Decubitus Ulcer Management: Failed Reconstruction

Study finds a 21% complication rate in flap surgeries for pressure sores; reliable care, including flap closure, is crucial for deep ulcers.

> The standard of care for Stage 3 and IV decubitus ulcers will always be reliable pressure reliefs and nutrition, surgical debridement of nonviable tissue, and flap closure with granulation tissue."
>
> *Greg Vigna, MD, JD*

SANTA BARBARA , CALIFORNIA , UNITED STATES , May 6, 2024 /EINPresswire.com/ -- "A systematic review revealed recurrence and complication rates of 8.9 and 18.6% in musculocutaneous, fasciocutaneous and perforator-based flaps for treatment of pressure sores." ... Bahram Biglari, MD, Ph.D.

What did Dr. Biglari report in "A retrospective study on flap complications after pressure ulcer surgery in spinal cord-injured patients", published in the Spinal Cord (2014) 52, 80-83?

"There were 87 complications in 421 flaps, which was an overall rate of 21%.

Suture line dehiscence was the most common complication with 27 cases (31%), followed by 22 cases of infection (25.2%),

17 cases of hematoma (19.5%), 12 cases of partial necrosis (13.7%) and 9 cases of total flap necrosis (10.3%)."

To learn more about Dr. Biglari's experience: https://www.nature.com/articles/sc2013130.

Dr. Greg Vigna wound care expert, and national decubitus ulcer attorney states, "The standard of care for the management of deep Stage 3 and Stage IV decubitus ulcers will always be reliable pressure reliefs, reliable nutrition, surgical debridement of nonviable tissue, and flap closure when there is evidence of granulation tissue."

Dr. Vigna adds, "During my experience at a Long-Term Acute Care Hospitals (LTACs), incision line necrosis was the most common complication and this is best treated with prolonged

recumbence on a clinitron bed to allow the flap to take, and over time, the incision lines would heal. There shouldn't be packing of the incision line as that will keep the incision lines open. Partial necrosis of a flap can be handled with back skin grafting. Total necrosis is something I never have seen."


Dr. Greg Vigna

Dr. Vigna continues, "Hematomas do occur but their impact to cause a failed flap can be reduced with frequent stripping of the drains to remove the blood under the flap, turning the clinitron bed on and off every 30 minutes to allow uniform compression of the flap area to decrease oozing of blood under the flap."

Dr. Vigna concludes, "In my experience, when there isn't an identifiable cause for failure following a flap, second attempts for closure have failed. I can only remember two or three of these patients understanding we were closing chronically ill patients, some of whom were on dialysis. Clearly, the literature for those with deep Stage 3 and Stage 4 decubitus ulcers points toward the need for closure, otherwise the care consists of palliative wound care."

To learn more about outcomes of flap versus conservative management of decubitus ulcers: https://journals.sagepub.com/doi/full/10.1177/20499361231196664

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://vignalawgroup.com/decubitus-ulcer-help-desk/

Greg Vigna, MD, JD
Vigna Law Group
+1 800-761-9206
email us here
Visit us on social media:
Facebook
Twitter
LinkedIn