

Length of Hospitalization for Stage III and IV Decubitus Ulcers Before and After 2015

Hospitals are reducing care for patients with severe bedsores, discharging them early to nursing homes instead of providing needed surgical treatment

SANTA BARBARA, CA, UNITED STATES, June 9, 2025 /EINPresswire.com/ -- “Today, patients who suffer hospital acquired Stage III or Stage IV pressure injuries are in the hospital 39 days less than those who suffered these injuries before 2015,” states [Greg Vigna, MD, JD](#), Physical Medicine and Rehabilitation.

“

Average patients who suffer Stage III or IV hospital-acquired pressure injuries have lost 39 days of hospital level care, and are being sent to nursing homes by the hospitals that caused the injury.”

Greg Vigna, MD

Dr. Greg Vigna, national bedsore attorney, says, “Acute care hospitals are simply discharging patients with serious decubitus ulcers caused by negligent bedside care to nursing homes to avoid the cost of providing hospital level care that these patients require. Historically, patients with deep Stage III or Stage IV bedsores would be referred to long-term acute care hospitals for curative reconstructive

care. Now they are being sent to nursing homes.”

According to the Federation of American Hospitals:

“After October 1, 2015, patients are considered Long-Term Acute Care Hospital (LTAC) ‘appropriate’ and covered under the LTAC prospective payment system if they meet either one of two criteria: Stay three or more days in an acute care hospital Intensive Care Unit (or) Receive “prolonged mechanical ventilation” (greater than 96 hours) in the LTAC.”

Dr. Vigna states, “Most patients with deep Stage III or Stage IV bedsores don’t have a recent three day intensive care unit history and have lost access to Long-Term Acute Care Hospitals for reconstructive surgery for pressure injuries. Reconstructive surgery is now only accessible for an overwhelming majority of patients with Stage III or Stage IV wounds at acute care hospitals.”

“2 studies published from 2000 to 2013 with 1,943,673 patients reported a larger excess length of stay (LOS) of 42.9 days, and 8 studies since 2014 with 4,655,841 patients reported a smaller excess LOS of 3.8 days for patients with pressure ulcers compared with that for those without.”

Read the article:

<https://www.sciencedirect.com/science/article/pii/S2542454825000189>

Dr. Vigna explains, "An average patient who suffers a deep Stage III or Stage IV hospital-acquired pressure injury have lost thirty-nine days of hospital level care, and are being sent to nursing homes by the hospitals that have caused the 'Never Event' injury."

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

"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," states Dr. Damioli.

Read Dr. Damioli's article:

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

Dr. Vigna continues, "The standard of care for deep Stage III and Stage IV wounds includes early surgical reconstructive surgery."

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>

What do Harvard plastic surgeons say about the surgical treatment of decubitus ulcers?

"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."

Read Harvard plastic surgeon's article: <https://www.thieme-connect.com/products/ejournals/html/10.5999/aps.2018.00262>



Dr. Greg Vigna

Greg Vigna, MD, JD, "Stage III and Stage IV pressure injuries have predictable morbidity and mortality. These are injuries that require hospital level care designed for cure. Nursing home discharges are not safe."

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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