

# Caring for an enterocutaneous fistula with complex skin topography

## using eakin **Wound Pouches™** and accessories

Case study submitted by:  
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### PATIENT HISTORY

- 52-year-old patient.
- Extensive medical history including Crohn's, Colitis and numerous surgical procedures.
- Fistulae occurrence after explorative laparotomy, adhesiolysis, resection of 80cm small intestine and revision end ileostomy.
- Patient has only 1m of small intestine remaining.
- Consultant advised nil by mouth with only Total Parenteral Nutrition (TPN) but this was not an option for the patient. She wanted to live life to the full and to maintain her Quality of Life she wanted to be able to eat properly. This increased the volume of her fistula output and dressing her fistulae become a challenge.

### CARE MANAGEMENT PLAN

- Patient has an open abdominal wound with two high-output fistulae.
- The fistulae output is aggressive and quickly corrodes the wound dressings.
- The wound pulls inwards and causes the wound edges to angle down.
- Plan to create an even pouching surface by equalizing the different heights of skin topography and carefully protect the surrounding peri-fistula skin before applying the eakin Wound Pouch™.



## APPLYING AN EAKIN WOUND POUCH™

When creating the template, allow a few extra mm when tracing around the wound to ensure the fit is not too tight.

If keeping the template for future applications, ensure to check the template size on a weekly basis as wound healing may require a smaller fit.

Ensure that the template is a mirror image of the wound shape, always have the words 'EAKIN WOUND POUCH' in reverse.



## STEPS TAKEN TO PROTECT THE PERI-FISTULA SKIN FROM AGGRESSIVE OUTPUT

Protect the exposed peri-fistula skin from aggressive output with strips of eakin **Cohesive**® skin barriers or eakin **Cohesive**® seals.

Stack the **Cohesive**® to ensure the wound area is an even height for an ideal pouching surface.

In this case the skin between the wound and ileostomy has been filled with paste and eakin **Cohesive**®.

## SUCCESSFUL SOLUTION

The eakin **Wound Pouch**™ achieved a wear time of 3 to 4 days without leakage.

The protected peri-fistula skin remained healthy.

Patient remained comfortable and maintained her Quality of Life.

## UTILISING EAKIN ACCESS WINDOWS™ FOR DIRECT ACCESS TO THE WOUND

Warm the base plate of the eakin **Wound Pouch**™ to ensure maximum adhesion to the patient's skin.

In this case, you can see that a notch has been cut from the edge of the eakin **Wound Pouch**™ to facilitate fit around the existing ileostomy.

The eakin **Access Window**™ allows for direct access to the wound. Here, paste has been used to seal around the edges of the wound in an attempt to protect the device from the aggressive output and further increase product wear time.

When closing the eakin **Access Window**™ ensure there is air in the pouch to avoid creating a vacuum.

Utilise adhesive remover wipes to facilitate easy removal of the eakin **Wound Pouch**™.

## PRODUCT USED

Extra-large eakin <b>Wound Pouch</b> ™	839264
eakin <b>Cohesive</b> ® Skin Barriers	839004
eakin <b>release</b> ™ wipes	839024

