

Wound Healing Society Guidelines: Best Evidence for Treatment of Bed Sores Described

Evidence shows that a pressure ulcer should be closed surgically if it does not respond to wound care and there is no other contradiction to surgical procedures

SANTA BARBARA, CALIFORNIA, UNITED STATES, August 7, 2024 /EINPresswire.com/ -- "A pressure

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The standard of care for management of deep Stage III and IV decubitus ulcers is reliable pressure reliefs and nutrition, surgical debridement of nonviable tissue, and flap closure.”

Greg Vigna, MD, JD

ulcer should be closed surgically if it does not respond to wound care and there is no other contradiction to the surgical procedures. Exceptions may include the elderly or patients with a fatal illness, for whom palliative, local wound care is more appropriate” states Lisa J. Gould, MD, PhD, Plastic Surgeon, Chairperson, WHS Pressure Ulcer Guideline Working Group.

What other recommendations did Dr. Gould report in “Wound Healing Society Guidelines for the Treatment of Pressure Ulcers-2023 Update”, published in *Wound Repair*

and Regeneration. 2024;32:6-33?

“It has been demonstrated that there is no statistically significant difference between musculocutaneous, fasciocutaneous, and perforator-based flaps for post-operative complications or recurrence.

Address modifiable risk factors prior to proceeding with flap reconstruction in patients with pressure ulcers including optimizing glucose control in the peri-operative period.

Incisional negative pressure wound therapy (iNPWT) may reduce post-operative complications after flap reconstruction for pressure ulcers.

A standardized protocol for peri-operative and post-operative management of patients undergoing pressure ulcer reconstruction will lead to reduced complications and reduced recurrence.”

Read Dr. Gould's article:

<https://onlinelibrary.wiley.com/doi/full/10.1111/wrr.13130>

Dr. Greg Vigna wound care expert, national decubitus ulcer attorney states, "The standard of care for management of deep Stage III and Stage IV [decubitus ulcers](#) will always be reliable pressure reliefs, reliable nutrition to support healing, surgical debridement of nonviable tissue, and flap closure when there is evidence of granulation tissue."

Dr. Vigna continues, "Unfortunately, long-term outcomes are few that compare ongoing conservative wound care to those who undergo flap closure. Until then, the difference between life or death will simply depend on if there is a plastic/reconstructive surgeon on staff at the Long-Term Acute Care Hospital where the injured person is transferred for care. The most recent literature suggest that patients with Stage IV decubitus ulcers with osteomyelitis have a 17% risk of death at one-year if flap closure is not provided."



Dr. Greg Vigna

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://vignallawgroup.com/decubitus-ulcer-help-desk/>

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