

# Enteric Fistula Management using Pure Hypochlorous Acid Wound Cleanser

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## Introduction

Enteric fistulas can challenge patients and providers on multiple fronts. Peri-fistular skin breakdown related to effluent leakage can result in moisture-associated skin damage, infection, long-term stays and hospital readmission. Treating adjacent wounds and controlling effluent to enable wound healing or wound bed preparation for skin grafting is the goal.

We present 13 enteric fistula cases to illustrate advances in therapy using pure Hypochlorous Acid (pHA) wound cleanser\*. The cleanser has a pH (3.5-5.5) that is conducive for wound healing and is non-cytotoxic. We report our experience using pHA with and without negative pressure wound therapy with instillation (NPWT-i).

## Methods

The wound and peri-wound skin of all fistula patients was washed with pHA. The pHA was placed on these areas for three to five minutes with pHA soaked gauze while we assembled the dressing systems. After preparing the skin edges we applied either a pouching system around the wound with pHA moistened rolled gauze inside the pouch, or a fistula isolation device\*\* and negative pressure wound therapy with intermittent instillation of pHA.


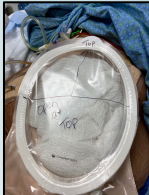

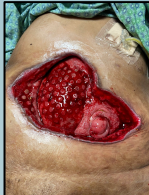


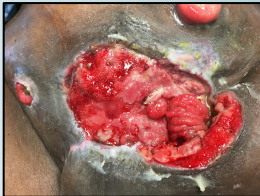






All 13 patients' wounds healed or progressed to skin grafting. No patients had documented peri-fistular wound infection.

## Results

Patients treated with pouching systems and pHA had wound bed healing with no signs of infection. The patients treated with negative pressure wound therapy with intermittent instillation of pHA had accelerated tissue granulation and wound healing without infection or chronicity.

## Discussion

In our experience, enteric fistula patients benefit from the use of pHA. We find this therapy effective in healing surrounding wounds and preventing chronic or infected wounds. Also, our experience and patient feedback is that the use of pHA decreases odor. Odor is a significant concern for fistula patients and reducing odor can help improve quality of life.

	Wet gauze soak 3-5 min	Cleanse wound and skin	Moist gauze in wound Δ BID	Instillation with NPWT	Close primarily or via skin graft	Cleanse grafted skin / around ostomy / tubes
Case 1						
	December 2		January 6			March 14
Case 2						
	December 29		January 28			March 15
Case 3						
	July 17		October 20	July 26		August 23