

# Ineffective Decubitus Ulcer Care: Grim Prognosis for Those with Stage III and IV Decubitus Ulcers

*Investigating Long-Term Acute Care Hospitals that are not providing effective care for patients with Stage 3 and Stage IV decubitus ulcers*

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Deep Stage 3 or Stage 4 decubitus ulcers lead to recurrent hospitalizations for sepsis from resistant bacteria, malnutrition, loss of function, increasing debility, and death.”

*Greg Vigna, MD, JD*

“Hospitalized patients with decubitus ulcer-related osteomyelitis who did not undergo surgical reconstruction or coverage ... 44% patients were readmitted due to complications from osteomyelitis, and 17% died” ... Laura Damioli, MD. Therapeutic Advance in Infectious Disease. Volume 10, pg. 1-9. 2023.

What did Dr. Damioli's study say?

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.”

Read Dr. Damioli's study: <https://journals.sagepub.com/doi/full/10.1177/20499361231196664>

Dr. Greg Vigna, national decubitus ulcer attorney states, “We are investigating Long-Term Acute Care Hospitals that are not providing effective care for patients with Stage 3 and Stage IV decubitus ulcers. Patients deserve the opportunity for flap reconstruction when they suffer Stage 3 or Stage 4 sacral, ischial, and hip decubitus ulcers, as surgical closure is a treatment for cure. The long-term risks of these diagnoses reveal there is a 17% risk of death for those who are not treated for cure with flap coverage and there is a 44% risk of readmission due to complications related to osteomyelitis at one year.”

Dr. Vigna continues, "These are serious medical conditions and patients need to be directed to LTACs that offer surgical treatment for cure because deep Stage 3 or Stage 4 decubitus ulcers are not compatible with longevity. Deep Stage 3 or Stage 4 decubitus ulcers lead to recurrent hospitalizations for sepsis from resistant bacteria, malnutrition, loss of function, increasing debility, and death."

Dr. Vigna concludes, "We are also evaluating ineffective care that is destined to fail that is provided at LTACs for those who suffer Stage 3 and Stage 4 decubitus ulcers will be scrutinized because many of these hospitals advertise for these patients by describing 'multidisciplinary wound care programs' when in fact they do not have the capability to surgically manage a flap because they don't have a plastic surgeon on staff who can provide flaps."



Dr. Greg Vigna

[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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