

for managing stomal output and wound exudate

Case study submitted by Felicity Rackham
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Background

- 86 year old lady.
- Sustained a gardening injury requiring medical management of L1#.
- Contracted acute *Clostridium difficile* infection in the large intestine.
- After unsuccessful Faecal Microbiota Transplantation (FMT), an emergency laparotomy and subtotal colectomy were performed, resulting in a permanent end ileostomy.

Post-Operative Presentation

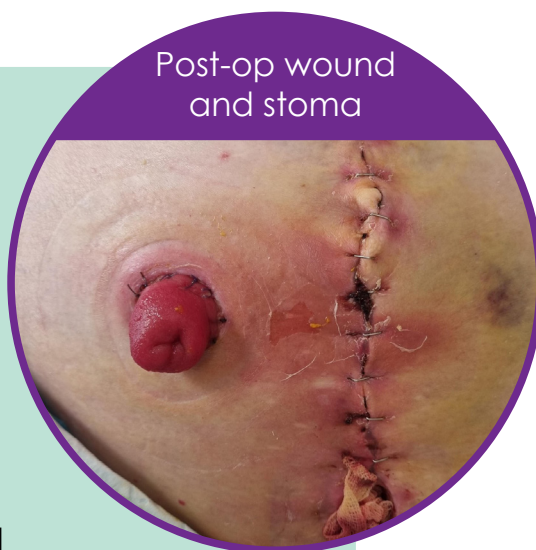
- The un-sited end ileostomy had a good spout and is 32mm diameter.
- The mucocutaneous junction was intact.
- Approximately 5cm from the stoma was an autolysing intra-abdominal haematoma.
- The wound has proximal and distal dehiscence which was adjacent to the stoma and impacting routine.

Nurse Advice

To both prevent leaks from the ileostomy and potentially absorb exudate from the wound, an eakin **freeseal**[®] with a soft convex pouch was introduced.

eakin **freeseal**[®] was chosen for it's good adhesion, gentle application and thinness to use under all depths and degrees of convexity.

Post-op wound
and stoma



Secure routine with eakin freeseal[®]

The patient underwent 3 weeks of Negative Pressure Wound Therapy (NPWT) which helped to heal the wound. The stoma stitches have also healed neatly.

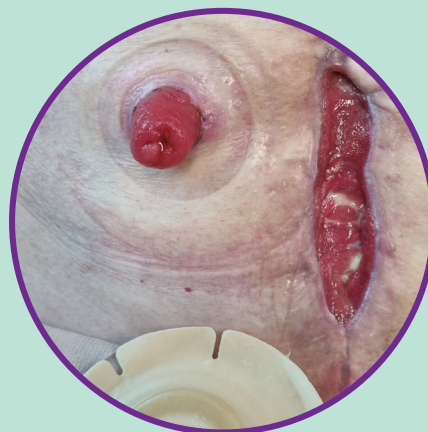
Skin: Peristomal skin integrity maintained with no leaks and the seal also absorbing wound exudate.

Stoma Management: Building confidence with her stoma and aiming for twice weekly changes. eakin **freeseal**[®] is an established part of this routine.

Unstoppable: With emotional and psychological support to encourage acceptance the lady is adjusting to her routine.



Wound exudate and stoma output absorbed by eakin **freeseal**[®]



Skin integrity is maintained around stoma and wound

This is an individual case study and therefore claims made are the experience of the nurse and have not been further validated by eakin[®].