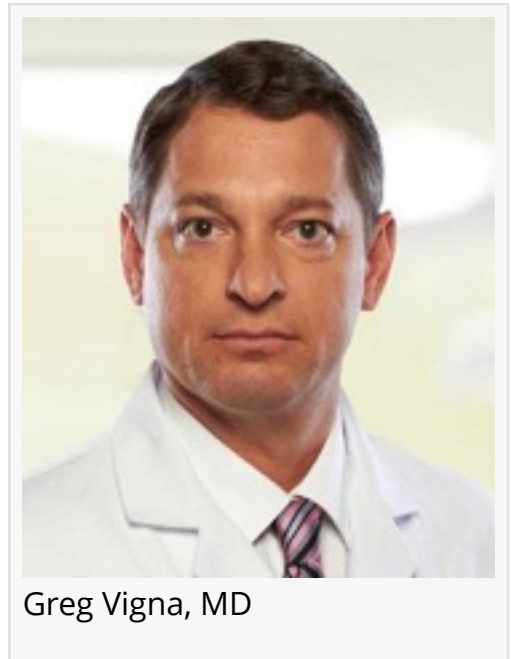


The 'Mainstay' Therapy for Management of Deep Pressure Injuries

Flap reconstruction is crucial for advanced pressure injuries, yet many patients aren't referred for it, leading to poor outcomes and high mortality rates

SANTA BARBARA, CA, UNITED STATES, March 26, 2025 /EINPresswire.com/ -- "Surgical intervention using flap reconstruction is the mainstay therapy for management of pressure injuries with advanced stages," states Dr. Shima Bani Assad, MD, General Surgeon.

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney, former long-term acute care hospital physician, states, "Unfortunately, patients who have suffered pressure injuries are not being referred to hospitals that provide regional flap closure which are curative. At the same time, long-term acute care hospitals are advertising wound care programs that don't offer flap closure knowing that there is a nearly 20% risk of death at 1-year for those with Stage IV pressure injuries with osteomyelitis."



Greg Vigna, MD

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

“

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"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 Dr. Assad report in "Various Flaps Used for Reconstruction of Pressure Injuries: A

Narrative Review” published in World J Plast Surg. 2025; 14(1):1-7?:

“Selection of the appropriate flap is made based on several factors including the size and depth of the defect, location of the pressure injury, local tissue health, and underlying comorbidities and overall health status of the patient.

Regional flaps are robust options for larger and deeper pressure injuries, particularly in sacral, ischial, or trochanteric regions and involve tissue from a nearby anatomical region that are transferred via a pedicle and are further divided into musculocutaneous and fasciocutaneous flaps.”

Read Dr. Assad’s article: https://wjps.ir/files/site1/user_files_c1050c/peyman1234_A-10-954-2-97aa446.pdf

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, “Clearly, we are focused on ‘should be performed’ as described by the Wound Healing Society Guidelines of 2023. Failure to do so results in malnutrition, recurrent sepsis, resistant hospital acquired infections, and C-diff colitis.”

Greg Vigna, MD, JD, is a national malpractice attorney who has managed hundreds of patients with serious bedsores pre-flap and post-flap. 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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