

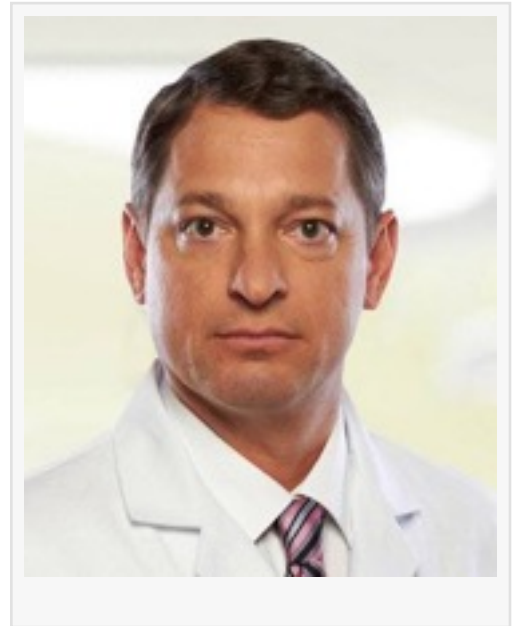
# Damage Control Surgery: Putting the Name on the Standard of Care for Sacral Decubitus Ulcers

*Study shows that doctors in China see the opportunity for cure and are providing the medical service for cure*

SANTA BARBARA , CALIFORNIA , UNITED STATES , April 1, 2024 /EINPresswire.com/ -- "When deep decubitus wounds are not repaired in a timely manner, patients are at higher risk of developing sepsis, which is life-threatening. The mortality rate of decubitus wounds combined with sepsis is as high as 50%." ... Dr. Zhiyi Wei, MD. Department of Burn ICU, Quanzhou First Hospital, China.

What else did Dr. Wei report in "Application of damage control surgery in patients with sacrococcygeal deep decubitus ulcers complicated by sepsis" in the Journal of International Medical Research 49(10) 1-10?

"The deep decubitus wounds in the present study contained a large amount of necrotic fascia, muscle, and even bone, and the wounds were severely infected; thus, early and effective debridement was the key to treatment.



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Many LTACHs don't offer surgical treatment for cure, as they don't have the expertise. The most injured need to get to LTACHs that provide flap closure and post-operative services to manage the flap."

*Greg Vigna, MD, JD*

All 31 patients presented with chills, fever, shortness of breath, an increased heart rate, and an elevated white blood cell count.

15 cases of Escherichia coli infection, 11 cases of Enterococcus faecalis infection, 8 cases of Staphylococcus aureus infection, 5 cases of Pseudomonas aeruginosa infection, and 3 cases of Klebsiella pneumoniae infection.

Specifically, the skin flap survived in 27 of the 29 patients after the first translocation attempt."

See Dr. Wei's article: <https://journals.sagepub.com/doi/abs/10.1177/03000605211049876>

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney explains, "The importance of this study is that the doctors in China see the opportunity for cure and are providing the medical service for cure. In the United States, patients with serious bedsores are admitted to acute hospitals with sepsis and generally undergo debridement of the wound. Then, they are referred to nursing homes or long-term acute care hospitals for further care. Unfortunately, nursing homes and many LTACHs don't offer surgical treatment for cure because they don't have the expertise. The most injured need to get to the LTACHs that have the medical staff to provide flap closure and the post-operative services to manage the flap."

Dr. Vigna adds, "As a former medical director of an LTACH with a wound care program, we provided flaps for patients with deep Stage 3 and Stage 4 decubitus ulcers. We were able to plan accordingly for flap reconstruction after addressing factors that reduce the likelihood of successful closure, such as nutritional status and infection with IV antibiotics. Then, our plastic surgeon would provide closure and we would manage the post-operative care."

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

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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