

February 25-26, 2019  
Prague, Czech RepublicSylvie Hampton, Clin Pediatr Dermatol 2019, Volume: 5  
DOI: 10.21767/2472-0143-C1-008

## WOUND CARE IN A PATIENT WITH MYELODYSPLASTIC SYNDROME

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**M**yelodysplastic syndromes (MDS) are a group of cancers in which immature blood cells in the bone marrow do not mature and therefore do not become healthy blood cells. Mr H had developed MDS six years previously which had been in remission for years. MDS returned in Jul' 2016 and he stopped eating. For a year, he ate nothing solid. Nourishment was given in fluids. Hb varied between 50 and 70 and he had received blood transfusions weekly. White cells were extremely low which meant healing would be negligible and clinical infection is a high potential. In Apr' 2018, he was admitted to hospital with pneumonia. While in hospital he acquired flu, a pressure ulcer (Grade 4 sacrum), C-Diff (appalling diarrhoea) and lost all mobility as he was not permitted to go out of bed for 3.5 weeks. He also developed sepsis (*Pseudomonas*) which resulted in large black ulcers across his back and scrotum. Because of the MDS, he should not have healed and the potential of infection, due to low white cell count, should have been a very high risk and yet he healed. Three dressings were used in healing these wounds. The first was a dressing pad that contained Ringer's solution. Used on the sacrum from commencement to healed. The second used on the abscess over the back was the pad that contained Ringer's solution, used to debride the wound and clean it. Then an activated carbon dressing used until healed. The third was a sheet gel dressing. This was used on all abscesses over the scrotum as it was the only dressing that would remain *in situ*. All of these wounds healed very successfully with this treatment. It is vital that the condition of the patient is taken into account when deciding on dressings. One dressing would not have cured all wounds.

### Biography

Independent TVNC Sylvie Hampton has 25 years of experience in wound care: four years as Enthusiast, five years as Specialist Nurse in a hospital and 16 years as Independent Consultant running a private wound healing centre commissioned by the NHS to care for chronic wounds. She has written 400 articles and two books on wound care. She was a Trainer and advising nursing homes, District Nursing Teams, Practice Nurses and Hospital Nurses and also acting as an Expert witness. She has been working as a Specialist Adviser for CQC. She undertakes research in wound care /pressure ulcer prevention. She is a Consultant for Lindsay Leg Club Foundation and Marie Curie Hospice movement. Educator, organising study days and conferences.

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