cushion, contact your local wheelchair service or supplier. If you are unsure of their address, please contact the staff at the pressure clinic who will be able to help.

How can the Pressure Clinic help?

We are available by telephone for advice, and you will also attend the Pressure Clinic during your Outpatient appointment to see your Consultant.

Additional appointments can also be made for you to be seen in the Pressure Clinic should you so wish.

We can be contacted for addresses and telephone numbers of local wheelchair services, sales representatives for cushions, and for advice on any aspect of your pressure area care.

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Please remember that this hand-out is only to be used as a guide and that each person needs to be individually assessed for a cushion. Once a cushion is prescribed it does not reduce the need for skin checking and continued assessment.