Value Analysis

FISTULA SOLUTION

Wound management help when you really need it
Problem: Enteric fistula

Frequency

- Increasing due to improved surgical techniques and wound care methods
- Death rate with fistula occurrence
  - In 1970s was > 60%
  - By the 1990s the rate dropped to about 10%
- However, there has been no change in the rate of spontaneous closure

Cost

- One longitudinal study of abdominal trauma with enterocutaneous fistula showed statistically significant cost differential compared to controls with no fistula formation
  - $539K vs. $129K
  - Longer ICU stay
  - Longer hospital stay
  - Higher daily cost of care

Carlson 2011

Teixeira 2009
Problem: Abdominal wound with fistula or ostomy

The effectiveness of Negative Pressure Wound Therapy (NPWT) and other wound care techniques can be limited by wound dressing failure due to fistula and ostomy effluent leakage.

- **Dressings**
  - Often multiple changes per day

- **In-patient Stays**
  - Long duration stays due to tissue breakdown and infection

- **Total Parenteral Nutrition (TPN)**
  - TPN and PICC line maintenance expense

- **Wound Care**
  - Wound Care Specialists often required
### Solutions: One-piece, compressible isolation devices to contain and control effluent

<table>
<thead>
<tr>
<th>You Need to Isolate:</th>
<th>Solution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Small intestinal fistula</td>
<td><strong>Wound Crown®</strong></td>
</tr>
<tr>
<td>• Ileostomy</td>
<td>• General applications</td>
</tr>
<tr>
<td>• Small sized fistulas</td>
<td>• Isolates and controls the effluent of enteric fistulas and ostomy stomas</td>
</tr>
<tr>
<td>• Sidewall fistulas</td>
<td></td>
</tr>
<tr>
<td>• Deep crevice wound bed areas</td>
<td></td>
</tr>
<tr>
<td>• Large fistulas</td>
<td><strong>Fistula Funnel®</strong></td>
</tr>
<tr>
<td>• Group of fistulas</td>
<td>• Tapered design flexes to isolate sidewall fistulas</td>
</tr>
<tr>
<td>• Large or uniquely shaped wound bed areas</td>
<td>• Sizeable to 1, 2, or 3 centimeter isolation area diameter</td>
</tr>
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<td>• Fistula Funnel®</td>
<td></td>
</tr>
<tr>
<td>• Large fistulas</td>
<td><strong>Isolator Strip®</strong></td>
</tr>
<tr>
<td>• Group of fistulas</td>
<td>• Flexible strip designed to be shaped as needed for specific isolation</td>
</tr>
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<td>applications</td>
</tr>
</tbody>
</table>

**FISTULA SOLUTION**
Application methods

Belt

Barrier Strip

Negative Pressure
1) Disinfect Wound Crown per your institutional protocol. Do not autoclave. Cut hole in base of Wound Crown to create open skirt. Trim skirt and bottom flange to best fit fistula or wound bed surface.

2) Cut 1.5 inch (3.8 cm) hole in wound dressing that will center Wound Crown over fistula or wound.

3) Insert Wound Crown fully into hole until top flange is seated on top of wound dressing. Ensure bottom flange is flush with bottom of wound dressing and skirt extends below wound dressing.

4) Prepare wound bed. Place assembled Wound Crown and dressing onto wound bed so that Wound Crown base is centered over fistula or wound.

5) Seal entire dressing assembly with clear drape. Cut drape from inner ring. If seal is lost, try stoma paste inside Wound Crown base. Apply collection appliance to top flange.

Apply new Wound Crown with each dressing change
Fistula Solution value

Wound Care Professionals

- Shorten wound healing time
- Reduce aggravated peri-wound skin pain
- Reduce the frequency of dressing changes
- Allow patients to eat real food

Acute Care Hospitals

- Reduce long-stay outliers
- Reduce need for Total Parenteral Nutrition (TPN) and associated PICC line infection risk
- Reduce total NPWT cost per patient stay
Fistula Solution channel:

https://www.youtube.com/channel/UCoXfzgXyvabVnhRiSOTK8Cw

Journal of the American College of Surgeons “Collapsible Enteroatmospheric Fistula Isolation Device: A Novel, Simple Solution to a Complex Problem”:

http://www.journalacs.org/article/S1072-7515(15)00330-0/abstract
Wound Crown® Case Study
Fistula Funnel® Case Study