



DESIGNING A POUCHING SYSTEM FOR COMPLEX ENTEROCUTANEOUS FISTULA MANAGEMENT-CASE STUDY



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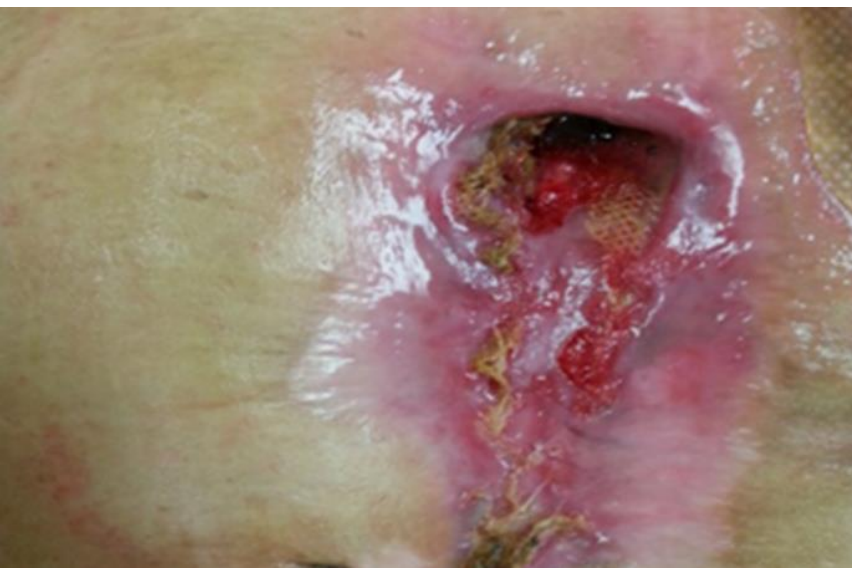
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What is an Enterocutaneous Fistulae

- A connection between the small intestine and the skin
- May also be entero-atmospheric (between small intestine and air)
- May be related to diseases (e.g. Crohn's, diverticulitis), trauma or surgery complications
- Results in spillage of fecal contents from small intestine onto skin



CLASSIFICATION OF ENTEROCUTANEOUS FISTULAE

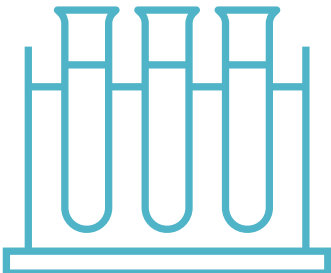


■ **ACUTE** – Less than 30 days old



■ **CHRONIC** – more than 30 days old

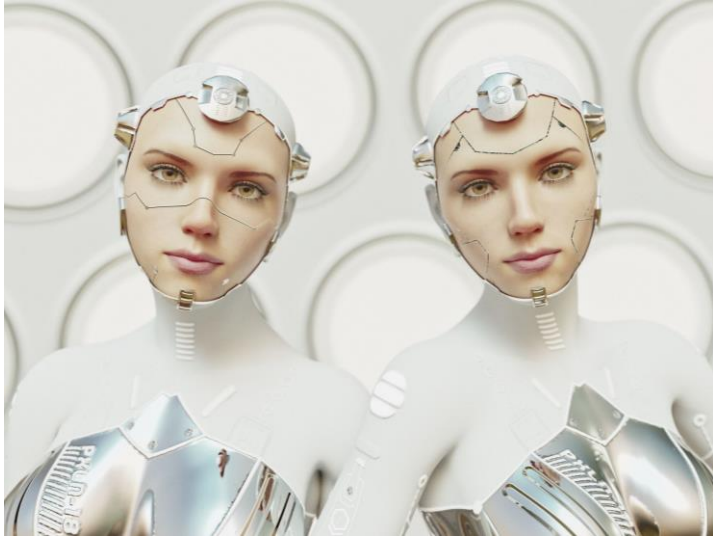
CLASSIFICATION BY VOLUME OUTPUT



LOW VOLUME - <200ml / 24 hours. (Low output may help in spontaneous closure, dependent on size of fistula and output (Paradiso et. Al., 2015))

MODERATE VOLUME – 200 – 500ml / 24 hours

HIGH VOLUME - >500ml / 24 hours



GOALS OF MANAGEMENT

1.Skin protection

2.Patient comfort and mobility

3.Containment of drainage and odor

4.Accurate measurement of effluent

5.Cost containment



ASSESSMENT

Four factors that must be individualized for each ECF patient:

- (1) origin of the fistula tract,
- (2) location of the fistula opening at skin level,
- (3) type of effluent (i.e., enzyme and electrolyte constitution), and
- (4) skin integrity.

