

Case Study 1: Patient with Enterocutaneous Fistula

Gender: Male

Age: 83

Location: ZGT Hospital, Almelo, The Netherlands

Date of Study: January 2021



Initial Treatment Regime

- Patient presented with a high output enterocutaneous fistula with associated skin folds below the fistula. The skin around the fistula is fragile and red in colour.
- Patient who is being treated with chemotherapy is experiencing 4-5 leaks per day on average.
- Initial treatment regime is the use of a conventional ostomy seal along with a 1-piece Welland convex ileostomy pouch.



Revised Treatment Regime

- Substitute the regular seal with an Ostoform Seal.
- The non-absorbent Ostoform FLOWASSIST spout fits well into the Welland ileostomy pouch. This results in protecting the Seal from erosion while better directing the fistula output into the Welland convex ileostomy pouch.





Results

- 3 days post change of treatment regime.
- No leaks of the fistula output noted after the change of treatment regime.
- Patients skin is healing well.

1. Kelleher K et al., 2019. A Single-arm Practical Application Assessment of User Experience and Peristomal Skin Condition Among Persons with an Ileostomy. **Wound Management & Prevention.**, **65(1)** pp. 14-19

2. Hunt R et al., 2018. Changes in Peristomal Skin Condition and User Experience of a Novel Ostomy Barrier Ring with Assisted Flow. **J Wound Ostomy Continence Nurse.**, **45(5)** pp. 444-448

3. Quigley et al., 2021. Evaluation of a Novel Ostomy Barrier Ring with Assisted Flow for Individuals with an Ileostomy. **Advances in Skin & Wound Care**, **34** pp. 1-5

Case Study 2: Patient with Enterocutaneous Fistula with Colostomy

Gender: Female

Age: 76

Location: Gelderland Valley Hospital, Ede, The Netherlands

Date of Study: February 2021

Initial Treatment Regime

- Patient with a colostomy for >10 years developed a fistula in the wound area after surgery for a parastomal hernia repair.
- Initial treatment regime was to use a 1-piece mouldable flat collection pouch.
- Patient is experiencing more than 5 leaks per day, leading to a significant cost and poor quality of life.



Revised Treatment Regime

- Substitute mouldable collection pouch for Ostoform FLOWASSIST Seal and a flat 1-piece drainable ostomy pouch.
- Initially a small amount of stoma paste is used to build up a deep surgical incision scar.
- The non-absorbent spout of the Ostoform Seal fits well into the collection pouch, allowing the fistula output to be better directed away from the patient's skin.





Results

- The Ostoform Seal and collection pouch remain in place for at least four days and the stoma paste is no longer required.
- This resulted in a substantial reduction in labour and material costs and a significant improvement in the patient's quality of life.

1. Kelleher K et al., 2019. A Single-arm Practical Application Assessment of User Experience and Peristomal Skin Condition Among Persons with an Ileostomy. **Wound Management & Prevention.**, **65(1)** pp. 14-19

2. Hunt R et al., 2018. Changes in Peristomal Skin Condition and User Experience of a Novel Ostomy Barrier Ring with Assisted Flow. **J Wound Ostomy Continence Nurse.**, **45(5)** pp. 444-448

3. Quigley et al., 2021. Evaluation of a Novel Ostomy Barrier Ring with Assisted Flow for Individuals with an Ileostomy. **Advances in Skin & Wound Care**, **34** pp. 1-5