HYPERBARIC
MEDICAL SERVICES
Wound Care & Dive Medicine

Dr. David M. Young, MD

Dr. Young is Board Certified in Plastic Surgery and is a Professor of Surgery in the Division of Plastic and Reconstructive Surgery at UCSF. Dr. Young is a graduate of Columbia College and earned a medical degree at the Yale University School of Medicine. He trained in pathology at Cornell Medical College and then general surgery at the University of Miami/Jackson Memorial Hospital. He then completed an NIH-NRSA funded research fellowship at Yale and a Plastic Surgery Fellowship at the University of California, San Francisco.

His area of expertise includes wound healing, and reconstruction after burns and trauma. His research interests include the molecular mechanisms of wound healing and the epidemiology and treatment of soft tissue infections. He is trained in hyperbaric medicine and advanced wound care techniques. He offers total body wound care and addresses failure-to-heal wounds from post-surgical treatments or from trauma. He is fluent in English and Mandarin.

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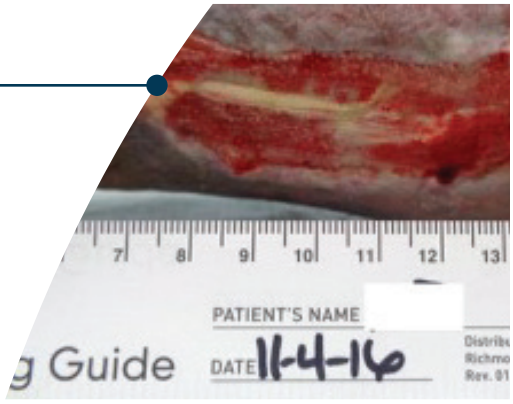
CASE STUDY

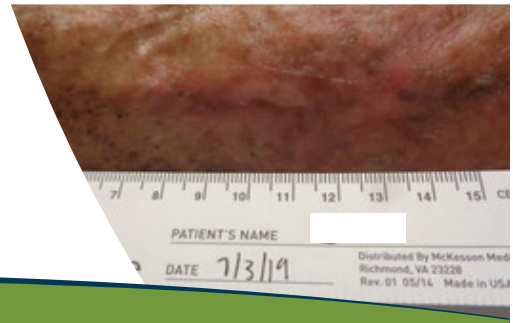
Venous Ulcers



The patient is an 80-year-old male who was admitted to the hospital in 2016 with an infected and necrotic right ankle ulcer. At that time the ulcer had been present for over a year. He had evidence of venous insufficiency. As part of his work up, the patient underwent vascular assessment with subsequent angioplasty with good result. Prior treatment included 6 weeks antibiotic coverage. The ulcer probed down to the bone. He had radiographic evidence consistent with chronic osteomyelitis. Patient also had a recent biopsy done by a dermatologist, which was negative for malignancy.

The patient was referred for adjunctive hyperbaric oxygen therapy for his underlying chronic osteomyeltitis. As part of his comprehensive treatment plan, he had negative pressure wound therapy applied to facilitate closure of the ulcer. In addition to the NPWT device, he was treated with 4-layer compression dressings to control his edema. After his tendon was adequately covered with granulation tissue, the NPWT was discontinued and compression therapy continued until he was closed. He was then prescribed custom-fitted elastic compression stockings to maintain edema control.

Durability of closure is a concern in patients with venous insufficiency. The last phototograph was taken in July 2019, evidence that the closure was enduring. A combination of debridement, appropriate antibiotic coverage, hyperbaric oxygen therapy, NPWT and compression for edema control resulted in an excellent clinical outcome for this complex patient.



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