

Kindred, Vibra, and Cornerstone Wound Care; Flaps Availability

Flap coverage for pressure ulcers is safe and effective in properly selected patients, despite complications, as supported by recent studies

SANTA BARBARA, CA, UNITED STATES, February 26, 2025 /EINPresswire.com/ -- "Despite patients with poor baseline functional status, flap coverage for pressure ulcer patients is safe with acceptable postoperative complications. This type of treatment should be considered for properly selected patients," states Dr. Bao Ngoc N. Tran, MD, Division of Plastic Surgery, Harvard Medical School.

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney, former Long-term Acute Care hospital physician, states, "We represent the Estate of Rachelle Dillinger, where the deceased was admitted to several Long-term Acute Care hospitals in the Houston area that did not provide a plan of care that included flap closure for cure. That is ineffective care and is the basis for our wrongful death claim. We intend to understand why these facilities didn't transfer her to a facility with the capabilities of providing care for cure."



Greg Vigna, MD

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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 do 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 adds, “The study by Dr. Damioli supports my experience during my residency at Baylor College of Medicine in Houston thirty years ago, and my experience managing complicated pressure ulcers as a medical director of a LTAC in Louisiana where we routinely provided flap closure for patients who suffered hospital and nursing home acquired bedsores. These patients can be salvaged with a clinatron bed, nutritional support, surgical debridement, and flap closure with intravenous antibiotic coverage after the patient wounds began to develop granulation tissue.”

Read the article Dr. Tran’s article “National perioperative outcome of flap coverage for pressure ulcers from 2005 to 2015 using American College of Surgeons National Surgical Quality Improvement Program” published in the Archives of Plastic Surgery Vol. 45, No. 5, September 2018: <https://www.thieme-connect.com/products/ejournals/html/10.5999/aps.2018.00262>

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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