

Management of an Enteroatmospheric Fistula

using eakin **Wound Pouches™**, eakin **Cohesive®** paste and eakin **Cohesive®** skin barriers

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PATIENT HISTORY

- 72-year-old gentleman
- Intestinal obstruction and a parastomal hernia.
- An interventional laparotomy was performed, leaving the patient with an open abdomen.
- The patient later developed an enterocutaneous fistula.
- Negative pressure wound therapy (NPWT) was used to manage the enteroatmospheric fistula, but with little success.





CARE MANAGEMENT PLAN

- The care plan involved using an eakin **Wound Pouch™** to maintain moisture and manage fistula output without leakage.
- The pouch was used in the hospital for 3 weeks and then changed every 2 days at home.
- Eakin **Cohesive®** skin barriers, **Wound Pouches™**, and paste were used to protect surrounding skin.
- The pouch facilitated wound healing, accurate output measurement, and mobility.
- The wound size reduced from 10 cm to 2 cm in a month, with closure imminent.
- Two closure options were considered: natural closure or a muscle flap.

CONCLUSION

- The plastic surgeon decided to continue the existing care plan with the eakin **Wound Pouch™** until maximum wound closure was achieved.
- Once maximum closure occurred, a muscle flap would be created over the fistula.
- Nurses continued with the care plan until the wound was surgically closed, thanks to significant progress made in shrinking the wound.

PRODUCT USED

Medium eakin Wound Pouch™	839261
Large eakin Wound Pouch™	839262
eakin Cohesive® paste	839010
Large eakin Cohesive® skin barrier	839003
Small eakin Cohesive® skin barrier	839004

