Poster Presentation

Topic : Enhance the quality of life for a teenager with Enteroatmospheric fistula

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Enhance the quality of life for a teenager with Enteroatmospheric fistula

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Introduction

Enteroatmospheric fistula (EAF), a special subset of enterocutaneous fistula (ECF), is defined as a communication between the gastrointestinal (GI) tract and the atmosphere[1] is an unpleasant and frightening complication of operations on the digestive tract. It can also be caused by trauma, malignancy, or inflammatory bowel disease[2]. The main challenges of treating EAF are in managing fistula output and skin protection. The psychological impact is loss of normalcy, constant worry, and management of adjacent skin, depression, anxiety, and discomfort[3].

Case report

A teenage male, 2 years in hospitalization, case blunt abdominal injury with liver laceration with duodenal injury S/P liver packing embolization with duodenal repair with gastrostomy, retrograde jejunostomy, feeding jejunostomy and EAF (Fig. 1). S/P Fistulectomy with bowel anastomosis with the closure of the abdominal wall and recurrent EAF (Fig. 2).

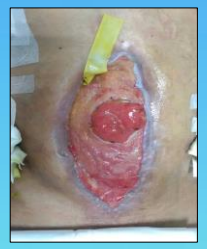


Fig. 1 First visit

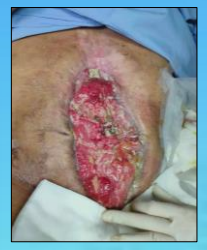


Fig. 2 Recurrent EAF

Objectives

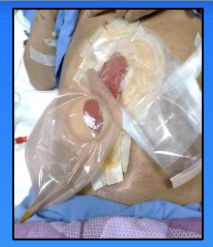
To reduce the patient's discomfort from EAF.

To improve the patient's quality of life, and return the patient to a normal life.

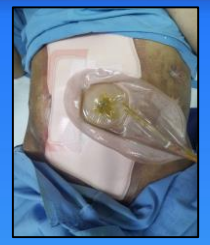
Intervention

In the hospital ET nurse team used several methods to control fistula effluent including the creative use of special Negative Pressure Wound Therapy (NPWT) (Fig. 3A), ostomy bags[4] (Fig. 3B), and wound dressing (Fig. 3C). Choosing the right appropriate method for each situation.

A



B



C

Fig. 3 A: NPWT with pouch
B: Pouching with saddle bagging
C: Bridging and Pouching

Discharge planning; collaboration and planning to prepare the patient to go home. Healthcare professionals can encourage hope, motivation, and self-care by being well-trained (Fig. 4), supplied with equipment (mobile suction) (Fig. 5), engaged and having a positive and understanding approach[5].

Fig. 4 EAF management before discharge

Fig. 5 Mobile suction

Fig. 6 The patient goes back home

Follow up twice a week at the Ostomy clinic while at home minimal leakage occurred, the problem they met. His mother is able to learn and solve them including the successful use of the pouching system (two-piece, soft convex, floating flange, and opaque drainable pouch) (Fig. 7, 8). The crucial is the patient's participation in every step.

Fig. 7, 8 Pouching with soft convex and belt

Results

EAF was improved, the patient and caregiver can manage and able to cope with the suffering moment and were confident in living.

Conclusion

A teenager was able to go through adversity. He can take care of himself, go back to study at university and return to the way of normal life as he desired. The collaboration between health care professionals, family, and the patient in life rhythm is the heart of care.

Reference

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