

Vigna Law Group: Deep Tissue Injury (DTI)...What Comes Next? Litigation

VLG a national neurological injury and malpractice injury law firm, offers immediate evaluation of hospital acquired bed sores from photo review by an expert.

CALIFORNIA, UNITED STATES, November 27, 2020 /EINPresswire.com/ -- Greg Vigna, MD, JD, a

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As a practicing physician in hospitals across the country, I have seen hospital employed nurses who are scared to call a wound a Grade III decubitus ulcer since that is a 'reportable event'..."

Dr. Greg Vigna

physician Board Certified in Physical Medicine and Rehabilitation, practicing physician, and national medical malpractice and pharmaceutical injury attorney comments:

"Too often hospitals and nursing homes in their initial assessment of a newly identified wound misdiagnose the grade of a decubitus ulcer and are slow to react to prevent further soft tissue damage. The grading system for decubitus ulcers describes the depth of a wound but that has no correlation to how a wound occurs. The pathophysiology of a decubitus ulcer is pressure and the

tissue most sensitive to pressure is muscle so the muscle dies prior to injury and breakdown of the skin and the skin will eventually breakdown because the underlying tissue is necrotic or dead. Deep tissue injury (DTI) means that it is impossible to determine the depth of a wound since there is bruising under the intact skin reflecting damage, but the true extent of injury is unknown as wounds take 2-4 weeks to declare themselves. With proper wound care and pressure relief (taking pressure off the wound) some of these DTIs turn out to be insignificant because the tissue is injured but not irreversibly dead.

As a practicing physician in hospitals across the country, I have seen hospital employed nurses who are scared to call a wound a Grade III decubitus ulcer since that is a 'reportable event' to state authorities so there is a delay in proper management.

Often simply ordering a clinitron bed may prevent further tissue loss in a patient who turning off the wound is difficult or sometimes impossible."

Where is the Clinitron Bed?: <https://vignallawgroup.com/2020/03/24/wheres-the-clinitron-bed-decubitus-ulcers-care/>

Dr. Vigna has previously provided care as a wound care medical director of tertiary referral wound care program at a LTAC in Northern Louisiana and managed patients referred from as far as New Orleans, Texas, Arkansas, and Mississippi and have directed the care in over 300 patients who required flap closure of Grade III and Grade IV decubitus ulcers, many of them occurred in nursing homes and hospital. He has provided expert testimony for decubitus ulcers cases and has represented patients as an attorney who have suffered this “Never Event” and litigated decubitus ulcer cases to successful conclusion with national malpractice injury law firms across the country.

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic neurological injuries caused by transvaginal mesh devices and injuries caused by physician, hospital, and nursing home malpractice. He has clients serious injuries filed around the country with Martin Baughman, a Dallas Texas firm. Ben Martin and Laura Baughman are national pharmaceutical and personal injury trial attorneys in Dallas, Texas.



Dr. Greg Vigna

To learn more on the anatomical basis for TOT injury or irritation to the obturator and pudendal nerve and the treatments of obturator and pudendal neuralgia visit our website:

<https://vignallawgroup.com/ebooks/pelvic-mesh-pain/#page=59>

[Click here for a FREE BOOK](#) on Vaginal Mesh Pain.

For articles, video resources, and information visit the [Pudendal Neuralgia Educational Portal](#) or <https://tvm.lifecare123.com/>.

[Click here for information](#) regarding sling related complications.

Greg Vigna

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