

### Patient Presentation:

- 63-year-old female transferred from an outside facility
- History of Roux-en-Y bypass > 20 years
- Recent hospitalization for intussusception and surgery to remove abdominal mass with a repeat Roux-en-Y
- Readmission for intra-abdominal abscess and small bowel obstruction
- Transfer to York Hospital for higher level of care
- Development of Enteroatmospheric fistulas in open abdomen

Surgical procedure to expose two areas of EA fistulas

- Attempted to isolate the EA fistulas using NPWT
- Dressing unsuccessful related to leakage
- Consult placed for Wound Ostomy nurse department for management of complex open abdomen with EA fistula

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### Isolation Techniques:

- Esophageal stent (14mm X 150mm) used for stool diversion
- Fistula silicone device used to isolate functioning limbs of stomatized fistulas
- Hydrocolloid rings used to help maintain NPWT seal around wound and silicone device
- Stoma paste applied inside crown using 10cc syringe
- Extracellular matrix (ECM) applied to wound base 3 times to accelerate granulation



### Maintenance of EA Fistula:

- Dressing changes done 3 times weekly
- Use of the silicone device over 2 limbs of stomatized fistulas
- Antimicrobial foam with methane blue dressing used as a contact layer on wound base
- ECM application done X 2 with dressing changes
- Dressing changes done with surgery and CWOCN nurses
- Dressing required use of Silicone Isolator Strip

Current wound/EA fistula after 3 applications of ECM

