Use of a Fluid Pumping Strip Dressing* with a Pouching System to Manage Heavy Exudate from Fistulas and Wounds

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Clinical Problem
Heavily exuding fistulas and wounds present a healthcare management problem for clinicians. Patients were managed with an innovative integrated dressing*/pouching system. Patient 1 had a biliary fistula with heavy caustic bile drainage, Patient 2 had a highly draining cutaneous fistula, and Patient 3 had a heavy draining abdominal abscess.

Past Management
Patients 1 and 2 were managed with gauze dressings which quickly became saturated, resulting in painful, denuded skin. Patient 3 was packed with an iodine strip and secondary absorbent dressing resulting in periwound maceration.

New Clinical Approach
Patient 1: Barrier strips were used to build up the wound edges and accommodate the pouching system. One end of the fluid pumping strip dressing* was placed at the fistula and the other end placed inside the pouching system. Patient 2: A thin hydrocolloid was applied to protect the surrounding skin while one end of the strip dressing* was placed in the wound and the other placed inside a pouching system. Patient 3: A thin hydrocolloid was applied to protect the skin surrounding the wound and the strip dressing* was used to pump the exudate from the wound into the pouching system.

Conclusions
For Patients 1 and 2, the dressing* was left in place for 14 days before changing. In Patient 1, the fistula decreased in size after 14 days. The strip dressing* was then changed every two weeks until the fistula closed in 60 days. For Patient 2, the fistula was closed and periwound skin improved after 14 days. The dressing* was changed weekly for Patient 3 and after 15 days, the drainage was dramatically reduced. The use of a wicking/fluid pumping strip dressing* to transfer wound exudate to a pouch system is an effective method for managing exudate from fistulas and wounds.

Case Study 1
A 33 year old male was admitted with a stage 4 liver laceration from a 25 foot fall. The patient had numerous washouts along with NPWT. Eventually, the patient received a STSG with a JP drain, but he then developed a biliary fistula in the wound base with heavy amounts of caustic bile drainage. Gauze dressings could not accommodate all the drainage, and the patient had denuded, painful skin around the fistula. The wound was treated with the innovative dressing*/pouching system. After 14 days, the dressing was changed, and the fistula had decreased in size. The patient was sent home and came back every two weeks for dressing changes. After two months, the fistula was closed.

Case Study 2
A 55 year old female was admitted with a draining cutaneous fistula. The drainage was moderate and caustic, which caused denuded, painful skin. The gauze dressings became too saturated and caused a fungal rash. A thin hydrocolloid was used to protect the surrounding skin while one end of the strip dressing* was placed in the wound and the other placed inside a pouching system. The dressing was removed after 14 days, at which time the fistula was closed and the periwound skin rash was resolving.

Case Study 3
A 49 year old female was admitted with an abscess to the mid-section (post hysterectomy). When the dressing was removed, the abscess had a heavy amount of tan/bloody odorous drainage and periwound was becoming macerated. A thin hydrocolloid was applied to protect the skin surrounding the wound. The fluid pumping strip dressing* was cut lengthwise to fit the small wound opening, and the other end was placed inside the pouching system. The dressing was removed after 14 days, at which time the fistula was closed and the periwound skin rash was resolving.
CASE STUDY

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