

Decubitus Ulcer: Hospital Trend, Bigger Sores, Less Surgical Treatment

A recent study reveals the frequency of a decubitus ulcer diagnosis has stayed the same but severity has increased and rate of surgical procedures has decreased

SANTA BARBARA, CALIFORNIA, UNITED STATES, March 20, 2023 /EINPresswire.com/ -- "A recent database study of hospital discharges between 2008 through 2019 reveal that the frequency of a decubitus ulcer diagnosis has essentially stayed the same, but severity increased and the rate of surgical procedures for those with stage 3 or stage 4 ulcers has decreased. My opinion is that hospitals are not doing a good job in prevention and when they occur, they are not offering necessary treating," stated Greg Vigna, MD, JD, national malpractice attorney, and wound care expert.

Dr. Greg Vigna, national malpractice attorney, states, "The trends for hospital acquired decubitus ulcers appears to be going the wrong way. The US Centers for Medicare and Medicaid Services (CMS) tracks Patient Safety Indicators, also referred to as PSI 90, and included on this list are decubitus ulcers. Decubitus ulcers was the only hospital-acquired condition that increased from 2008-2012 that was subject to nonpayment policy for the occurrence of the condition. Hospitals aren't doing their job and their patients are getting injured."



Dr. Greg Vigna

Dr. Vigna continues, "This was a large study and is from a very large database of diagnoses. Frequency, severity, and the less treatment is a TERRIBLE AND DISTURBING trend for those who have to lay in a bed at a hospital. This is a big failure. If severity is increasing and surgical procedures is decreasing, it begs the question, "What is happening?" Are patients who have suffered deep grade 3 or grade 4 decubitus ulcers being ushered to hospice or are the injured being pushed to more conservative options because the services for flap closure are not available?"

[Dr. Vigna](#) continues, "This was a large study and is from a very large database of diagnoses. Frequency, severity, and the less treatment is a TERRIBLE AND DISTURBING trend for those who have to lay in a bed at a hospital. This is a big failure. If severity is increasing and surgical procedures is decreasing, it begs the question, "What is happening?" Are patients who have suffered deep grade 3 or grade 4 decubitus ulcers being ushered to hospice or are the injured being pushed to more conservative options because the services for flap closure are not available?"

Dr. Vigna concludes, "We represent the most injured, Grade 3 and Grade 4 wounds. The injured will have a voice at the end of the day. These injuries are gruesome and they are all life-altering.



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Greg Vigna, M.D., J.D.

These are 'never events' and are preventable by basic good bedside care which is achievable with money and education. If patients are rushed to hospice, without proper consultation with surgeons as to treatment options, there will be a whole new bag of worms to deal with."

Visit the [Decubitus Ulcer Help Desk](#) learn more from Dr. Vigna related to decubitus ulcers.

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care. He is available for legal

consultation for families and patients who have [suffered decubitus ulcers because](#) of poor nursing care. Nursing homes and hospitals must be held accountable for the complications they cause. The Vigna Law Group, along with Ben C. Martin, Esq., of the Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, including a license to practice law in Pennsylvania, jointly prosecute hospital malpractice and nursing home neglect cases, nationwide.

More on Flaps:

<https://www.ncbi.nlm.nih.gov/books/NBK546581/#:~:text=Myocutaneous%20flaps%20are%20compound%20flaps,fascia%2C%20and%20the%20underlying%20muscle>.

More on LTAC:

<https://assets.ctfassets.net/plyq12u1bv8a/7MqV3gy1fzWD6rAkk8eBc0/fc057a4279fc8f7123a46deceeeecfb3/CG062 Long-Term Acute Care Hospital LTACH .pdf>

Pressure Ulcer Trends in the United States: A Cross-Sectional Assessment from 2008-2019:

<https://journals.sagepub.com/doi/full/10.1177/00031348231158691>

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