

Heel Pressure Injury Case Filed in Virginia: Second Amputation and Serious Disability

Bilateral lower-limb amputation greatly diminishes ambulation and independence in Veterans, with nearly 90% losing mobility after surgery

SANTA BARBARA, CA, UNITED STATES, October 24, 2024 /EINPresswire.com/ -- "Of the 19 (48%) patients who were ambulatory prior to bilateral amputation, only 2 (11%) remained ambulatory after the second amputation, while 17 (89%) patients lost ambulatory capabilities," states Dr. Helene Henson, M.D., Michael E. DeBakey, VA Medical Center, Houston, TX.

What did Dr. Henson report in "Ambulation and independence among Veterans with nontraumatic bilateral lower-limb loss", published in JRRD. Volume 52, Number 7, 2015?

"Compared with those who were ≤ 65 yr, those between 66 and 79 yr were 18% less likely to ambulate precontralateral amputation.

All patients with bilateral TFA (transfemoral amputation) were nonambulatory. Independence postcontralateral amputation decreased from 88% (35) to 53% (21).

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Pressure injuries to the heels in patients with vascular disease are the result of nursing staff failing to keep the feet properly bridged and off the bed."

Greg Vigna, MD, JD



Dr. Greg Vigna

In conclusion, bilateral lower-limb amputation among dysvascular Veterans is highly associated with a loss of ambulation.

Read Dr. Henson's article:

<https://www.rehab.research.va.gov/jour/2015/527/pdf/jrrd-2014-07-0176.pdf>

[Greg Vigna, MD, JD](#), national malpractice attorney and Board Certified Physical Medicine and Rehabilitation

physician comments, "Pressure injuries to the heels in patients with vascular disease are the result of nursing staff failing to keep the feet properly bridged and off the bed, and maintaining the head of the bed less than 30 degrees to prevent shear injuries to the heal. Almost half of patients who suffer bilateral amputation are dependent on others for mobility and/or self-care."

Dr. Vigna adds, "We are alleging in this case that our client became a double amputee when he suffered a pressure injury to his remaining leg because he was not kept safe by nursing staff. He was dependent on nurses to keep pressure off of the heel or reliably provide pressure relief when he was lying in bed. Skilled nursing homes and hospitals that fail to provide basic nursing staff are at best broken."

Dr. Vigna concludes, "Stage III and Stage IV decubitus ulcers are preventable bedsores. They are 'Never Events'. Adequate staffing levels for nursing staff is mandatory for hospitals and long-term care facilities, and there must also be ongoing education and training for the staff."

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 Ben 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, visit the [Decubitus Ulcer Help Desk](#).

Case: CL23-2154

Circuit Court of Campbell County

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VIRGINIA: IN THE CIRCUIT COURT OF CAMPBELL COUNTY

DAMEION T. SAUNDERS, AS POWER
OF ATTORNEY FOR CHARLIE
NORVELL HAYTHE, SR.

Plaintiff,

v.

LIBERTY RIDGE HEALTHCARE
GROUP, LLC D/B/A LIBERTY RIDGE
HEALTH & REHABILITATION CENTER

Serve:

CT Corporations System
4701 Cox Rd., Suite 285
Glen Allen, VA 20360-6808

Case No. CL23-2154

JURY TRIAL DEMANDED

Case: CL23-2154

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