

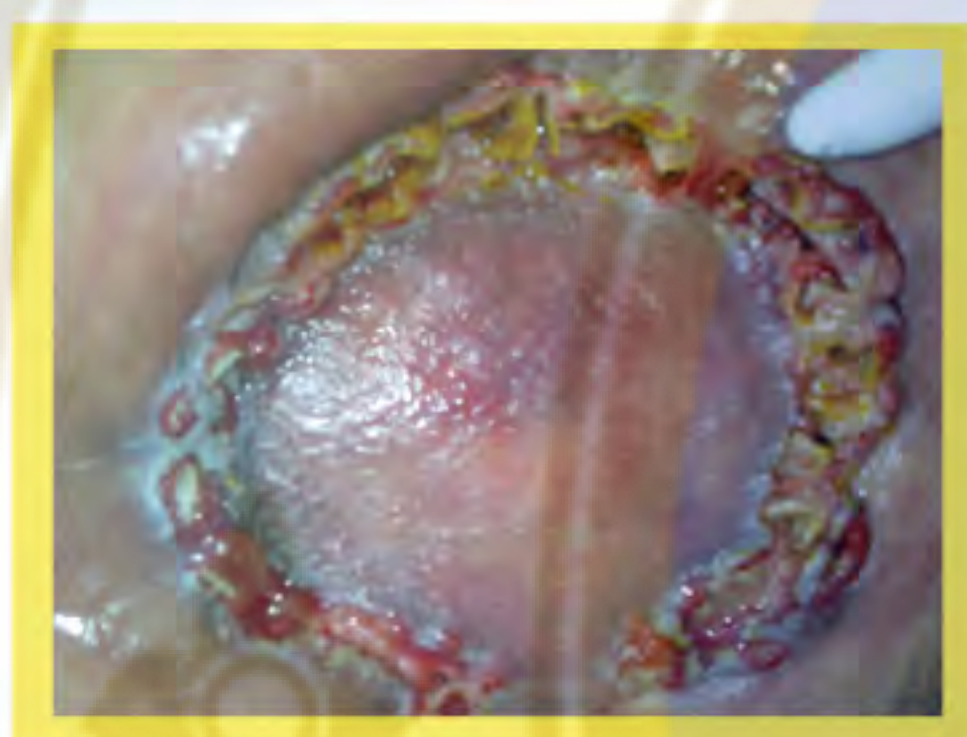
Management of enterocutaneous fistula Using negative pressure wound therapy

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Case Report

Elderly male patient underwent skin graft at abdomen. After 2 weeks he developed graft infection and fistula at suture line. Perifistula had erosive skin lesion. The problem is more severe in patient because the effluent is strongly alkaline and contains digestive enzymes.



Intervention

The goal of management was to effectively collect effluent, protect perifistula skin and reduced the patient discomfort by using negative pressure wound therapy in enterocutaneous fistula.

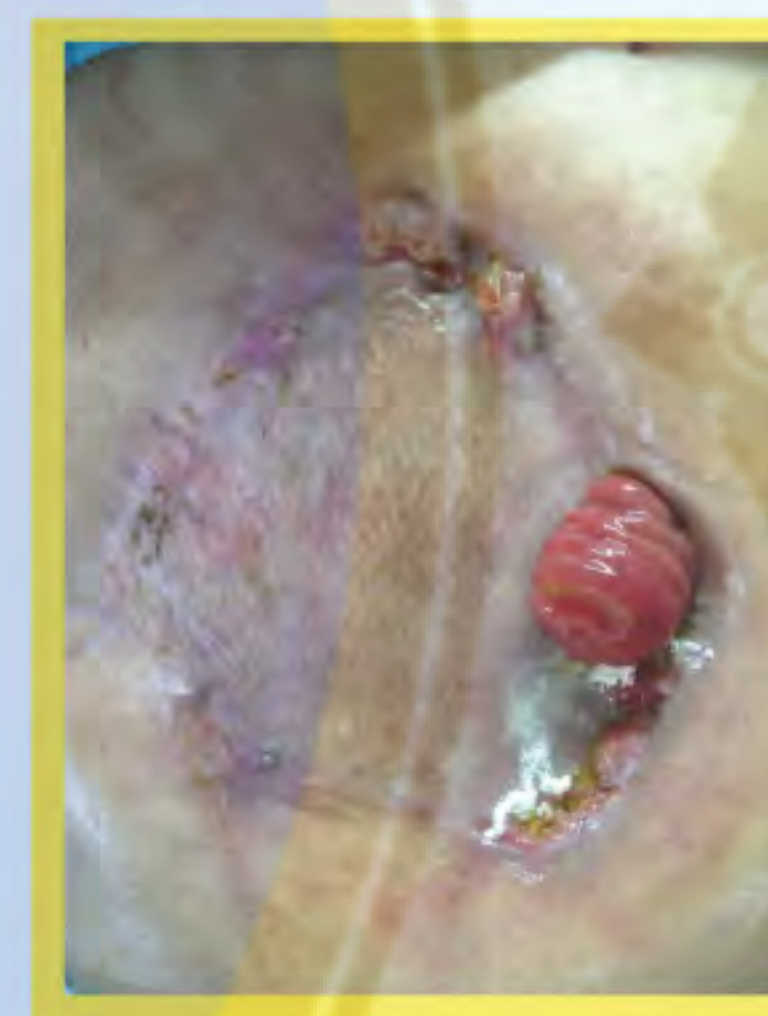
This wound was presented with two areas. One area 12-8 o'clock had three enterocutaneous fistulas, another area 8-12 o'clock had dehiscence wound. Treatment procedure are mentioned below

1. Irrigation enterocutaneous fistula with normal saline
2. Protected perifistula skin from effluent by skin barrier film.
3. Separated two areas by bridge technique using hydrocolloid occlusive dressing and skin barrier paste.
4. Area had fistula, protected perifistula by hydrocolloid and slit technique also some paste is applied around this area to prevent leakage. Applied polyurethane foam cut to fit the size of fistula and slit technique. Applied NG tube No. 16 placed in the middle of polyurethane foam by proximal of NG tube near fistula hole, covered with occlusive transparent film then NG tube is connected to vacuum unit with a negative pressure value of 80-120 mmHg.
5. Another area had dehiscence wound using impregnated gauze with silver sulfadiazine dressing and cover with gauze.



Result

About 1 week after starting intervention perifistula improved skin intact. About 2 weeks dehiscence wound was successfully accomplished.



Conclusion

Management of enterocutaneous fistula by using negative pressure wound therapy can establish effluent balance, protect the skin around fistula, wound can substantially decrease the frequency of dressing change and reduce patient discomfort.

Reference

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