

Hospital Acquired Decubitus Ulcers: Local Care Pathways Determine Fate of the Injured

LOS ANGELES, CA, UNITED STATES, October 9, 2023 /EINPresswire.com/ -- "Despite Hospital Acquired Stage 3 and Stage 4 decubitus ulcers being considered a Never Event by the CMS, the treatment for those injured by hospitals is based on local care pathways, local surgical expertise, patient and health professional preferences and cost," states JKF Wong, Cochrane Library, Reconstructive surgery for treating pressure ulcers.

[Greg Vigna, MD, JD](#), national malpractice attorney, wound care expert, says, "The Centers for Medicare & Medicaid Services (CMS) position is that Stage 1, Stage 2, Stage 3, and Stage 4 are 'Never Events' and should never happen. Unfortunately, deep Stage 3 and Stage 4 ulcers require a multidisciplinary approach that includes a plastic reconstructive surgeon as part of the discussion of the treatment options. That is what the injured require and that is what I believe CMS will require in the future."



Dr. Greg Vigna

Dr. Vigna states, "We are seeing too many patients who have suffered hospital acquired decubitus ulcers who have not received multidisciplinary care which includes surgeons with the skills to provide flap closure. Patients with exposed bone, can be treated effectively with debridement, IV antibiotics, removal of non-viable bone, and flap closure. We are seeing cases

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

where those who have suffered hospital acquired Stage 3 and Stage 4 are being admitted for weeks into specialty hospitals, receiving nothing more than antibiotics and a VAC packs, only to be discharged home with wounds that aren't compatible with life.”

Dr. Vigna continues, "My experience is consistent with the literature that approximately 2/3 of those who undergo flap closure heal without incision line breakdown. The 1/3

who have incision line breakdown will go onto heal with conservative care because the necrotic tissue including dead bone had been surgically removed.”

Dr. Vigna concludes, “As a practicing physician I developed a multidisciplinary long-term acute hospital which offered flap surgery. Patients who have suffered a deep Stage 3 or Stage 4 should not be fast-tracked to palliative care or hospice without the opportunity to benefit from a hospital with the scope of services that include reconstruction. There are burn centers across the country to manage severe burns. There are centers with the skill sets to manage deep Stage 3 or Stage 4 wounds across the country. Local surgical expertise and health professional preferences should not be a barrier for those injured by hospitals.”

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.

Visit our [Decubitus Ulcer Help Desk](#) to learn more.

References:

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Greg Vigna, MD, JD

Vigna Law Group

+1 800-761-9206

[email us here](#)

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