

Management of Postoperative Wound Dehiscence

Case study submitted by:
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PATIENT HISTORY

- 62-year-old gentleman.
- Emergency laparotomy for "gross faecal peritonitis with massive abdominal distension.
- Hartmann's procedure performed: resection of sigmoid colon, upper rectum, and closure of bladder fistula; end colostomy formed.
- ICU stay for 10 days, followed by 10 days in the surgical ward.
- Post-op complications: Midline wound dehiscence in three places.





CARE MANAGEMENT PLAN

- Wounds packed with wick dressings and covered with pressure dressings.
- Lower wound (approx. 30 mm) required dressing changes twice daily due to high exudate output.
- Upon discharge, community nurse unavailable for twice-daily dressing changes.
- eakin **Wound Pouch**™ applied to lower wound to manage exudate and reduce dressing changes.
- Upper and middle wounds continued with wick and pressure dressings.

SOLUTION

- eakin **Wound Pouch**™ managed exudate effectively for two weeks, requiring changes every 2-3 days.
- Exudate volume reduced, and pouch was no longer needed after two weeks.
- Community nurse resumed wick and pressure dressings for the lower wound.

PRODUCT USED

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