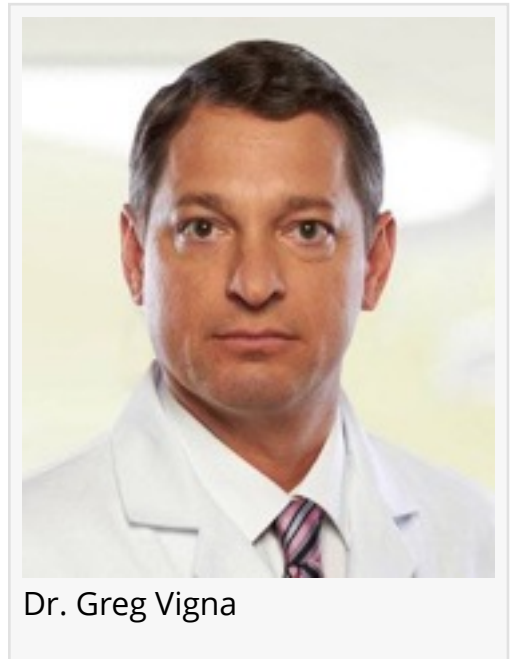


Major Complications Following Flap Surgery: Unrelated to Treatable Comorbidities

Insights into flap surgery for stage III and IV pressure injuries in spinal cord injury patients

SANTA BARBARA , CALIFORNIA , UNITED STATES , July 22, 2024 /EINPresswire.com/ -- "Neither diabetes nor other treatable comorbidities were significantly associated with major complications if the treatment of these factors is included in a multidisciplinary approach" says Dr. Dirk J Schaefer, Department of Plastic Surgery, University Hospital of Basel, Switzerland.

What did Dr. Dirk J Schaefer report in "Risk Factors of Major Complications After Flap Surgery in the Treatment of Stage III and IV Pressure Injury in People with Spinal Cord Injury/Disorder: A Retrospective Cohort Study", published in *Spinal Cord* (2024) 62:34-41?



Dr. Greg Vigna

"Pressure injury is the second most common condition associated with spinal cord injury or spinal cord disorder.

“

The standard of care for management of deep Stage III and Stage IV decubitus ulcers will always be pressure reliefs, reliable nutrition, surgical debridement of nonviable tissue, and flap closure.”

Greg Vigna, MD, JD

It is a potentially life-threatening condition that significantly limits quality of life.

Major complications 42 (19%) occurred more often in individuals with stage IV pressure injury, individuals without osteomyelitis, and individuals with pathological blood concentrations of cystatin C, calcium, and vitamin B12, as well as normal blood concentrations of HbA1c.

Immobilization and hospital stay of individuals with major complications was longer.”

To learn more about Dr. Schaefer's study: <https://www.nature.com/articles/s41393-023-00944-9.pdf>

Dr. Greg Vigna, wound care expert and national decubitus ulcer attorney states, "The standard of care for management of deep Stage III and Stage IV [decubitus ulcers](#) will always be reliable pressure reliefs, reliable nutrition to support healing, surgical debridement of nonviable tissue, and flap closure when there is evidence of granulation tissue. Long-term outcomes support this treatment plan when compared to conservative or palliative care."

Dr. Vigna adds, "This study is consistent with my previous experience at a Long-Term Acute Care Hospital where we provided flaps as diabetes, malnutrition, soft tissue infections, and other treatable co-morbidities do not adversely affect the outcome of flaps when medically optimized. Kidney failure and the need for dialysis is associated with major complications because of bleeding risk following flaps."

Dr. Vigna concludes, "Most important in this study is that major complications were associated with patients who were not diagnosed with osteomyelitis (bone infection), which is not consistent with my experience because I would use broad spectrum antibiotics in patients with or without osteomyelitis at least until the drains were removed, which is usually between 14 and 21 days following surgery."

To learn more about outcomes of flap versus conservative management of decubitus ulcers: <https://journals.sagepub.com/doi/full/10.1177/20499361231196664>

[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.

To learn more: <https://vignallawgroup.com/decubitus-ulcer-help-desk/>

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