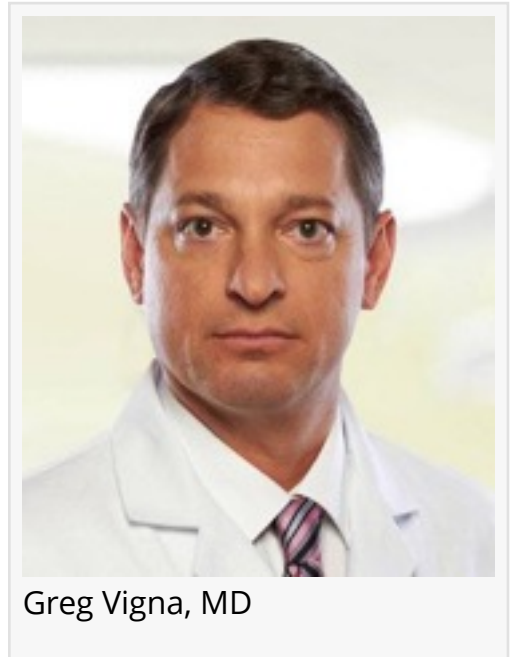


Decubitus Ulcers: The Medical Necessity of Palliative Wound Care in Long-Term Acute Hospitals

Hospital-acquired Stage IV ulcers require ongoing hospitalization with access to plastic surgeons for flap closure

SANTA BARBARA, CA, UNITED STATES, February 25, 2025 /EINPresswire.com/ -- "Medicare reimburses providers for inpatient hospitalization only if "a physician certifies that such services are required to be given on an inpatient basis for such individual's medical treatment, or that inpatient diagnostic study is medically required and such services are necessary for such purpose[.]," according to Centers for Medicare & Medicaid Services. 42 U.S.C. § 1395f(a)(3).

[Greg Vigna, MD, JD](#), national wound care expert and attorney, states, "We are investigating cases where hospitals discharge patients with hospital acquired Stage IV decubitus ulcers to Long-Term Acute Care Hospitals that don't have the capabilities to provide reconstructive plastic surgery. The injured need to remain hospitalized or be transferred to a hospital with the medical staff most capable to manage their diagnoses and provide cost effective care which includes flap closure."



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Dr. Vigna, "Patients with hospital acquired decubitus ulcers require ongoing hospitalizations with plastic surgeons available to close these wounds. Palliative wound care, also referred to as conservative wound care, that doesn't include flap closure in patients, has been shown by the literature to lead to unnecessary morbidity and mortality related to resistant organisms and malnutrition."

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

"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>

What does the Wound Healing Society Guidelines 2023 update say about flaps for cure?:

“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.”

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

Dr. Vigna concludes, “When a physician certifies that admission to a LTAC is medically necessary, they are required to provide the standard of care for the diagnoses that patient suffers. This goes beyond the number of days that the patient is admitted that are required for full payment by the payor to the hospital. Is a patient salvageable with reconstructive surgery and does the patient consent to what is required to be salvaged? If not, palliative wound care may be the necessary option for the patient. That is the question that can only be answered by a medical staff with a reconstructive surgical option.”

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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