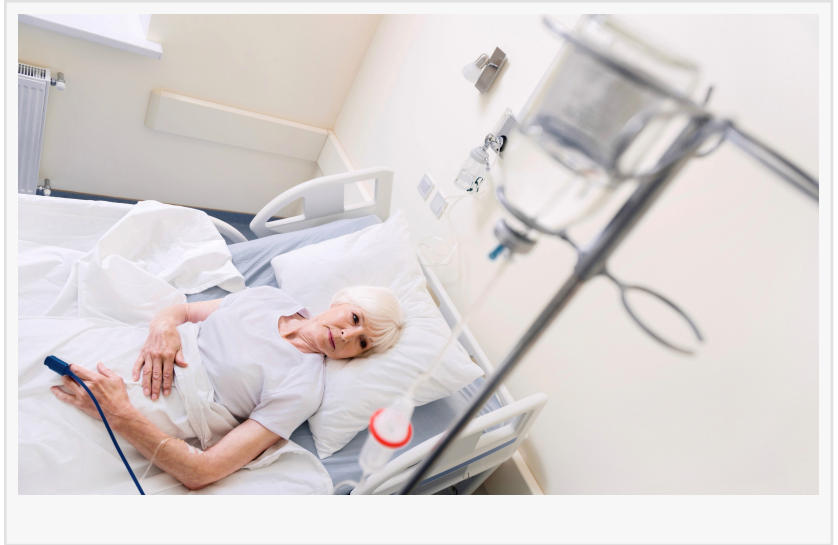


Study: Grim Prognosis for Those with Pelvic Decubitus Ulcer Who are Not Offered Flaps

The study describes treatments & outcomes of hospitalized patients with decubitus ulcer-related osteomyelitis who did not undergo surgical reconstruction.

SANTA BARBARA, CA, UNITED STATES, October 24, 2023 /EINPresswire.com/ -- We describe treatments and outcomes of hospitalized patients with [decubitus ulcer](#)-related osteomyelitis who did not undergo surgical reconstruction or coverage. 44% patients were readmitted due to complications from osteomyelitis, and 17% died," Laura Damioli, MD. Therapeutic Advance in Infectious Disease. Volume 10, pg. 1-9. 2023.



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[Greg Vigna, MD, JD](#), national decubitus ulcer attorney explains, "As a medical director of a Long-term Acute Care Hospital (LTAC), I developed a flap program because flaps offered cure for patients admitted to the hospital with Stage III and Stage IV sacral, ischial, and/or hip decubitus ulcers. The opinion by Dr. Damioli supports my opinion that I had twenty-four years ago when I developed a flap program at a LTAC in Northern Louisiana that patients with deep Stage 3 and Stage 4 decubitus ulcer are at substantial risk of death."

“

We are evaluating hospital acquired and nursing home acquired decubitus ulcers and the care that they are offered at LTACs. ”

Greg Vigna, MD, JD

What did the study say?

- 1) “We describe treatments and outcomes of hospitalized patients with decubitus ulcer-related osteomyelitis who did not undergo surgical reconstruction or coverage.
- 2) Of 89 patients meeting inclusion criteria, 34 (38%) received surgical debridement and greater than 6 weeks of antibiotics; 55 (62%) received either antibiotics alone or debridement and less than 6 weeks of antibiotics. Mean age was 55.
- 3) Within 1 year, 56 (63%) patients were readmitted, 38 (44%) patients were readmitted due to

complications from osteomyelitis, and 15 (17%) died.

4) We found no significant differences in readmission, readmission related to osteomyelitis, subsequent sepsis, or death by treatment group.”

What was the conclusion of the study?

1) “Among patients with decubitus-related osteomyelitis who did not undergo myocutaneous flapping, outcomes were generally poor regardless of treatment, and not significantly improved with prolonged antibiotics.”

Dr. Vigna continues, “The ongoing advertising by Long-Term Acute Care Hospitals for ‘specialized wound care’ that don’t offer plastic surgery consultation and the opportunity for flap reconstruction for a patient with sacral, ischial, and hip decubitus ulcers must end because it is ineffective care according to this study and it is deceptive. Patients who have suffered from Stage 3 and Stage 4 decubitus ulcers with or without osteomyelitis need to be at LTACs with the medical staff that can best help them. There is a 17% risk of death for those who are not treated for cure with flap coverage and there is a 44% risk of readmission due to complications related to osteomyelitis.”

Dr. Vigna continues, “There are many LTACs that advertise ‘specialized wound care’ that don’t have the medical staff that includes a plastic surgeon who by their training have the skills to provide flap closure. Plastic surgeons are necessary for patients to receive a meaningful consultation as to pros and cons of reconstructive surgery versus conservative options. These are serious medical conditions and patients need to be directed to a LTAC who offer surgical treatment for cure.”

Dr. Vigna adds, “Skilled nursing homes can provide the Clinitron beds, IV antibiotics, and VAC packs at a large discount compared to LTACs. It is deceptive to advertise a specialized wound care program that doesn’t offer reconstructive surgery because the outcomes according to this recent study are ‘generally poor’. The death rate of Stage 3 and Stage 4 decubitus managed with conservative care without an attempt at closure is nearly one in five at one year.”

Dr. Vigna concludes, “We are evaluating hospital acquired and nursing home acquired decubitus ulcers and the care that they are offered at LTACs. We are also evaluating ineffective care that is destined to fail that is provided at LTACs for those who suffer Stage 3 and Stage 4 decubitus ulcers will be scrutinized.”

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://issuu.com/academyccm/docs/post_acutecare

<https://journals.sagepub.com/doi/full/10.1177/20499361231196664>

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