FISTULA CONTAINMENT OPTIONS

OUTPUT VOLUME	DRESSING	SKIN PREPARATION	TYPE OF SEAL	ODOR CONTROL	FREQUENCY
<100mls	Gauze And Micropore Dressing	Ostomy Powder/ Skin Barrier Spray	NA	No	Every 4hourly or PRN
>100	Pouching (2pc Or 1 Pc Pouching)	Ostomy Powder/ Skin Barrier Spray	Strip Paste / Stomahesive Paste / Mouldable Ring	Yes	3-5 days

SKIN CLEANSER

Skin cleansers moistures and maintains the pH level of the skin

It consists of surfactants and moisturizers

It is fast drying and can remain on the skin without rinsing

Reduce frictional forces and abrade the skin

Liquid solutions may be packaged as a bottles that converts liquid into foam, spray bottles or impregnated into a disposable cloth



Restricted, Non-Sensitive

PROTECT AND RESTORE



Polymer Barrier Film

A skin barrier provides a protective layer of film on the skin to protect it from output and adhesives.



Tetrapolymer Barrier Film

Ability to attach /adhere to wet, weeping (denuded) and/or dry skin and protects skin from irritants

HYDROCOLLIOD PROTECTIVE SHEETS



It absorbs moisture and thereby minimizes the risk of maceration of the skin.

