

## ENTEROCUTANEOUS FISTULA MANAGEMENT: IS IT A REAL CHALLENGE?

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**E**nterocutaneous fistulas (particularly draining ones) can present a tremendous challenge for patients, family and clinicians. However, management may be quite rewarding when the effluent is contained effectively, odor is controlled and the patient is comfortable. Management requires assessment skills, knowledge of pathophysiology, competent technical skills, persistency and knowledge of management alternatives. Fistulas classified by its complexity into two main types: simple and complex fistula. Management of enterocutaneous fistula is divided into three main aspects: medical, surgical, and nursing. In the medical treatment, the main goal is conservative management, in order to allow for spontaneous closure by two main methods: decreasing gut secretions and nutritional support, when this approach failed or patient's condition deteriorated the surgical intervention will be considered. Nursing management goals include: protection of the peristomal skin, containment of the fistula output, quantification of the output, implementation of a cost-effective system, promote patient comfort, optimize physical function, and controlling the odour. Nursing management selection options depends on: anatomic location and origin of the fistula, condition of the peristomal skin and effluent's consistency and volume. Choices for fistula management include: type of skin protection (solid, powder, or paste skin barrier), type of containment devices (pouches, suction catheters, or drain), patient's activity level, and location, size and characteristics of the fistula. Low-output fistulas can be managed with dressing and protecting the peristomal skin with skin barrier, while the medium- to high-output fistulas will be managed similar to ordinary ostomies by using pouches or by using other options such as suction catheters and drains.

### Biography

Areej Mubarak Alqatifi is a Wound Ostomy Nurse at King Fahad Specialist Hospital Dammam, Kingdom of Saudi Arabia caring for wound, stoma, enterocutaneous fistula, and faecal incontinence patients. She Graduated from Imam Abdulrahman Bin Faisal University (University of Dammam) College of Nursing in 2007 with Bachelor's degree in Nursing. After completing the Internship training, she joined KFSH-D in 2009 and worked as Registered Nurse (RN) in the surgical unit. In the mid-2013, she moved to more challenging position and joined the stoma and wound care team. She obtained her Postgraduate High Diploma of Enterostomal Therapy Diploma Program from KFSH&RC Riyadh in 2016 which is recognized from the World Council of Enterostomal Therapy (WCET). She is a Member in Wound Ostomy and Continence Nurses Society (WOCN) and World Council of Enterostomal Therapists (WCET).

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