

Grade IV Heel Decubitus Ulcer with Osteomyelitis: Surgical Consultation Recommended

Prevention of heel decubitus ulcers are paramount because this location is the most difficult of decubitus ulcers to manage.

LOS ANGELES, CA, UNITED STATES, August 21, 2023 /EINPresswire.com/ -- "In adults presenting with one or more heel pressure injuries stage IV complicated with bone infection involving surrounding tissues, a surgical approach must be performed to support the wound healing and prevent major amputation. Grade: Strongly recommended," cites Massimo Rivolo, RN in *Advances in Wound Care*, Vol. 9, No. 6, 2020.

Dr. Greg Vigna, wound care expert, [national decubitus ulcer attorney](#) states, "These are unfortunately common injuries with prevalence of heel bedsores between 7.3 to 18.2%. Daily bedside management of a dependent patient includes prevention for all patients at risk which include proper offloading the heel. The head of the bed should be kept less than 30 degrees which reduces the tendency of patients to grind the heels into the bed which may cause sheer injuries that present as blisters or can cause deep tissue injuries that cause maroon type bruising."

Dr. Vigna explains, "Prevention of heel [decubitus ulcers](#) are paramount because this location is the most difficult of decubitus ulcers to manage because there is very little soft tissue between the skin and the heel bone and the Achilles tendon. There is simply a lack of reconstructive options for those with deep heel decubitus ulcers. The management of grade IV heel decubitus ulcers with or without osteomyelitis requires early surgical consultation by a physician with the skills to provide limb salvage procedures including skin grafts, partial and complete calcaneotomy. Wound healing with conservative versus surgical options can be weighted by the patient with a goal to achieve wound healing and prevent a below knee amputation."

Dr. Vigna continues, "The literature is consistent with my experience that not every patient has a good functional result with a below knee amputation as some patients simply can't use a



Dr. Greg Vigna



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prosthesis because of dementia or other comorbidities. This must be weighed against the failure rate of healing with a partial or complete calcanectomy that may be as high as 29% in studies that include patients with diabetes, end-stage kidney disease, and peripheral vascular disease. A young, healthy patient might benefit from early below knee amputation where there is extensive bone involvement and would have a better functional result

than with a partial or complete calcanectomy because of the loss of function or decrease in function of the Achilles tendon.”

Dr. Vigna concludes, “It is not unreasonable for patients to obtain a second opinion as to the treatment plan when it comes to limb salvage versus amputation that may include both orthopedic foot specialist, podiatrist, and plastic reconstructive surgery.”

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 at hospitals, nursing homes, or assisted living facilities. [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 and nursing home neglect cases that result in bedsores nationwide.

Resources:

<https://www.hindawi.com/journals/jdr/2015/432164/>

<https://www.liebertpub.com/doi/full/10.1089/wound.2019.1042>

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