SKIN FILLERS, HYDROCOLLIOD SEALS / RINGS AND PASTE



Paste is ideal for levelling skin folds and scars

Case Study 1









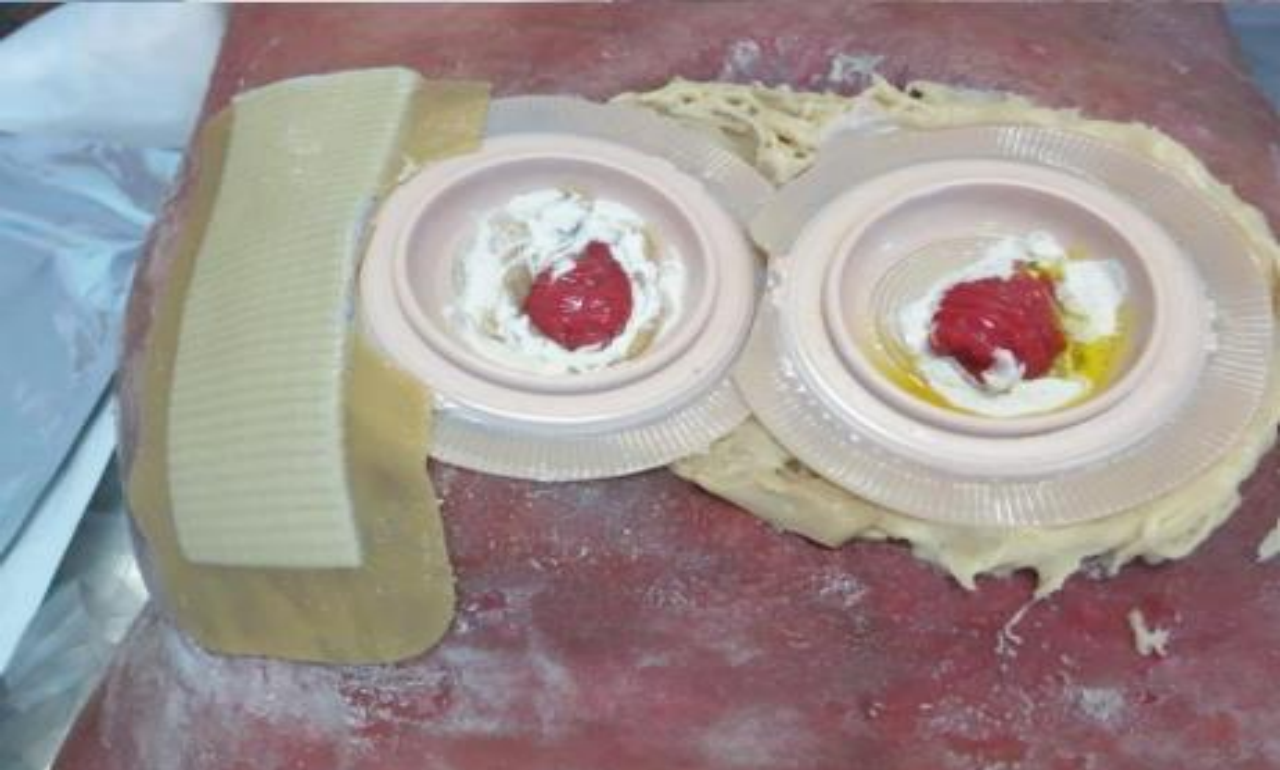


Case Study 2











Case Study 3

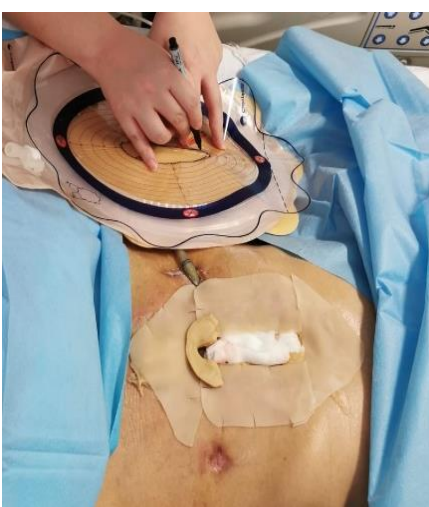


Bowel exposed

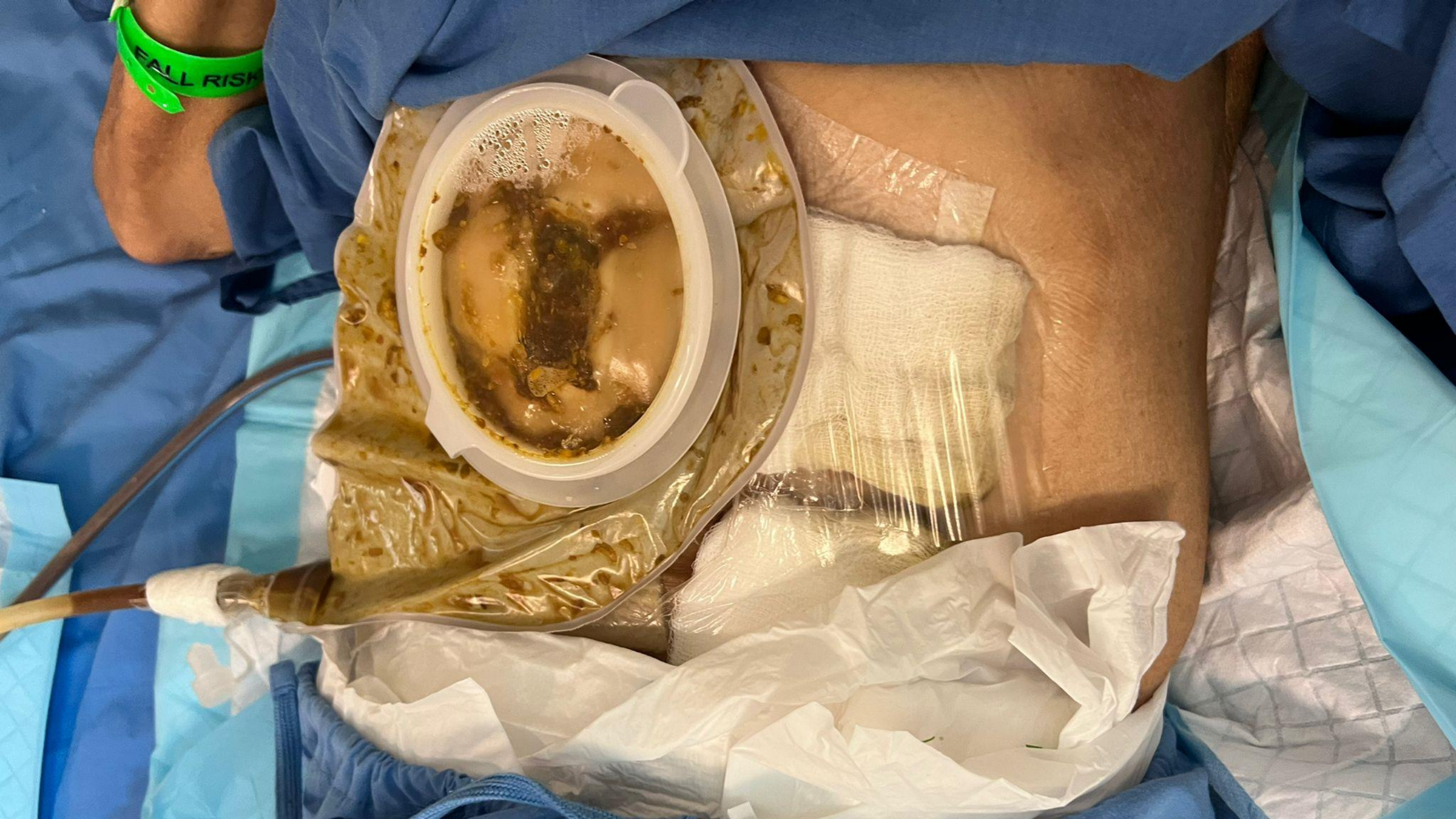
White foam

Black foam

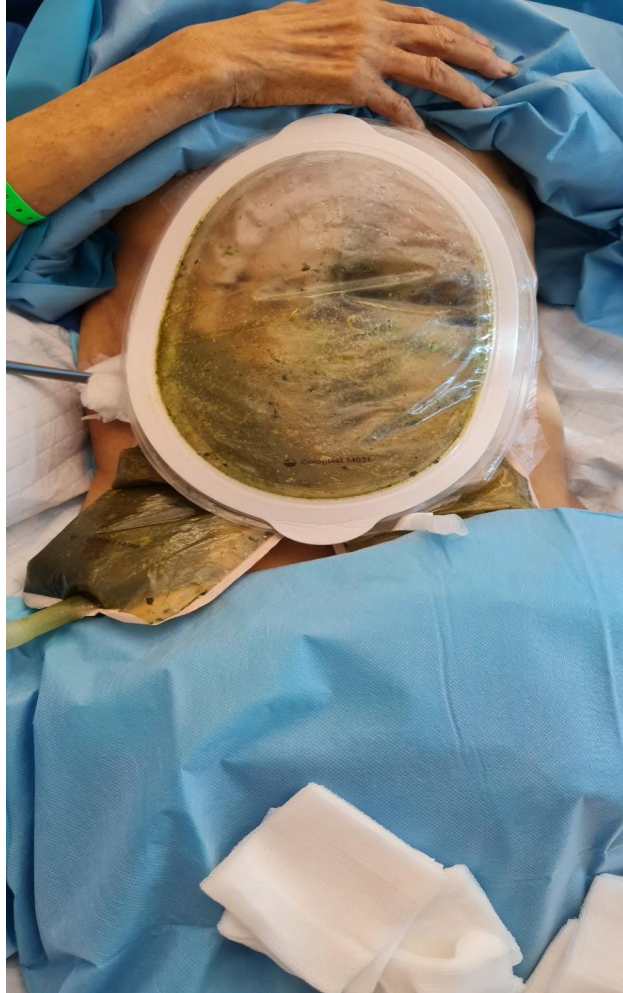
On VAC therapy







TYPE OF POUCHING OPTIONS



Wound and Wound Drainage Bag



Post op Bag



Post op bag connect to Passive Bag



Post op bag extension using Trunking System



09/5/2022



31/5/2022



27/06/2022



25/07/2022



29/09/2022

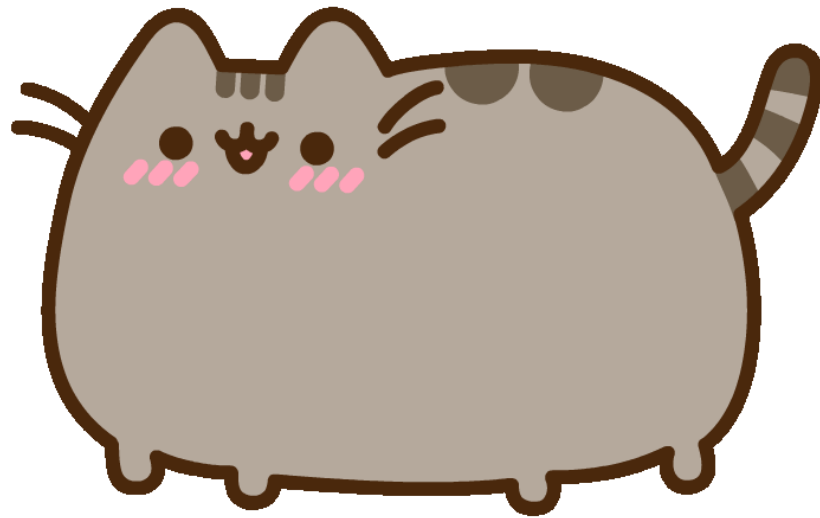


CONCLUSION

1. Maintenance of skin integrity provides a foundation for long term success for the rehabilitation of patients with skin issues. Multiple ostomy and wound products were used to manage output and prevent skin breakdown.
2. The partnership between the nurses, surgeons, dietician, pharmacist, social worker is constantly trying to improve the quality of life for patients
3. The complex management of ECFs is always challenging and test both critical thinking and creativity with all facets of care.
4. Evidence-based practices are constantly evolving in wound care. Meanwhile, nurses can educate themselves on evidence-based best practices in an ever-evolving medical landscape.

Thank

you!



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