

Management of a faecal fistula in an abdominal wound

using eakin **Wound Pouches**[™]

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PATIENT HISTORY

- 44-year-old lady.
- Diagnosis of Pseudomembranous Colitis secondary to Salmonella.
- Underwent a laparotomy, subtotal colectomy.
- Formation of an end ileostomy, and ventral hernia repair on the same day.
- Nine days later, she had a repeat laparotomy, drainage of an intra-abdominal abscess, and revision of her ileostomy.
- She continued to experience septic showers, leading to a third laparotomy three weeks later.
- Abdomen was left open as a laparostomy wound after the third surgery.
- Bowel was observed to be very friable during each surgery.
- Faecal fistula subsequently developed in the wound.





CARE MANAGEMENT PLAN

- Continuous irrigation and suction via an Eakin Wound Pouch™ were used post-third laparotomy.
- The system was changed every 1-3 days due to the changing output and application technique.
- Attempts with other appliances failed due to high fluid output (about 1500ml/day) from the fistula.
- Portable suction was introduced, enabling the patient's discharge under Hospital in the Home care.
- After a brief stay at home, the patient was re-admitted for continued inpatient care with the same system.
- Four months later, the fistula was repaired, the ileostomy reversed, and the patient was discharged without complications.

CONCLUSION

- Managing the lady's fistula and surrounding wound was challenging for the team.
- A multi-disciplinary approach focused on maintaining comfort for the patient.
- The Eakin Wound Pouch™ was chosen due to its capacity to handle the effluent and protect the peristomal skin.
- The patient found the eakin **Wound Pouch™** to be the most comfortable and flexible option, allowing her to stay active.
- The pouch also had the ability to attach to suction when needed.

PRODUCT USED

Extra-large eakin Wound Pouch™	839265
Large eakin Cohesive® skin barrier	839003

