

## ENTEROCUTANEOUS FISTULA - 2

**Definition:** Abnormal communication between two epithelialized surfaces

Most occur after operation/instrumentation

Foreign body, radiation, iatrogenic, IBD, infection, epithelialization, perforation, neoplasm, diverticular disease, distal obstruction

IBD – close, only to open later

More common in emergency surgery

**Work up:**

CT, contrast studies (enemas, fistulagram, small bowel series)

**Classification:**

Scheme	Classification	Favorable	Unfavorable
Anatomic		Esophageal, duodenal stump, pancreatobiliary, jejunal, or pharyngeal, small leak, tract > 2 cm, defect < 1 cm <sup>2</sup>	Gastric, lateral duodenal, ligament of Treitz, ileal, complete disruption, epithelialization, distal obstruction, poor adjacent bowel
Physiologic	Low output Moderate High	? low output ? 3X spontaneous closure	
Etiology	Disease process	Appendicitis, diverticulitis, postoperative	Cancer, IBD, foreign body, radiation

**Management:**

Depends on 24 hour output

Independent prognostic factor of mortality

Low = < 200 mL/ 24 hr

Moderate = 200 mL – 500 mL

High = > 500 mL/ 24 hour

	Low Output	High Output
Form of nutrition	Enteral	Parenteral
Protein	1 – 1.5 g/kg/d	1.5 – 2.5 g/kg/d
Calories	Resting energy	Resting energy X 1.5
Lipids	Enteral – 20-30%	Parenteral 20-30%
Vitamins	RDA, 2X Vit C	2X RDA, 5-10X Vit C
Minerals		Mg, Phos, Na, HCO <sub>3</sub> , Zn, K

Surgical resection, correction of cause (obstruction, etc)

Flaps/grafts

Drainage

Diversion

Medications

H2 blockers/PPI – decrease acid production and volume

Somatostatin – decrease pancreatobiliary and GI output

? Healing process

Antibiotics

Remicaide

Glues

Skin care

VAC dressings

Appliances

Creams/powders

Bowel rest

NG tube/NPO