Surgical Debridement of Decubitus Ulcers

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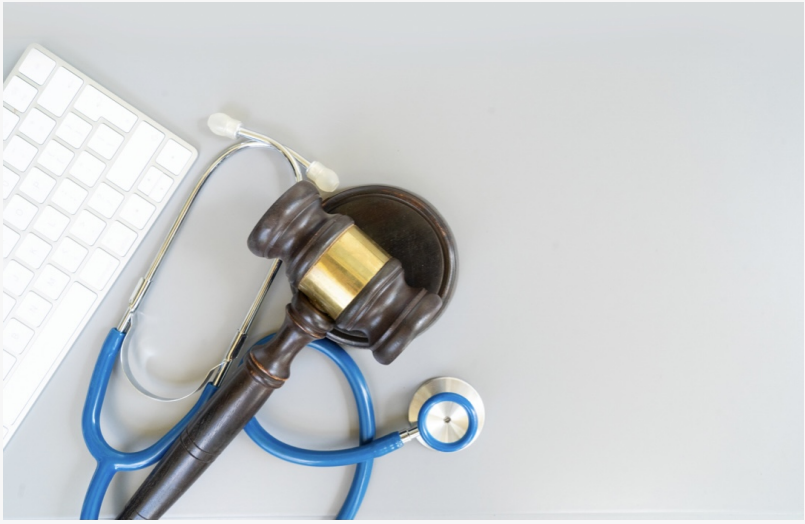

SANTA BARBARA, CA, UNITED STATES, February 2, 2023 /EINPresswire.com/ -- “Debilitated patients with necrotic decubitus ulcers require an aggressive debridement by a plastic surgeon or general surgeon who intends to have the wound ready for surgical closure in the future. The standard of care is to have this procedure done once, and have it done right” … Greg Vigna, MD, JD, national malpractice attorney, wound care expert.

“Infected, necrotic decubitus ulcers require compete debridement of non-viable tissue as soon as it is medically practicable. Too often I have had patients referred to my hospitals for flap closure with histories of undergoing dozens of outpatient debridement procedures at wound care clinics only to find a wound not ready for surgical closure. I have always been a proponent, do it once and do it right,” says Dr. Vigna, national nursing home attorney.

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>
> *Greg Vigna, MD, JD*

Dr. Vigna adds, “When is medically practicable is a complex issue as we know that patients with infected, necrotic decubitus ulcers are seriously injured and are incredibly sick all because of the negligent care of hospitals and nursing homes. Patients can expect to live with dead, chronically infected tissue as that is not compatible with life. There are risks of early surgical debridement such as acquired coagulopathies from wound sepsis that leads to prolonged bleeding after a debridement, but delay of surgical debridement does little to reduce the risks.”

Dr. Vigna continues, “I have managed hundreds of patients with huge wounds that were grossly infected, smelled of dead flesh, who were overtly septic. They were all injured by hospitals and nursing homes who put profits ahead of patient safety. These individuals must be afforded the

opportunity for health and these errors in care must be paid for so that these man made disasters do not occur to others again."

Dr. Vigna's tenants for management of deep Grade III and Grade IV decubitus ulcers:

1) Complete and reliable pressure relief of the wound
2) Nutritional support
3) Treatment of infection, if present, and physical removal of necrotic tissue
4) Treatment of anemia
5) Local wound care with wet or moist to dry dressing changes, frequency of changes depending on drainage
6) Surgical closure, if patient and family, consent to the risks versus benefits of surgical management and the patient is medically optimized

Dr. Vigna concludes, "Holding hospitals and nursing homes accountable is our purpose but also seeing to it that our clients are afforded an opportunity to receive the care from physicians and hospitals that are best able to manage them is our calling."

Dr. Vigna is a California and Washington DC lawyer who focuses on catastrophic injuries including spinal cord injuries, traumatic brain injury, birth injury, vaginal mesh neurological injuries, and hospital and physician malpractice, and nursing home decubitus ulcers. The Vigna Law Group along with Ben C. Martin, Esq., of the Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, jointly prosecute hospital malpractice and nursing home neglect cases, nationwide.

Resources:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5815366/
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