

Decubitus Ulcers Reconstructive Surgery ‘Should be Performed’: Wound Healing Society

Dr. Vigna stresses that discharging Stage IV decubitus ulcer patients to facilities without surgical capabilities risks severe complications, including death

SANTA BARBARA, CA, UNITED STATES, March 27, 2025 /EINPresswire.com/ -- “Hospital acquired decubitus ulcer patients simply cannot be discharged to facilities that do not have the capabilities to provide reconstructive surgeries for cure. That is not a safe discharge,” states [Greg Vigna, MD, JD](#), Board Certified Physical Medicine and Rehabilitation.

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The prognosis of patients with Stage IV decubitus ulcers with osteomyelitis is poor and discharge to nursing homes or to the community can be considered a death sentence.”

Greg Vigna, MD

What does the WHS Guidelines 2023 update report?

“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.

Guideline 6.8: A pressure ulcer should be closed surgically if it does not respond to wound care and there is no other contraindication to the surgical procedures. Exceptions may include the elderly or patients with a fatal illness, for whom palliative, local wound care is more appropriate. (Level I – increased).

Principle: Wound closure decreases protein loss, fluid loss, the possibility of wound infection, and the later development of malignancy in the wound. Early complication rates are acceptably low.”

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

Dr. Greg Vigna states, “Hospitals that discharge Stage IV decubitus ulcer or deep tissue injury patients to nursing homes are doing so with the knowledge that these patients are at significant risk of malnutrition, sepsis, and death. Discharging to facilities that they know do not provide flap closure creates an unreasonable risk of complications for the injuries they have caused.”

Dr. Vigna states, "The prognosis of patients with Stage IV decubitus ulcers with osteomyelitis is poor and discharge to nursing homes or to the community can be considered a death sentence."

Learn more about prognosis of decubitus-related osteomyelitis:

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

Dr. Vigna concludes, "We represent those who have suffered serious injuries caused by hospitals who aren't providing the standard of care for prevention of these 'never events'. For hospitals to discharge a patient with serious bed sores caused by the hospital, is unconscionable as they have the resources and the medical staff to treat the injured."

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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Dr. Greg Vigna

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