

Long-term Acute Care Hospital: Designed for Flap Reconstruction-Decubitus Ulcers

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SANTA BARBARA, CALIFORNIA, UNITED STATES, February 13, 2024 /EINPresswire.com/ -- "Long-term acute care hospitals (LTACHs) have a niche role in the health care system. They specialize in caring for patients who are ventilator-dependent, are on inpatient dialysis, or have multi-organ or multi-system failure, postsurgical or organ transplant complications, complex wounds that need care, or traumatic or acquired brain injury" ... Rahul Koranne, MD.

What did Dr. Koranne report in "The Role of the Long-Term Acute Care Hospital (LTACH)" in Minnesota Medicine, Sept. 2011?

"The average length of stay for LTACH patients on Medicare is 25 days; however, some patients may stay for longer periods by comparison, the average Medicare length of stay in a short-term acute care hospital is five days."

[Greg Vigna, MD, JD](#), national decubitus ulcer attorney explains, "Unfortunately, not all LTACHs provide the same level of care despite their advertising that they have a specialty wound care program. Many do not offer myocutaneous flap closure by plastic surgeons for cure. We know that patients with deep Stage 3 and Stage 4 who are not provided flap closure have a 17% risk of death at one year, and there is a 44% risk of readmission due to complications related to osteomyelitis. Patients who suffer serious hospital and nursing home-acquired bed sores must be directed to the LTACHs that have plastic surgeons available to provide surgery for cure, otherwise, they are contributing to ongoing ineffective care."

Dr. Vigna adds, "As a former medical director of an LTACH with a wound care program that provided flaps for patients with deep Stage 3 and Stage 4 decubitus ulcers, we were able to address factors that are associated with postoperative complications from flaps because we had the time to do so. We were able to plan accordingly for flap reconstruction after addressing



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factors that reduce the likelihood of successful closure such as nutritional status with feeding tubes, infection with IV antibiotics and surgical debridement of infected and necrotic tissue and reversing chronic anemia.”

Dr. Vigna, concludes, “Patients with deep Stage 3 and Stage 4 decubitus ulcer must be directed to LTACHs with the scope of services that include plastic reconstructive surgery and the experience to address the factors that are associated with failed flaps.”

To learn more about the “Determinants of the success in flap reconstruction” go to:
<https://onlinelibrary.wiley.com/doi/pdf/10.1111/iwj.14185>.

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 Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, jointly prosecute hospital and nursing home neglect cases that result in bedsores nationwide.

Resources:

https://issuu.com/academyccm/docs/post_acutecare

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

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