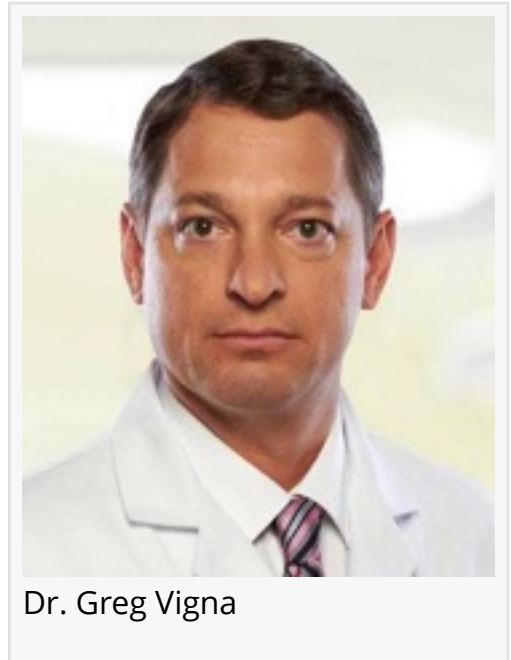


Ineffective Care Following Hospital Acquired Decubitus Ulcers May Lead to Wrongful Deaths

Hospitals must provide surgical flap closure for Stage III/IV bedsores to prevent severe complications, as discharging patients to nursing homes is unsafe

SANTA BARBARA , CA, UNITED STATES, January 9, 2025 /EINPresswire.com/ -- "We represent those who have hospital acquired Stage III or Stage IV bedsores that are discharged to nursing homes without being offered the standard of care recommended by Wound Healing Society Guidelines. Early flap closure is required to prevent malnutrition, chronic infection, sepsis, and death," states [Greg Vigna, MD, JD](#), national decubitus ulcer attorney.



Dr. Greg Vigna

Dr. Greg Vigna, MD, JD, spinal cord injury physician and national bed sore attorney, states, "Hospitals know the care in nursing homes is inadequate for patients who suffer serious Stage III or Stage IV decubitus ulcers. These patients are generally salvageable early after injury and require hospital level care to address infection, improve nutritional status, and prepare the wound for closure. Discharging these patients to a nursing home is dangerous, merely palliative in nature, not curative, and leads to severe malnutrition, chronic infection, unnecessary suffering, and death."

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Greg Vigna, MD, JD

What does the WHS Guidelines 2023 update report?

“Preamble: Surgical treatment of pressure injury/ulcers is often considered to be a final invasive choice for wounds refractory to less aggressive care or for use when rapid closure is indicated, however, recent literature suggests that surgery can and should be performed safely in properly selected patients.

Guideline 6.3: Infected tissue must be treated by topical

antimicrobials, systemic antibiotics, or surgical debridement.

Guideline 6.4 (revised): Underlying bony prominences and fibrotic bursa cavities should be removed.

Guideline 6.8: A pressure ulcer should be closed surgically if it does not respond to wound care and there is no other contraindication to the surgical procedures. Exceptions may include the elderly or patients with a fatal illness, for whom palliative, local wound care is more appropriate. (Level I – increased).

Principle: Wound closure decreases protein loss, fluid loss, the possibility of wound infection, and the later development of malignancy in the wound. Early complication rates are acceptably low."

Read the WHS Guidelines: <https://onlinelibrary.wiley.com/doi/full/10.1111/wrr.13130>

What is the prognosis for Stage IV pelvic decubitus ulcers with osteomyelitis who do not undergo flap closure?

"Among patients with decubitus-related osteomyelitis who did not undergo myocutaneous flapping, outcomes were generally poor regardless of treatment, and not significantly improved with prolonged antibiotics," states Laura Damioli, MD.

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

Dr. Vigna states, "As a practicing rehabilitation physician of a Long-term Acute Care Hospital (LTAC), I developed a very busy flap program and saved the lives of a few hundred patients who suffered hospital-acquired Stage IV pelvic decubitus ulcers with or without osteomyelitis. Flaps for serious wounds has always been the standard of care, and hospitals that do not ensure a safe discharge for the injured are exposed because nursing home discharge is not acceptable for patients that can be salvaged."

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.

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