

Ineffective Decubitus Ulcer Care: Path to Osteomyelitis and Malnutrition

Evaluating hospital-acquired and nursing home-acquired decubitus ulcers and the care offered at Long-Term Acute Care Hospitals

SANTA BARBARA, CALIFORNIA, UNITED STATES, November 1, 2023 /EINPresswire.com/ -- “We

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Greg Vigna, MD, JD

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.

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

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney explains, “Literature is finally coming down on national

wound care providers who advertise for ‘specialized wound care’ but don’t offer surgical reconstruction for cure. Patients with nursing home and hospital-acquired deep Stage 3 and Stage 4 [decubitus ulcers](#) have a narrow window of time where they can be operatively cured, otherwise, they are at substantial risk of sepsis and malnutrition.”

What did the study say?

1) Within 1 year, 56 (63%) patients were readmitted, 38 (44%) patients were readmitted due to complications from osteomyelitis, and 15 (17%) died.

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, “Patients with hospital-acquired deep Stage 3 and Stage 4 decubitus ulcers must be referred to Long-Term Acute Care Hospitals that truly have ‘specialized wound care’ with the availability of plastic surgery consultation, and the opportunity for flap reconstruction for

patients with sacral, ischial, and hip decubitus ulcers. Without the capacity to offer treatment for cure with reconstructive surgery, advertising 'specialized wound care' is deceptive because that care is largely ineffective."

Dr. Vigna continues, "Plastic surgeons are necessary for patients to receive a meaningful consultation as to the pros and cons of reconstructive surgery versus conservative options. These are serious medical conditions and patients need to be directed to a LTAC that offers surgical treatment for cure. What happens to patients who are discharged with deep Stage 3 and Stage bedsores is grim. Osteomyelitis of the bone means there is an active bacterial infection of the bone and is caused by Stage 4 decubitus ulcer. Osteomyelitis in the setting of a decubitus ulcer will require treatment that includes removal of the dead or devitalized bone and coverage with a reconstructive flap, with IV antibiotics provided."



Dr. Greg Vigna

Dr. Vigna adds, "If these services are not offered, patients have an unreasonable risk of becoming progressively sick and malnourished. Patients with malnutrition don't have the nutritional capacity to heal Stage 3 or Stage 4 decubitus ulcers, with or without surgery. As a medical director of a comprehensive wound care program, we would admit patients with serious Stage 4 decubitus ulcers with profound malnutrition. Patients with serious bedsores are chronically sick and lose their desire to eat. They lose protein stores through the ulcer. They don't have the nutritional status to heal their wounds, and their nutritional status will not support the healing necessary with a flap closure. I managed dozens of patients who wanted surgical treatment for a cure with a flap and they consented to PEG tubes for supplemental feeds to support healing. Many of my patients, after successful flap closure, had their feeding tube removed because after the infection had been cleared and the bedsore was cured, they would regain their appetite and begin eating their nutritional needs."

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. Malnutrition is reversible and is not an excuse to providing surgical closure of a wound if a patient consents to other treatments that include PEG tubes."

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.

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