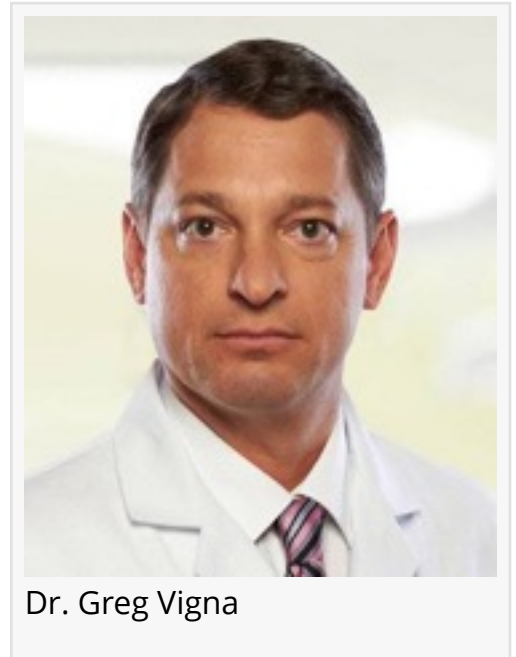


Heel Decubitus Ulcer Study: Prognosis Poor for Severe Ulcers and in Those with Vascular Disease

Heel pressure ulcers' healing challenges and prognostic factors

SANTA BARBARA , CALIFORNIA , UNITED STATES , December 5, 2023 /EINPresswire.com/ -- "In a heel ulcer population, having a severe rather than a superficial ulcer... is associated with half the chance of healing over time... The presence of peripheral artery disease also significantly reduces the chance of healing over time" ... Dr. Elizabeth McGinnis, Leeds Teaching Hospitals NHS Trust.

Dr. Greg Vigna, wound care expert and national decubitus ulcer attorney states, "Heel bedsores have the worst prognosis compared to sacral, trochanter, and ischial decubitus ulcers because the surgical options for reconstruction are limited, as there is very little soft tissue between the skin, the heel bone, and the Achilles tendon."



Dr. Greg Vigna

What did Dr. McGinnis report in "A prospective cohort study of prognostic factors for the healing of heel pressure ulcers" in *Age and Ageing* 2014, 43: 267-271?

(<https://academic.oup.com/ageing/article/43/2/267/11125>)

“

Heel bedsores have the worst prognosis compared to sacral, trochanter, and ischial decubitus ulcers because the surgical options for reconstruction are limited.”

Greg Vigna, MD, JD

“This is the first study to identify prognostic factors for healing of heel PUs. Two factors were identified: the severity of the ulcer and the presence of PAD, both of which have clinical validity.”

“A high number of patients died prior to healing.”

“Pressure ulcers, 25-30% of which are on the heels are a major burden to patients.”

Dr. Vigna, "Prevention is paramount. These unfortunately are relatively common injuries and

occur in both the very sick as well as the elective orthopedic surgery population, including knee replacements. Prevention for all patients at risk include proper offloading the heel, and the head of the bed should be kept less than 30 degrees, which reduces the tendency of patients to grind the heels into the bed, potentially causing blisters or deep tissue injuries.”

Dr. Vigna states, “Partial removal of the heel bone or calcaneotomies may be necessary for deep decubitus ulcers or those with infected bone to allow for closure. Others require total calcaneotomies or even below knee amputations to allow for healing.”

Dr. Vigna concludes, “Patients with serious heel decubitus ulcers should be evaluated by physicians with the skills for skin grafting, as well as partial and complete calcaneotomies. Patients should have vascular evaluation as well to ensure inflow of blood is optimized. Other diagnostic testing includes MRI of the foot to rule out osteomyelitis.”

To learn more: <https://vignallawgroup.com/decubitus-ulcer-help-desk/>.

[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://vignallawgroup.com>

<https://journals.sagepub.com/doi/abs/10.1177/107110079801901210>

<https://academic.oup.com/ageing/article/43/2/267/11125>

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