

# How to: Management of Ileo-analcutaneous Fistula

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## Abstract

Ileocutaneous fistula can cause diarrhea, severe inflammation of peristoma skin because of persistent moisture and chemical irritation by effluent. The characteristic symptoms of this condition are odour, high output, abdominal pain, weight loss, signs of malnutrition, electrolyte imbalances and discomfort. The goal of management was to reduce the patient discomfort, support nutrition, collect effluent volume and treat peristoma skin lesion. Management of ileocutaneous fistula with pouch can be control odor, make patient comfort and mobility, protect peristoma skin, reduce cost and easy of care for patient and caregiver.

**Keyword:** Ileocutaneous fistula

## Introduction

A fistula is an abnormal passage between two or more structures or spaces. This can involve a communication tract from one body cavity or hollow organ to another organ or to the skin.<sup>1</sup> Fistulas are common presentation in general surgical wards, and despite advances in the management of these lesions, they are still responsible for a significant mortality, due to associated sepsis, nutritional abnormalities, and electrolyte imbalances.<sup>2</sup> A fistula is an abnormal communication between two or more structures or spaces epithelialized surfaces. This can involve a communication tract from one body cavity or hollow organ to another organ or to the skin.<sup>1</sup>

An enterocutaneous fistula (ECF), as the name indicates, is an abnormal communication between the small or large bowel and the skin. An ECF can arise from the duodenum, jejunum, ileum, colon, or rectum. Erosive lesion of peristoma is one of the complications that can lead to significant morbidity in patients with ECF. When the enteric contents are more fluid than solid, this becomes a difficult problem; the erosive lesion skin makes it difficult to put a collecting bag or dressings over the fistula, and more leakage leads to an increase in the erosive lesion. Nutritional support is central to treatment of ECF. Parenteral nutrition has been used to provide nutritional support in ECF patients. Bowel rest and TPN by decreasing the enteric secretions and thereby fistula output have been suggested to aid spontaneous fistula closure. Ileocutaneous fistula can cause diarrhea, severe inflammation of peristoma skin because of persistent moisture and chemical irritation by effluent. The characteristic symptoms of this condition are odour, high output, abdominal pain, weight loss, signs of malnutrition, electrolyte imbalances and discomfort. Pouching was found to high effective in controlling volume and odor. And then, it showed promoting healing of peristoma skin lesion.<sup>1</sup>

## Case report

This case study reports on a 52-years-old male, who has undergone abdominal perineal resection with sigmoid colostomy and developed Ileo-analcutaneous fistula for 2 years after surgery. Patient admitted in hospital because the effluent comes out from anus high output more than 500 cc/day. The skin problem is severe erosive lesion at perianal area that cause of painful. Ileocutaneous fistula at anal area was presented size 20x40 mm. Patient and care giver used skin barrier film and diapers for management effluent.

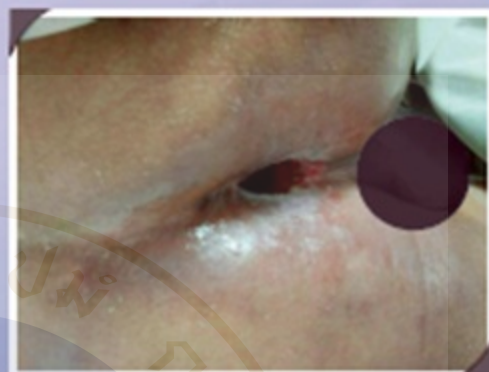


Figure 1 Peristoma lesion

## Intervention

The goal of management was to reduce the patient discomfort, support nutrition, collect effluent volume and treat peristoma skin lesion. The Integrated medical and nursing approach for proper management. Intervention procedure for this case are mentioned by

1. Irrigated ileocutaneous fistula with normal saline
2. Cleaned perianal skin with skin cleanser
3. Applied skin barrier powder then skin barrier film 3 layer at erosive lesion
4. Applied skin barrier ring at peristoma area and contoured skin level with skin barrier paste
5. Used one piece flexible pouch with slit technique at face plate for collecting effluent.
6. Sealed edges of pouch with soft adhesive tape

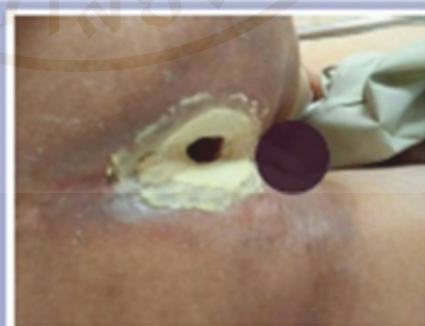


Figure 2 -3 Nursing Intervention procedures

## Result

About 2 weeks after starting intervention erosive lesion at peristoma was improved, reduced suffering pain and patient sleep well. Patient and care giver had satisfied because they did not worry about changing diaper. Patient has a better quality of life.

## Conclusion

Management of ileocutaneous fistula with pouch can be control odor, make patient comfort and mobility, protect peristoma skin, reduce cost and easy of care for patient and caregiver.

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