

Two Paths for Serious Bedsores: Palliative Wound Care Versus Surgical Reconstruction for Cure

Discussing the importance of considering reconstructive options before hospice

SANTA BARBARA , CALIFORNIA , UNITED STATES , May 6, 2024 /EINPresswire.com/ -- "The true meaning of living and dying with a palliative wound must be understood to align care with patient and family needs ... This definition also includes people who are vulnerable and have impaired quality of life"... Duygu Sezgin, MSc, PhD.

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney, states "Dr. Sezgin's statement of palliative wound care is correct but is of narrow scope. All treatments as they relate to a serious hospital-acquired decubitus ulcer must align with patient and family needs, and I agree that these patients are vulnerable and have impaired quality of life."



Read Dr. Serzgin's article on "Defining palliative wound care: A scoping review by European Association for Palliative Care wound care taskforce" published in Journal of Tissue Viability Volume 32, Issue 4, November 2023, pages 627-634.

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Patients should not be fast-tracked to palliative care and hospice before plastic surgery is consulted or offered referral to a wound care hospital that offers flap closure and palliative wound care.”

Greg Vigna, MD, JD

Read Ms. Hawkins:

<https://www.wdtn.com/news/healthcare-professionals-rally-in-columbus-as-majority-of-workforce-considers-leaving/>

Dr. Vigna continues, "We know from Dr. Damioli's study that deep Stage 3 or Stage 4 decubitus ulcers have a poor prognosis when managed with conservative or palliative care when compared to those who undergo flap reconstruction of their wound as those without attempt at

reconstructive flap closure have a 17% risk of death at one year and 44% risk of readmission to

an acute care hospital with complications caused by the bedsore.”

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

Dr. Vigna adds, “Patients who suffer deep Stage 3 or Stage 4 should not be fast-tracked to palliative care and hospice before a plastic surgery is consulted or at least offered referral to a wound care hospital that offers flap closure and palliative wound care.”

Dr. Vigna continues, “We are seeing vulnerable patients who have suffered deep Stage 3 or Stage 4 wounds being fast-tracked to hospice without the benefit of a consultation by physicians with the skill set to surgically reconstruct large sacral, trochanteric, ischial, and coccyx stage 3 and stage 4 decubitus ulcers without even understanding the care required on the pathway to cure.”

Dr. Vigna concludes, “There is little doubt that Dr. Sezgin would agree that palliative wound care is appropriate only after the family or the injured person understands after consultation with plastic surgeons or other physicians on the plastic surgeon's wound care team that there are two paths for patients with serious Stage 3 or Stage 4 wounds, one with increased morbidity and mortality and one that is designed for cure.”

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.

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

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