

PP 15

Enterocutaneous fistula management - Our experience.

Nanayakkara GS¹, Abey Suriya V¹, Pathirana A¹, De Silva WMM¹

¹Colombo South Teaching Hospital, Colombo

Introduction: Enterocutaneous fistula (EF) is known to cause morbidity and mortality due to fluid, electrolyte and metabolic derangements, sepsis and malnutrition. The management of enterocutaneous fistula is a challenge in modern day practice of surgery.

Objective: Our aim was to evaluate current management practice and final outcome of enterocutaneous fistula with newer therapies, in our unit.

Methodology: Four patients were managed and followed up prospectively (age range: 16- 56yrs, Mean age: 37yrs, M: 2 F: 2) from March 2012 to October 2012 in a tertiary referral centre. All patients had EF following repeated laparotomy and 3 patients who had non malignant conditions were referred from peripheral hospitals.

Results: The origin of the fistula was the small bowel (n=03) and colon (n=01). The etiology was repeated operations (n=4). All had a high output fistula (greater than 200 mL/day). Initial treatment was non-operative except for patients with an abscess who needed drainage, with radiological guidance. None of the patients received octreotide. Vacuum Assisted Closure (VAC) was used in one patient who had an open abdominal wound and one needed operative repair of the fistula. Total parenteral nutrition was used initially in all patients followed by supplemental enteral nutrition.

Conclusion: Therapeutic approach in EF management necessitates aggressive management of fistula output, infection, initial total parenteral nutrition, prolonged immobilization related complications and psychological support.