

Clinical Intervention for Enteroatmospheric fistula*

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Abstract

Enteroatmospheric fistula management was challenge to Enterostomal Therapy nurse (ET nurse) for prevent serious complication. For instance, wound infection and fluid electrolyte imbalance. Moreover the fistula tract was place in an open abdomen without overlying soft tissue that makes difficulty to pouching. The goals of management in critical phase patient are infection control by protect wound from effluent contamination, fluid and electrolyte management by accurately collects output, reducing pain, enhancing patient comfort and odor control.

Key word: Enteroatmospheric fistula.

Introduction

The occurrence of an enteric fistula in the middle of an open abdomen is called an enteroatmospheric fistula¹, that caused by many factors. In this case, patient after Percutaneous Endoscopic Gastrostomy tube (PEG) removed but the tract not healed, so gastric content was leaked and irritation to abdominal skin leading to skin infections and necrotizing fasciitis.^{2,3} The surgical treatment of necrotizing fasciitis around tract is tissue debridement, which cause enteroatmospheric fistula later.

Case report

Thai male, 81 years old diagnosis was necrotizing fasciitis with septic shock who underwent PEG removal. PEG tract did not heal and effluent was leaked and irritated to abdominal skin around fistula tract. Perifistula was red and swollen. After debridement necrotic tissue around fistula, he was admitted in surgical intensive care unit for support mechanical

* Suaroon P, Jongthan V. Clinical Intervention for Enteroatmospheric fistula. In: Poster presentation of 22nd Biennial Congress, World Council of Enterostomal Therapy (WCET); 2018 Apr 14-18; Kuala Lumpur, Malaysia.

