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Summary

The management of enterocutaneous fistulae

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Endoscopy | Nurses | Small Intestine & Nutrition | Oesophagus | Surgery

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The speaker outlined a systematic approach to managing enterocutaneous fistulae, emphasizing that most are iatrogenic surgical complications and highlighting ten common management mistakes including premature surgery and inadequate multidisciplinary care.

KEY POINTS

- The speaker stated that the majority of enterocutaneous fistulae are iatrogenic complications of surgery (anastomotic leaks, small bowel injury, wound dehiscence), with only about 5% occurring spontaneously.
- A multidisciplinary team approach is essential, providing holistic management, preventing blind spots, and enabling timely decision-making with protracted and sometimes ad-hoc specialist involvement.
- The speaker emphasized a systematic protocol addressing sepsis, nutrition optimization without compromising liver health or causing fluid overload, anatomical assessment of remaining gut, and timing of intervention.
- Factors making spontaneous closure unlikely include time greater than six weeks, high output, intercurrent sepsis, distal obstruction, corticosteroid use, visible intestinal mucosa, and underlying unhealthy bowel.
- Fluid management requires oral glucose solutions with sodium concentration greater than 90 mmol/L, adequate hydration to stop thirst, and transit-slowing medications; the speaker stated octreotide is limited to 72 hours due to painful administration.
- In Crohn's disease, the speaker reported anti-TNF therapy can help closure in about 20% of enterocutaneous fistulae but carries a risk of intra-abdominal abscess in about a third of treated patients.

– Performing surgery too early is a mistake; the speaker stated patients need time at home for psychological and physical fitness and for intraperitoneal adhesions to soften before reconstructive surgery.

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