

## Decubitus Ulcers: C-diff and Recurrent C-diff Both Expected Complications

Recent study shows up to 44.8% of patients have C-diff recurrence within 2-months

SANTA BARBARA, CA, UNITED STATES, August 3, 2023 /EINPresswire.com/ -- "Prolonged IV antibiotics are necessary for the treatment of Grade IV <u>decubitus</u> <u>ulcers</u> with osteomyelitis and post-flap management. C-diff and recurrent C-diff produces challenges for patients, physicians, and the nursing staff. Unfortunately, a small percentage of patients can present with fulminant, acute C-diff that can present with vascular collapse, acute diarrhea and death," states Dr. Greg Vigna, MD, JD, national malpractice attorney, wound care expert.

C-diff is one of the most common hospital acquired infections and is caused by Clostridioides difficile, a bacteria that can colonize human's intestines frequently associated with the use of other antibiotics. Essentially, C-diff moves in as other bacteria are eliminated because of the routine use of antibiotics



Dr. Greg Vigna

that are used to treat other infections. Patients present with multiple, profuse, foul smelling, watery diarrhea. Patients must be placed isolated from other patients. Caregivers and families must be gowned and gloved when they enter the room and caregivers must use soap and water after care as hand sanitizers do not kill the spores of the bacteria that lead to spread. Patients

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

must stay in isolation until their diarrhea is controlled and the stools become firm. Primary treatment includes oral Flagyl.

What is recurrent C-diff? Recurrence of symptomatic diarrhea or abdominal pain with positive stools within 56 days of previous episode after apparent symptom resolutation. Recent study shows up to 44.8% of patients have recurrence within 2-months. Primary treatment

includes oral Vancomycin.

<u>Dr. Vigna</u>, national malpractice attorney, and wound care expert states, "Not much has changed in the management of C-diff in patients with decubitus ulcers. The literature is catching up with how I practiced ten years ago. Patients with C-diff who we anticipate to continuing IV antibiotics for treatment of osteomyelitis or who are heading toward flap closure should be continued on long-term oral Vancomycin as it is anticipated that they will relapse as you can't eliminate the spores. After discharge patients should be informed that any recurrent diarrhea after discharge for three months should undergo stool testing for C-diff."

Dr. Vigna adds, "There are occasions that C-diff testing results might take more than 6-hours to come back. I wouldn't wait for results to come back when patients are miserable with profound nausea and vomiting with profound diarrhea. They require oral Vancomycin and IV fluid support. As for the treatments with fecal transplants for those with recurrent C-diff, the main barrier I had with these emerging treatments that have shown some efficacy is that I worked in a rural environment, and I didn't want to be known in my community as the physician who prescribed stool to patients, understanding that it shouldn't be considered a 'crappy therapy.' To date, my practice of prolonged oral Vancomycin worked well."

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. 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.

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