

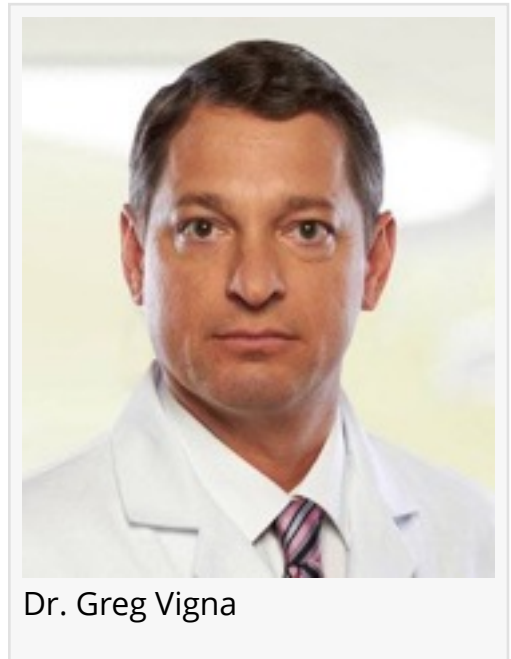
Wound Healing Society: Decubitus Ulcers Reconstructive Surgery ‘Should Be Performed’

Dr. Greg Vigna emphasizes the need for surgical closure of severe decubitus ulcers and warns against discharging high-risk patients to inadequate care settings

SANTA BARBARA , CA, UNITED STATES, January 21, 2025 /EINPresswire.com/ -- “Hospital-acquired decubitus ulcers require either a transfer to a hospital specializing in flap reconstruction or should remain in the hospital until surgically closed,” states [Greg Vigna, MD, JD](#), national decubitus ulcer attorney.

What does the WHS Guidelines 2023 update report?

“Preamble: Surgical treatment of pressure injury/ulcers is often considered 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.



Dr. Greg Vigna

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).

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Discharge to a nursing home or long-term acute care hospital that doesn't provide flap closure creates an unreasonable risk of complications for the injured.”

Greg Vigna, MD, JD

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>

Dr. Greg Vigna states, “Hospitals that discharge Stage IV decubitus ulcers to nursing homes are

doing so with the knowledge that these patients are at significant risk of malnutrition, sepsis, and death. These patients require a clinotron bed, nutritional support, surgical debridement of all necrotic tissue and undermining, and flap closure with antibiotic coverage. Discharge to a nursing home or long-term acute care hospital that doesn't provide flap closure creates an unreasonable risk of complications for the injured."

Dr. Vigna states, "Patients with pelvic osteomyelitis from infected decubitus ulcers are at especially high risk of death and the prognosis is poor. These patients need a treatment plan aimed at reconstructive surgery and discharge to a nursing home or the community is essentially a death sentence."

Read about the prognosis of decubitus-related osteomyelitis:

<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 [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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