

# Management of a complex open abdominal wound

## using eakin **Wound Pouches**<sup>™</sup>

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### PATIENT HISTORY

- 65-year-old gentleman
- diagnosed with a rectal cancer
- He underwent an abdominal perineal excision of the rectum and formation of a permanent colostomy.
- He developed a large parastomal hernia.
- The decision was made to repair the hernia and re-site the colostomy to the right side of the abdomen.
- Post-operatively, he developed a small bowel obstruction that required another laparotomy.
- Ten days after surgery, the wound dehiscd, and the bowel protruded through the abdominal wall.





## CARE MANAGEMENT PLAN

- An Eakin Wound Pouch™ was used to collect effluent from the high-output enterocutaneous fistula.
- It was the most cost-effective, clinically efficient, and effective wound management option for the patient.
- Eakin Wound Pouches™ were chosen because they are suitable for large, complex wounds and fistulas.
- They have no associated adverse effects, such as secondary infection.
- Patient comfort and wellbeing were maintained.

## CONCLUSION

- After 10 months, the abdomen was closed without complication.
- A colostomy was formed on the left side of the abdomen.
- The wellbeing and comfort of the patient are crucial factors in choosing a wound management option.
- The cost-effectiveness of the product is also a significant consideration.

## PRODUCT USED

Extra-large eakin <b>Wound Pouch™</b>	839265
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