

Myocutaneous Flap Surgery for Deep Stage III and Stage IV Bedsores is the Standard of Care

Surgical flap reconstruction is the essential treatment for advanced pressure injuries to reduce infection, malnutrition, and high mortality risk

SANTA BARBARA, CA, UNITED STATES, June 10, 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.

Read Dr. Assad's article: "Various Flaps Used for Reconstruction of Pressure Injuries: A Narrative Review" published in World J Plast Surg. 2025; 14(1):1-7: https://wjps.ir/files/site1/user_files_c1050c/peyman1234_-A-10-954-2-97aa446.pdf



Greg Vigna, MD

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," says Dr. Damioli.

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The failure of acute care hospitals to provide flap closure for patients with serious bedsores results in an unreasonable risk of malnutrition, recurrent sepsis, resistant infections, and death.”

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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 adds, "The failure of acute care hospitals to provide flap closure for patients with deep Stage III and Stage IV bedsores results in an unreasonable risk of malnutrition, recurrent sepsis, resistant hospital-acquired infections, and death. It has been known for decades that these patients require flap surgery or face up to a 20% risk of death within one year."

Dr. Vigna concludes, "We are seeing cases where acute care hospitals are discharging patients who have suffered deep tissue injuries to nursing homes. Many LTAC providers are knowingly offering ineffective care, billing for services without plastic surgery consultation, and exposing patients to serious risks such as sepsis, recurrent sepsis, hospital-acquired infections, osteomyelitis, malnutrition, and death. Flap closure is the standard of care."

[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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