

Effective Care for Bone Infections and Sacral Decubitus Ulcers in Hospitals

Reviewing cases where infectious disease specialists are not treating obvious symptoms of soft tissue infections from hospital or nursing home acquired bedsores

SANTA BARBARA , CALIFORNIA , UNITED STATES , December 27, 2023 /EINPresswire.com/ -- "If the wound will not be closed, we find no clear evidence supporting a role for antibiotic therapy" ... Dr. Darren Wong, USC, Division of Infectious Disease in Clinical Infectious Disease, 2019:68. Pg. 338-342.

What did Dr. Wong article say, in his article: "Osteomyelitis Complicating Sacral Pressure Ulcer: Whether or Not to Treat With Antibiotic Therapy"?



Dr. Greg Vigna

- 1) "Clinicians should not assume osteomyelitis is present in a chronic sacral pressure ulcer; biopsy after debridement appears to be necessary to establish the diagnosis.
- 2) When osteomyelitis is present, we do not find data supporting antibiotic therapy in the absence of a plan to cover the wound. Lacking wound coverage, antibiotic therapy may offer only a transient response.
- 3) Longer antibiotic courses may lead to more complications without evidence of benefits.
- 4) We find no data to support antibiotic durations of greater than six weeks in this setting, (sacral pressure ulcers with osteomyelitis.)"

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Greg Vigna, MD, JD

Article:

<https://academic.oup.com/cid/article/68/2/338/5050260>

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney

explains, "We are seeing infectious disease experts withholding IV antibiotics from patients with Stage IV decubitus ulcers who suspect underlying osteomyelitis (bone infections) since there is 'no clear evidence supporting a role for antibiotic therapy' if there are no plans of covering the

wound with flap closure. These decisions must be made in conjunction with plastic surgeons since there are patients who can be saved."

Dr. Vigna adds, "We are reviewing cases where infectious disease specialists are not treating obvious symptoms and signs of serious soft tissue infections from hospital-acquired or nursing home-acquired bedsores since there are 'no plans' for coverage. We find those decisions made in the absence of a plastic surgeon wholly inadequate."

Dr. Vigna continues, "The following discussions must be made with both the patient and the family members of patients with deep Stage III or Stage IV decubitus ulcers, so they are in position to make the healthcare decisions for these serious injuries:

- 1) Does the patient have adequate nutrition to heal a wound and is a temporary PEG tube or permanent PEG tube necessary to allow for healing with or without surgery?
- 2) Does the patient have the necessary cardio-pulmonary function to handle major surgery?
- 3) Does the patient's quality of life justify putting them through major surgery or surgeries?"

Dr. Vigna explains, "The question of 'does the patient's quality of life justify putting them through major surgery or surgeries' is a question for the family and patient. The decision should not be made without consultations with physicians who have the skills to provide myocutaneous flap coverage of a wound for cure."

Dr. Vigna concludes, "Reconstruction for a patient with Grade 4 sacral, ischial, and hip decubitus ulcers is necessary in patients with or without osteomyelitis for those 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 depend on if there is confirmed osteomyelitis or sufficient other evidence of osteomyelitis."

To learn more: <https://vignalawgroup.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.

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