Quality Outcomes with Wound Ostomy Continence Nurse Management of the Patient with an Enterocutaneous Fistula

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Objective
Put into practice pouching application techniques to protect the fistula patients' skin from caustic effluent.

Background
Enterocutaneous Fistula (ECF) is an abnormal opening between the skin and the gastrointestinal tract. It is usually classified as simple or complex (Franklin, 2010).

A simple fistula opens or tract directly to the skin surface, in contrast, a complex fistula is usually associated with one or more fistula openings within a wound or another organ. An ECF poses a challenge for the bedside nurse, physician, caregiver and the patient. Patients with ECF present multiple challenges for containment of the effluent, protection of the skin next to the fistula and psychological support (Murphree, 2009).

Past management of ECF included packing or covering the fistula site with dry gauze and Absorbent pads, wet to dry gauze dressings, Negative Pressure Wound Therapy (NPWT), biosynthetic mesh and bowel rest with Total Parenteral Nutrition (TPN). These methods prove to be ineffective or required specialized training to apply the dressing properly (NPWT) or the NPWT was initiated too late to be effective. As a result the patient experienced Moisture Associated Skin Damage (MASD); malnutrition; infection; stress and an unhealthy self-image.

The WOC nurse is often consulted to help manage these difficult patients to decrease skin irritation from the effluent, lack of knowledge of the bedside nurse of the products available to contain the large amount of effluent. There is often a need to accurately monitor the patient’s intake and output for fluid replacement and also to decrease the psychological stress on the patient and family.

At a large academic medical facility and burn center, the Wound Ostomy and Continence Nurses (WOCN) use several methods to address the issues in managing the ECF patients. Containment of the effluent with the use of various sizes of wound fistula pouching systems and NPWT was used with positive outcomes for the patient and the nursing staff.

Results
1. Patients able to have 4-5 days of protection from effluent
2. Decrease in pain
3. Increase in patient mobility
4. Physicians, residents and nursing staff are able to recognize alternative application methods of managing the fistula patient

References