The Good, The Bad, & The Very Ugly in Fistulae Management
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Objective

• Develop goals from a focused assessment in nursing management of fistulae

Disclaimer

• Any product shown is meant to serve as an example and not serve as an endorsement of any particular product.
The Consult

• Working solo
• Four o’clock
• Friday night
• Finishing your last patient
• Thinking about leaving on time. . .
• The consult comes in for fistula care. . .
Where to Begin

- WOC Assessment
  - Location
  - Size of fistula and wound
  - Quality of wound tissue
  - Quality and volume of output
  - Surrounding topography
  - Available equipment
  - Discharge plans

Goals to Consider

- Containment of effluent
- Protect perifistular skin
- Quantify output/odor control
- Wound healing/prevent infection
- Promote patient comfort, optimize physical function
- Cost-effective solution

Decision Making

- What needs done
  - Containment
  - Isolate fistula
  - Other: Out of the box
Pouching

- Pouching
  - Small area
  - Unable to see os
  - Matured fistula in a healed wound
  - Large, irregular wound with little to no depth
  - Isolation fails

Points to Consider

- Even out dips, creases, gullies with skin barrier wedges, wafer, washer, strips
- Cut back to “solid territory” as needed
- Treatment of denuded tissue
- Protect peristomal skin
  - Skin barrier paste
  - Cyanoacrylate monomer
  - Moisture barrier ointments or zinc oxide based pastes

Points to Consider

- Skin Care for denuded tissue
  - Skin barrier powder
  - Skin sealants (crusting)
  - Cyanoacrylate monomer
  - Aluminum acetate solution
1. Deep crease, fistula in “gully”
2. Use of wedge, skin barrier paste
3. Use of washer; note cut back to “solid territory”; radial slits.
4. Completed pouching system

Where is the fistula?

ECF—Here I am!

Petalling

Completed pouching system

1. ECF in dehisced wound; high volume; note denuded skin
2. Creases outlined (assessed sitting)
3. Supplies used.
4. Wedging, petaling, caulking.
Isolate Fistula

• How to isolate?
  - Pouch with dressings and skin barrier
  - Pouch with NPWT

Isolating Options: Ostomy Pouch, Wedging

A. Make fistula

B. Separate wound and fistula. Even contours with barrier

C. Urinary pouch, belt, tape border, pouched abscess pocket

D. Three months later
Isolating Options: Bridging Technique

1. Dry moist tissue with skin barrier powder
2. Bridging/Layering

Isolating Options: Bridging Technique

A

B

C

D

Isolating Options: NPWT, Pouching

1

2

3
Other: Out of the Box

- Dressings and skin care
- “Make a Pouch” i.e. turkey bag

Dressings and Skin Protection

- Dressings and skin protection: use of zinc oxide, dimethicone, or petroleum based products; may use skin barriers; cyanoacrylate monomer
Initial presentation of multiple ECF in a dehisced wound that had been attempted to be closed with graft material. Goals: Contain effluent, maintain perifistular skin integrity, access to wound for medical team.

"Petal" around wound edges with strips/lengths of skin barrier wafer to protect perifistular skin.

Summary

- Assess
- Set goal(s)
- Determine management method
- Be creative
Selected Readings