Role of Wound Manager in Management of Complex Open Abdominal Wound

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BACKGROUND

Enterocutaneous fistulas are of two types: simple and complex. Simple fistulas are short, direct tract and not associated with abscess and other organs are not involved. Complex fistulas are of two types: type I and type II. Type I are associated with multiple organ involvement and abscess. Type II open into base of disrupted wound. Majority of fistulas result from surgical complications.

INTRODUCTION

High-output enterocutaneous fistulas involving an open abdominal wound are associated with high morbidity and mortality, primarily due to inadequate nutrition, sepsis, fluid and electrolyte disturbance and skin digestion and require prolonged hospitalization.

AIM

The aim of this study was to report a method of effectively pouching an open abdominal wound with a small bowel fistula with wound manager

MATERIAL AND METHODS

Between July 10, 2014 and July 2016, 16 intestine-cutaneous fistulas were treated in our hospital. Initially, Patients were aggressively resuscitated with fluid and electrolytes in the first 48 hours. Simultaneously, wound manager was applied to the fistula opening to protect the skin from the effluent and to give an accurate measurement of the daily fistula output. We used fistulography and barium study to define the anatomical site of the fistula and ultrasound (US) and computerized tomography of the abdomen (CT) to localize intra abdominal abscesses. Then nutritional support was given to patients.

RESULTS

After stabilisation of patients, they were discharged and follow up in Outdoor patient department was done. Then patients were taken for surgery and abdomen was closed without complications. In this study it was shown that the application of a wound manager was the most clinically efficient and effective wound management option. Application
of wound manager prevents excoriation of neighbouring skin by preventing of bile leakage, daily monitoring of output. Wound manager helps in localisation of fistula and wound wash can be done easily. It acts like laprostomy. We can directly visualise bowel after opening of lid and can close after that easily. It can help in wound healing by connecting with negative suction.

CONCLUSION

Besides the wellbeing and comfort of the patient, cost is a huge aspect of caring for a complex wound. Wound manager was found to be the best wound management system to manage both for the patient and the staff.

REFERENCES