

The Challenging Fistula: Pouching Pearls for a Stoma that Sits in a Deep Well

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BACKGROUND

A fistula is an abnormal, tunnel-like connection of passageway between two organs, vessels or intestines, or between an organ and the outside of the body.

This patient had a history of obesity, ventral wall hernia, bariatric surgery, cellulitis and abscesses of abdominal wall, multiple debridement to right abdominal wall, then eventually developed enterocutaneous fistulas.

Patient was seen in Burn Care Therapy (BCT Clinic). Patient had 3 fistulas on the first interaction on 8/13/2025. On 10/14/2025, 2 of the fistulas were starting to close by itself. On 5/19/2026, there was one (1) remaining active fistula that located in a deep well and deep crease. Drainage was scant in the starting phase, but effluent became copious that dry dressing was not able to contain the output.

PURPOSE

Multiple pouching efforts failed to accomplish a wear time more than 24 hours.

Stoma is only visible when in standing position and in facing the mirror. Patient has foot drop and unable to stand for a long period of time.

Patient was using traditional pouching system, unable to keep pouch for a day due to leakage and it takes 2 to 3 hours to change pouch.

Patient was having difficulty in gaining confidence in changing pouch because of frequent leakage issues. Patient was anxious to achieve a pouching system that would allow her to engage with people and do activities with confidence.

METHODS

Two of the fistulas located in superior aspect closed by itself. The remaining active fistula was located on a deep well with deep crease at 4 o'clock.



8.13.2025



10.14.2025



5.19.2026

Patient was using soft flat pouch without modification and ostomy accessories which only lasted for 12 hours or lesser.

Innovation Process:

1. Application of barrier strips at 4 o'clock
2. Application of stoma paste to caulk the end of barrier strips
3. Application of barrier ring around stoma with ¼ inch gap from stoma
4. Cutting a hole at least 1/3 inch bigger than stoma
5. Cutting the backing of the pouch into flower-like in order to be able to press inside the deep well.
6. Application of pouch and seal around the stoma (Taught patient to press the flower-like area individually in order to flattened on the base)



1



2



3



4 & 5



6

Taught the patient to pull up the skin above the stoma before applying the pouch in order to cover the small creases evenly. Educated the patient not to do aggressive movement for 30 minutes to keep the adhesion of pouch unto the skin. Taught patient on how to change pouch facing a mirror. Informed to follow the step-by-step ostomy application procedure with pictures which is navigated in her UMC "My Chart".

RESULTS

Ultimately, an approach that involved modification and adjustment of opening of a soft flat pouch and combination of modified placement of ostomy accessories were keys to achieve 4-7 days wear time and rare leaks.

Patient able to change pouch with confidence within 45 minutes to 1 hour while facing the mirror. Patient seen almost every month in Ostomy Support Group meeting and shared that pouch was achieving good seal after the last BCT Clinic visit on 5.19.2026. Patient gained self confidence and self esteem while attending the meeting.

CONCLUSIONS

A soft flat pouch which backing was cut like flowers, cutting a hole at least 1/3 inch bigger than stoma and modified placement of ostomy accessories were keys to success.

Patient achieved average wear time of 4-7 days. Accessing the step-by-step procedure with pictures in UMC "My Chart" helped patient gained self confidence and self esteem.

REFERENCES

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