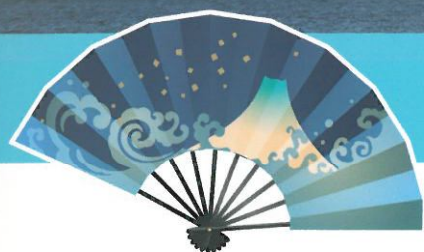
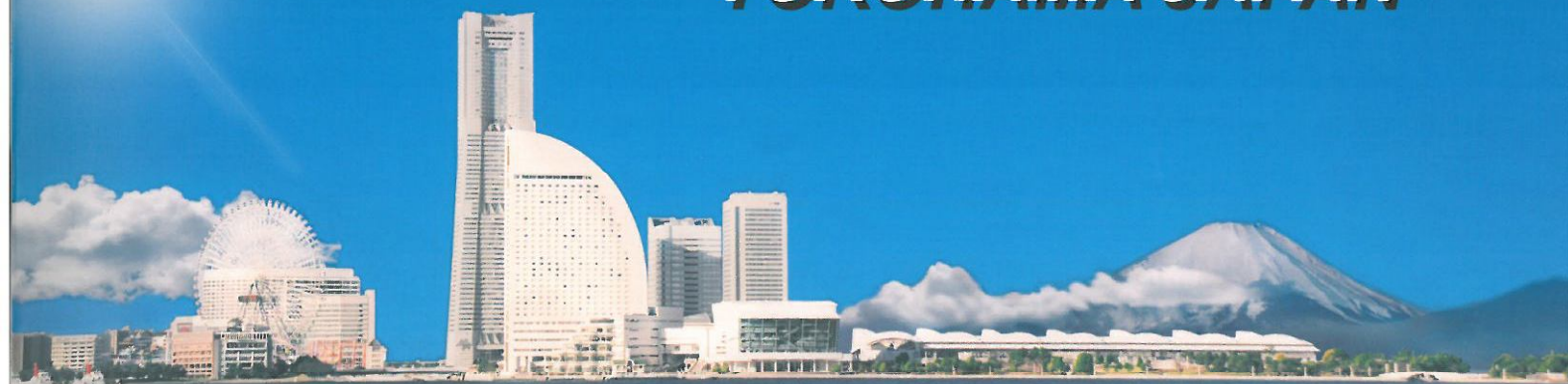


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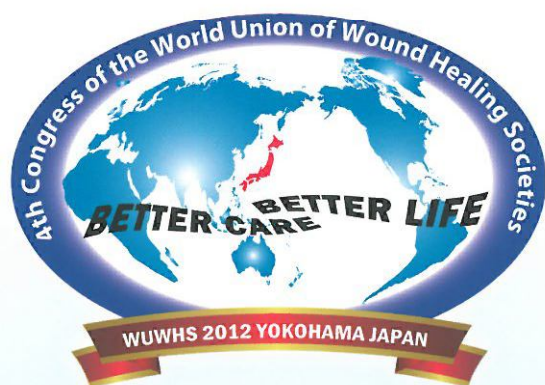
Program and Abstracts

第4回世界創傷治癒学会連合会議

4th Congress of the World Union of Wound Healing Societies

September 2 (SUN) - 6 (THU), 2012

PACIFICO YOKOHAMA, Yokohama, Japan



CONGRESS THEME

Better Care, Better Life



PA 099

ENTEROATMOSPHERIC FISTULA(EAF) IN AN OPEN ABDOMINAL WOUND

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EAFs that occur in the middle of an open abdominal wound are increasing due to trauma and emergency operations. Additionally, NPWT in an open abdominal wound for damage control can be the secondary cause of EAFs iatrogenically. Indeed, development of EAFs are also related to the patient's predisposing factors during the perioperative period. Exposed fistulas are one of the most difficult type of wounds that are challenging and demanding for WOCNs and surgeons. EAFs in the open abdominal wound should require a creative state of the art approach with the NPWT. Simply, a modified NPWT with pouching has to be considered not only to prevent facial retraction and visceral injury but also to control effluent from the EAFs. In patients who have a high risk of fistulas, the prevention of developing EAFs while the NPWT is applied and early detection of EAFs is of vital importance for trauma surgeons and WOCNs to reduce mortality. Although the incidence of EAF is higher when using the NPWT, the NPWT is more likely to be a better way to treat an open abdominal wound and prepare surgical intervention depending on the anatomical location. But there is a lack of sufficient evidence so far. On the other hand, occasionally, EAFs could become pseudostomas after wound healing and would require pouching and monitoring like a stoma which is associated with many problems such as a high output stoma, skin problems, leakage, and mechanical damage. Further research is needed to explore EAFs related to NPWT and management of evolving EAFs becoming pseudostomas.

PA 100

SKIN PREVENTION AND TREATMENT: STRATEGIES ASSOCIATED TO COMPLEX WOUNDS, STOMAS AND FISTULAS

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Skin condition should be assessed and documented, in all wounds, specially if we are assessing stomas, fistulas and complex Abdominal wounds. At each dressing or pouch change, the assessment, diagnose and intervention is vital, because the peripheral skin is constantly aggressed. The frequent breakdown integrity of the skin is related to the exposure to moisture, proteolytic active enzymes, pH variations, massive enteric fluids, and mechanical trauma. Skin constantly immersed in fluids, high and low ph leads to maceration, desidratation, erythema and potentially to infection. These potential risks are always present when you have a complex abdominal wound, a stoma or a fistula, it's needed to implement strategies to control this symptomatology. The nursing interventions more frequent are peri-wound or perifistular protection, contain the effluent, control the odor and accurate measurement of the liquids. An approach to planning and implementation on skin prevention will be addressed, demystifying skin barriers, dressings and all materials on treatment will be visited on a evidence based intervention. A successful management of a patient with these problems requires dose monitoring and a plan of care that addresses the technical, educational, and emotional needs of the patient.