

Ineffective Care: Healing May Not be the Goal of Wound Debridement

Debridement for decubitus ulcers must align with treatment goals, with early reconstructive surgery recommended to avoid risks like malnutrition and sepsis

SANTA BARBARA , CA, UNITED STATES, February 18, 2025 /EINPresswire.com/ -- "The type of debridement should align with the treatment goals when managing a patient with a serious Stage III or Stage IV decubitus ulcer. Salvageable patients who desire flap closure require a debridement designed to get the wound ready for reconstructive surgery. That is best provided by the plastic surgeon," states [Greg Vigna, MD, JD](#), national decubitus ulcer attorney.

What are the recommendations related to "The development of international wound debridement best practice recommendations: Consensus between nurses specialized in Wound, Ostomy and Continence Canada and the society of tissue viability" published in the Journal of Tissue Viability 33 (2024) 688-692?:



Dr. Greg Vigna

"4.1.5. Statement 5: Prior to the initiation of any method of debridement, it is essential to establish realistic treatment objectives that align with the patient's goals... Setting goals for care involves working with the patient to identify their goals, values, preferences, and priorities, as well as their current health status, challenges, and resources. Patient goals should be realistic and based on individual needs... It should be noted that healing may not be the goal of wound debridement, but can be used for infection, pain, odor or exudate management."

Read the recommendations:

<https://www.sciencedirect.com/science/article/pii/S0965206X24001074>

Dr. Greg Vigna, MD, JD, spinal cord injury physician, and national bedsore attorney states, "Before debridements of serious decubitus ulcers, a plan of care should be outlined as part of the informed consent by the patient that describes the benefits of early reconstructive surgery versus palliative wound care. Palliative wound care that does not provide early reconstructive surgery increases the risk of malnutrition, wound infection, and septic shock."



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Greg Vigna, MD, JD

Dr. Vigna adds, “Debridements by plastic surgeons who are planning on flap closure in the future tend to be substantially more aggressive when compared with general surgeons as it includes all undermining and debridement of necrotic bone and necrotic fibrous tissue adjacent to bone. Plastic surgeons provide these more aggressive debridements to reduce the risk of hematomas at the time of the flap.”

Dr. Vigna concludes, “Given the Wound Healing Society Guidelines of 2023, early reconstructive surgery should be performed to reduce the risk of malnutrition and sepsis caused by chronic Stage IV decubitus ulcers given the poor prognosis of palliative wound care. Palliative wound care creates risks to the patient and has a known poor prognosis. Patients with serious bedsores, who are salvageable, require effective care designed to cure rather than palliative wound care.”

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,” says Laura Damioli, MD.

Read Dr. Damioli’s article: <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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