

Decubitus Ulcer Management: Nutritional Interventions for Prevention and Treatment

At this time, there isn't enough evidence to conclude that dietary interventions prevent pressure ulcers from forming or aid in their healing.

SANTA BARBARA, CA, UNITED STATES, March 12, 2024 /EINPresswire.com/ -- "Currently there is no clear evidence that nutritional interventions reduce the development of pressure ulcers or help them to heal" ...Gero Langer, Cochrane Library

“

My general guide is that patients with large Stage 3 and Stage 4 decubitus ulcers generally need twice the calories and at least 150% of their baseline protein requirements to support wound healing.”

Greg Vigna, MD, JD

What else did Gero Langer report in “Nutritional interventions for preventing and treating pressure ulcers (Review)” in Database of Systematic Reviews. 2014(6):CD003216. “This conclusion should not be interpreted as nutritional interventions having no effect on pressure ulcers because the existing evidence base is of very low quality.”

Read more from Gero Langer, by visiting [this link](#).

Dr. Greg Vigna wound care expert, national decubitus ulcer attorney states, “The standard of care for the management of Stage 4 decubitus ulcers hasn’t changed since I was a resident at Baylor College of Medicine in the Physical Medicine and Rehabilitation program from 1993-1996:

- 1) Pressure reliefs every two hours or activity limited to a Clinitron Bed.
- 2) Reliable nutrition by mouth or via PEG tube.
- 3) Surgical debridement to remove all necrotic tissue and dead bone.
- 4) Flap closure after soft tissue infection is controlled and at the time there is evidence of granulation tissue at the wound base which is evidence of adequate nutrition to allow for healing of a flap.”

Dr. Vigna adds, “The Cochrane Library analysis is very important because it really puts the onus on the physician and clinical nutritionist to put the patient with a serious bedsore on a treatment plan that provides the necessary calories and protein that allows for healing. There is no real

guidance and clinically nutritional status must be must be an ongoing process and there is no singular clinical parameter that will accurately identify those with impaired nutrition that interferes with healing.”

Dr. Vigna continues, “We know under nutrition is associated with poor clinical outcomes, including failed flaps. My general guide from years of clinical practice is that patients with large Stage 3 and Stage 4 decubitus ulcers generally need twice the calories and at least 150% of their baseline protein requirements to support wound healing. From there clinically patients can be follow by way of weights, albumin, and pre-albumin. If at least two out of these three are trending up and there is evidence that the wound is granulating, then the patient can be considered optimized from nutritional standpoint for surgical closure.”

Dr. Vigna concludes, “If the patient can’t be managed with nutrition by mouth and cure is desired, then nutrition will need to be provided by way of feeding tube into the stomach (PEG tube). Reliable nutrition is required for a patient to undergo a flap and is as important as reliable pressure relief, and that all necrotic tissue has been removed prior to closure. After successful flap surgery, the nutritional status, and the need for ongoing use of the PEG tube should be considered.”

Read the Wound Healing Society Guidelines, [HERE](#).

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 Democritus 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.

To learn more, visit our [Ulcer Help Desk](#).

Greg Vigna, MD, JD

Vigna Law Group

+ +1 800-761-9206

[email us here](#)

Visit us on social media:



Dr. Greg Vigna

[Facebook](#)

[Twitter](#)

[LinkedIn](#)

This press release can be viewed online at: <https://www.einpresswire.com/article/695461616>

EIN Presswire's priority is source transparency. We do not allow opaque clients, and our editors try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.

© 1995-2024 Newsmatics Inc. All Right Reserved.