Overview of Stage IV Pressure Injuries and Reconstructive Care Considerations

Changes in federal funding may influence access to reconstructive surgery for severe pressure injuries


Greg Vigna

LOS ANGELES, CA, UNITED STATES, March 16, 2026 /EINPresswire.com/ -- Dr. Greg Vigna, MD, JD, an expert in physical medicine, rehabilitation, and wound care, and Chief Medical Officer of Injury Care Solutions Group, states, “Access to life-saving reconstructive surgery for Stage III and Stage IV pressure injuries has been cut by the Federal Government.”

Code of Federal Regulations 42 U.S.C. § 1395ww(m)(6)(A):
“Under this dual-rate structure, generally a LTCH is no longer reimbursed at the standard Federal rate if the patient did not spend at least three days in a hospital’s intensive care unit immediately preceding the LTCH care, or did not receive at least 96 hours of respiratory ventilation services during the LTCH stay.”

Dr. Vigna continues, “As the Medical Director of the Wound Care Program at Specialty Hospital of North Louisiana, we provided plastic surgery reconstructive procedures and saved the lives of 300-400 patients who elected for curative care.”

Dr. Vigna describes the outcomes of Stage IV pressure injuries to the sacrum, coccyx, ischium, or trochanter that are complicated by osteomyelitis: “It has been known for over four decades that these patients who are managed without reconstructive surgery have a very poor prognosis.”

Dr. Laura Damioli, MD, describes outcomes for Stage III and Stage IV decubitus ulcers who are not provided flap closure from Therapeutic Advances in Infectious Disease. Volume 10, pg. 1-9. 2023:
“We describe treatments and outcomes of hospitalized patients with decubitus ulcer-related osteomyelitis who did not undergo surgical reconstruction or coverage. Within 1 year, 56 (63%) patients were readmitted, 38 (44%) patients were readmitted due to complications from osteomyelitis, and 15 (17%) died.

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> *Greg Vigna, MD, JD*

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."

Injury Care Solutions Group provides independent expert services for litigation funders for life-saving flaps and expert services for plaintiff and defense firms:

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Hospitalist Experts: Standards of care, causation, unsafe discharges
Hospital CEO Experts: Standard of care, Never Event standards
General Surgery Experts: Standard of care, causation, and causation for loss of limb
Vascular Surgery Experts: Standard of care, causation for loss of limb
Nursing Experts: RN standard of care
Nursing Home CEOs: Staffing level analysis

Read Dr. Vigna's book, Beneath the Surface: A Legal Perspective on Decubitus Ulcers and Patient Advocacy.

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