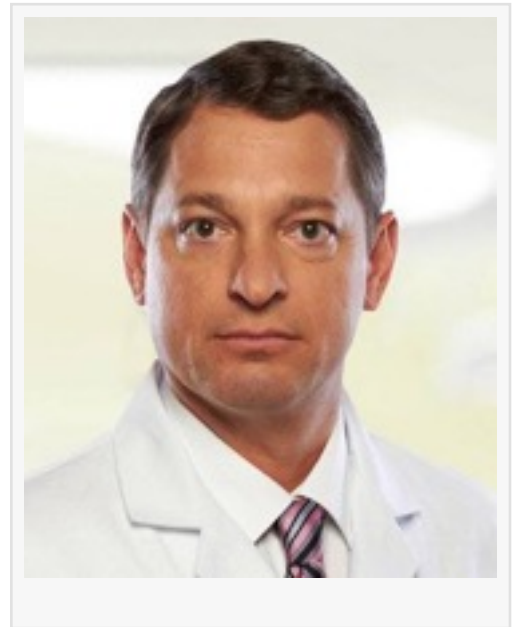


Ineffective Decubitus Ulcer Care: Conservative Wound Care with Osteomyelitis

Evaluating ineffective care provided at LTACs that is destined to fail for those with Stage 4 decubitus ulcers

SANTA BARBARA , CALIFORNIA , UNITED STATES , November 4, 2023 /EINPresswire.com/ -- "There is no reliable evidence in the literature that patients with Grade 4 decubitus ulcer of the sacral region with an associated bone infection who are treated with conservative wound care without flap closure go on to heal in rates that would support that conservative management of these diagnoses represents effective care" ... [Greg Vigna, MD, JD](#), national bedsore/decubitus ulcer attorney



Greg Vigna, MD, JD, national decubitus ulcer attorney explains, "Literature is coming down on national wound care providers who advertise 'specialized wound care' but don't offer surgical reconstruction for cure. We know from reliable literature that 'within 1 year, 56 (63%) patients were readmitted, 38 (44%) patients were readmitted due to complications from osteomyelitis, and 15 (17%) died'. A study on the management of osteomyelitis was recently published that doesn't even consider

conservative care without flap closure as an option in their clinical management of osteomyelitis associated with Grade 4 decubitus ulcer."

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LTACs who do not have the capabilities to provide flap reconstruction should not be advertising 'specialized care' because it is deceiving if they cannot offer curative treatment."

Greg Vigna, MD, JD

Study: Osteomyelitis and antibiotic treatment in patients with grade IV pressure injury and spinal cord lesion -- a retrospective cohort study (2022) 60:540-547.

<https://www.nature.com/articles/s41393-022-00758-1>

Management Plan for Grade IV [decubitus ulcers](#) with or without exposed bone:

1) Flap surgery and post-interventional antibiotics (14 days) in patients with Grade IV Pressure injury with no confirmed osteomyelitis and no bone visible or clinical or histological signs of osteomyelitis.

2) Flap surgery and 12 weeks antibiotics. Two weeks of IV antibiotics followed by six weeks of antibiotics by mouth.

Dr. Vigna continues, "Reconstruction for a patient with Grade 4 sacral, ischial, and hip decubitus ulcers is necessary in patients who have osteomyelitis, or patients without osteomyelitis who desire cure. At the time of flap closure if there is necrotic bone present it should be debrided to viable bone or resected. Duration of antibiotics depends on if there is confirmed osteomyelitis or other sufficient evidence of osteomyelitis."

Dr. Vigna adds, "Plastic surgeons are necessary for patients to receive a meaningful consultation as to the pros and cons of reconstructive surgery versus conservative options. There is no reliable evidence that Grade IV decubitus ulcers with osteomyelitis will go on to heal with conservative measures alone in frequencies that would indicate that conservative management represents effective care. In my opinion, in an overwhelming majority of cases, it should be considered palliative care."

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 provided at LTACs that is destined to fail for those with Stage 4 decubitus ulcers. LTACs who do not have the capabilities to provide flap reconstruction should not be advertising 'specialized care' because it is deceiving if they cannot offer curative treatment."

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 due to 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>

https://link.springer.com/chapter/10.1007/978-3-662-45358-2_6

<https://www.nature.com/articles/s41393-022-00758-1>

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