

# Stage 4 Decubitus Ulcer Care: Conservative Wound Care vs. Myocutaneous Flap

*Evaluating hospital-acquired and nursing home-acquired decubitus ulcers and the care offered at LTACs*

SANTA BARBARA , CALIFORNIA , UNITED STATES ,  
November 17, 2023 /EINPresswire.com/ -- "The outcomes of conservative wound care for deep Stage 3 or Stage 4 pressure ulcers ischial decubitus ulcers are poor. There is little justification for admission to a Long-term Acute Care Hospitalization at a facility that doesn't offer myocutaneous flaps" ... [Greg Vigna, MD, JD](#)

Greg Vigna, MD, JD, national decubitus ulcer attorney explains, "Recent literature supports the position that the standard of care for patients who have suffered a deep Stage 3 and Stage 4 decubitus ulcers must include medical consultation with a surgical specialist with the capabilities for reconstructive surgery, including myocutaneous flaps for cure."



Dr. Greg Vigna

What does the literature say? Laura Damioli, MD.  
Therapeutic Advance in Infectious Disease. Volume 10, pg. 1-9. 2023.

- 1) We describe treatments and outcomes of hospitalized patients with decubitus ulcer-related osteomyelitis who did not undergo surgical reconstruction or coverage
- 2). Within 1 year, 56 (63%) patients were readmitted, 38 (44%) patients were readmitted due to complications from osteomyelitis, and 15 (17%) died.
- 3). "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, "Without the capacity to offer treatment for cure with reconstructive surgery, Long-Term Acute Care Hospital admission should only be approved for payment if there is a consultation by a plastic surgeon explaining that reconstruction is not possible at this time



There is no reason that patients with Grade IV decubitus ulcers in the United States are not being offered surgery for cure when these surgeries are available in other countries.”

*Greg Vigna, MD, JD*

and what is required to make a patient a suitable candidate for surgical reconstruction that is curative.”

Dr. Vigna continues, “There is no reason that patients with Grade IV decubitus ulcers in the United States are not being offered surgery for cure when these surgeries are available in other countries, including China.”

What is going on in China?

1) We used perigluteal muscle tissue flaps to treat nine

cases of grade 4 pressure ulcers from January 2016 to August 2018.

2). After 6 to 12 months of follow-up, the flap was soft and left a small linear scar.

Dr. Vigna concludes, “If flaps are not provided, or care in conjunction with a plastic surgeon is not provided, patients have an unreasonable risk of becoming progressively sick and malnourished, and are at substantial risk of dying at one year. We are evaluating hospital-acquired and nursing home-acquired decubitus ulcers and the care that they are offered at LTACs.”

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

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

<https://karger.com/ger/article-abstract/49/4/255/146697/Low-Serum-Albumin-Levels-Confusion-and-Fecal?redirectedFrom=fulltext>

[https://link.springer.com/chapter/10.1007/978-3-662-45358-2\\_6](https://link.springer.com/chapter/10.1007/978-3-662-45358-2_6)

<https://f1000research.com/articles/12-960>

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