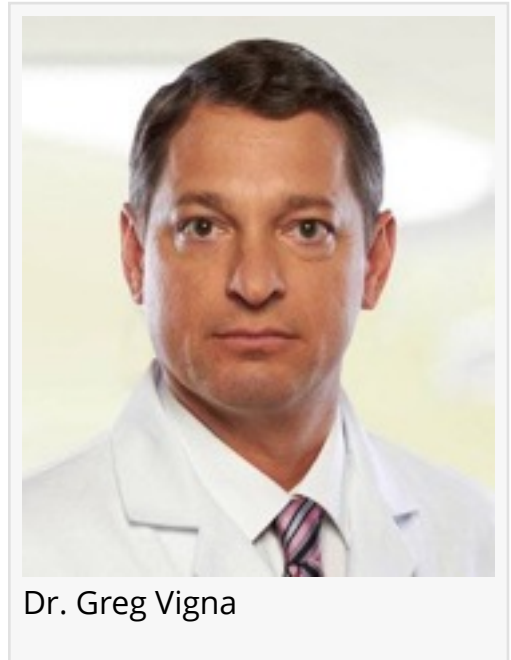


Treatment Cost for Stage III or IV Pressure Injuries Described for Reconstructive Procedures

Study highlights the need for comprehensive treatment and rehabilitation for bedsores, emphasizing cost-effective reconstruction and post-surgery care

SANTA BARBARA , CA, UNITED STATES, February 18, 2025 /EINPresswire.com/ -- "Clearly, this research supports the consideration of treatment phases and milestones of a complex treatment concept," states Reto Wettstein, MD, Plastic Surgeon, University Hospital, Basel, Switzerland.

Dr. [Greg Vigna, MD, JD](#), national bed sore attorney, Board Certified in Physical Medicine and Rehabilitation, explains, "The conclusion made by authors of the study support the cost-effectiveness of reconstruction of decubitus ulcers and meaningful rehabilitation post-procedure. We see hospitals discharging people with serious bedsores without a pathway to benefit from timely reconstructive surgery. These are serious injuries."



Dr. Greg Vigna

What did Dr. Wettstein report in the article "Treatment and cost of pressure injury stage III or IV in four patients with spinal cord injury: the Basel Decubitus Concept", published in Spinal Cord Series and Cases (2019)S:30?:

"The surgical and anesthesiologist procedures not only include many different treatment processes.... Also, the wound conditioning and pressure relief between a debridement and flap surgery or even before debridement had a bearing on the treatment... Post-flap immobilization prohibits different interventions, which include the active participation or mobilization of the patient ... The 'modified Basel Decubitus Concept' also includes transfer training, evaluation of seating position, initiating functional electrical stimulation and education with an integrated individualized psychotherapy as secondary prevention to reduce recurrence rates."

Read Dr. Wettstein's article: <https://www.nature.com/articles/s41394-019-0173-0>

What is the prognosis for a patient with a pelvic Stage IV decubitus ulcer complicated by osteomyelitis?



These are serious injuries that are best managed by hospitals with plastic surgeons and physicians interested in the acute management and rehabilitation of patients requiring myocutaneous flaps.”

Greg Vigna, MD, JD

“Within 1 year, 56 (63%) patients were readmitted, 38 (44%) patients were readmitted due to complications from osteomyelitis, and 15 (17%) died.

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.”

Read Dr. Damioli’s article:

<https://journals.sagepub.com/doi/full/10.1177/20499361231196664>

Dr. Vigna concludes, “These are serious injuries that require complex care and are best managed by hospitals with plastic surgeons and physicians interested in the acute management and rehabilitation of patients requiring myocutaneous flaps. Treatments required for the injured may include PEGs for nutritional support, surgical debridements, blood transfusions, intravenous antibiotics, cliniron beds, and flap surgeries.”

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 on a non-exclusive basis.

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