

Management of four patients with Complicated Enterocutaneous Fistula using pouching system in conjunction with negative pressure therapy in a Long Term Acute Care Facility (LTAC)

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Introduction

Four patients with high output enterocutaneous fistula (EF) were treated in a LTAC. Patient A developed EF post gastric by-pass surgery. Patient B with history of Crohn's disease, developed three post-operative EF. Patient C with history of radiation treatments for cervical cancer and ventral hernia developed EF. Patient D status post motorcycle accident with torso evisceration had an attempted surgical flap but later developed EF under flap.

Past management

Patient A was managed with foam NPWT* complicated with foam embedded in granulation tissue. Patient B was managed with foam NPWT*. Patient C was managed with dry dressing complicated with contact dermatitis. Patient D was managed with dry dressing and wall suction.

Current management

Patient A had applied fistula device** with drain NPWT±. Patient B was managed with foam NPWT* then changed to fistula device** with drain NPWT± when foam NPWT* could not manage large volume drainage. Patient C was managed with fistula device** with drain NPWT±. Patient D had a large wound that was divided for management. The left side had collagen dressing±±, silver hydrofiber§, and gauze with drain NPWT±. A wall was built using strip paste§§, hydrocolloid±± and drape±±. The right side of wound had fistula device** applied with drain NPWT±.

*Wound Vac
**Colostomy Fistula and Wound Management System
±Smith & Nephew EZ-Care with Wooding Scott drain
±±Johnson & Johnson Fibracol Plus
§Cosmetic Aquacel AG
§§Coloplast Strip Paste
±±Hollister Flexbond Skin Barrier
±±Smith & Nephew Transparent Adhesive Dressing
†Cosmetic Eskin Fistula and Wound Pouch

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Clinical Case Series



Patient A at admission



Patient B admission



Patient C



Patient D with admission



Patient A with dressing



Patient B with dressing



Patient C with dressing



Patient D with dressing



Patient A discharge



Patient D discharge

Outcome

Patient A had maximum wear of four weeks and 98.9% wound volume reduction but discharged home with dry gauze for insurance reasons. Patient B had maximum wear of three weeks and 88.6% wound volume reduction and discharged home with fistula pouch† with drain NPWT±. Patient C had maximum wear of one week with goal of containment only with no wound volume reduction expected. Patient D had maximum wear of one week and wound volume reduction of 98.9%.

Conclusion

Drain NPWT± combined with fistula device** is an effective option for EF management.

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