

Management Of Enterocutaneous Fistula

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The management of Enterocutaneous fistula (ECF) is a clinical skill that should be in the armamentarium of every general surgeon. Although definitive treatment frequently relies on surgical closure, pre-operative care and diligence is paramount to ensure a successful outcome. Care of these patients should focus on four keys phases.

Enterocutaneous-Fistula-Evidence-based-Management

Intestinal failure secondary to enterocutaneous fistula (ECF) requires multidisciplinary management at significant cost. Mortality and morbidity are high. Methods: Patients were identified from a prospectively collected database of patients requiring inpatient parenteral nutrition (1998-2013).

Management-of-Enterocutaneous-Fistula-Outcomes-in-276---

Results and conclusion: Management of enterocutaneous fistula should initially concentrate on correction of fluid and electrolyte imbalances, drainage of collections, treatment of sepsis and control of fistula output. The routine use of somatostatin infusion and somatostatin analogues remains controversial; although there are data suggesting reduced time to fistula closure, there is little evidence of increased probability of spontaneous closure.

Management-of-enterocutaneous-fistulas-1-Surgical-Focus

Approach Considerations The conventional therapy for an enterocutaneous fistula (ECF) in the initial phase is always conservative. Immediate surgical therapy on presentation is contraindicated,...

Enterocutaneous-Fistula-Treatment-&Management-Approach---

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Nutrition-and-management-of-enterocutaneous-fistula

Nutritional support is a critical element of effective fistula management; the goals of nutritional management are to maintain positive nitrogen balance (usually through TPN), maintain the integrity of the intestinal mucosa (usually through low-volume enteral intake), and minimize fistula output (usually through reduced oral/enteral intake).

Fistula-Management-1-Nurse-Key

Despite advances in medical technology and surgical care, the management of enterocutaneous fistulas remains one of the most challenging problems faced by physicians.

Enterocutaneous-Fistulas-A-Look-at-Cause-and-Management---

(1)Department of Surgery, University of Iowa, Iowa City, Iowa. (2)Division of Colon and Rectal Surgery, University of Minnesota, Minneapolis, Minnesota. Management of enterocutaneous fistula represents one of the most protracted and difficult problems in colorectal surgery with substantial morbidity and mortality rates.

Enterocutaneous-Fistula-Preven-Strategies-and-Updates-

The management of Enterocutaneous fistula, it is necessary to step wise treatment plan: Step 1. Identification and stabilizing the patient deteriorating condition. In this step, after diagnosis, if enterocutaneous fistula is detected, then fluid loss related complications should be controlled.

Enterocutaneous-Fistula-Pictures-What-is-Pathophysiology

Management of the skin surrounding enterocutaneous fistulae is a difficult challenge because of the effect of moisture and chemical irritation on the skin. A key element in the conservative management of enterocutaneous fistulae is the protection of the surrounding skin from contact with the effluent.

Vacuum-assisted-closure-system-in-the-management-of---

A meta-analysis of outcomes following use of somatostatin and its analogues for the management of enterocutaneous fistulas Source: Database of Abstracts of Reviews of Effects - DARE (Add filter)

Enterocutaneous-Fistula-1-Search-results-page-1-1-Evidence---

Enterocutaneous Fistula(s) |The Danger of Sepsis in 186 patients| Reber HA et al. Ann Surgery, 1978; 188: 460-7 . Overall: 11% mortality (65% from sepsis) 32% spontaneous closure . Sepsis . Deaths

Type-of-Enterocutaneous-Fistula

Enterocutaneous Fistula Michael A. Valente Perioperative Considerations Basic principles of enterocutaneous fistula (ECF) (Fig. 27-1) management should be multidisciplinary in nature and include: Controlling fistula output with nutritional and metabolic support Wound care Proper timing of definitive repair (delay for minimum of 6 months) Achieving fistula closure Restoring/maintaining ...

Enterocutaneous-Fistula-1-Abdominal-Key

The desired endpoint of the medical management of a fistula is spontaneous closure. Approximately 19% to 40% of all fistulas will close spontaneously with conservative medical management, but only when sepsis is controlled and nutrition support is adequate and appropriate (Kassis and Makary, 2008).

Management-of-draining-wounds-and-fistulas---

concluded: mode of treatment is individually based however, conservative management is an important bridge to definitive surgical intervention as it allows for control of sepsis, correction of nutritional status and improvement in wound management

Management-of-Enterocutaneous-Fistula

The development of an enterocutaneous fistula has frequently been reported as being attended by a high morbidity and mortality, particularly in patients with inflammatory bowel disease who have high output, small bowel fistulas.

Management-of-enterocutaneous-fistulas-A-review-of-132---

Management | The goals of therapy for patients with enterocutaneous fistulas are | to correct metabolic and nutritional deficits, | close the fistula, and | re-establish continuity of the gastrointestinal tract. | The expected treatment course can be divided into five overlapping, but sequential phase 8.

Management-of-enterocutaneous-fistula-SlideShare

The clinical features, diagnosis, and management of enterocutaneous fistulas are reviewed here. Enterotomospheric fistulas, which are a subset of enterocutaneous fistulas that occur in the setting of an open abdomen, are also discussed here. Fistulas that occur in other areas of the body are discussed in other topics, including: