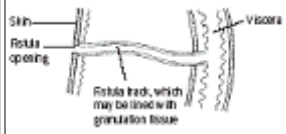
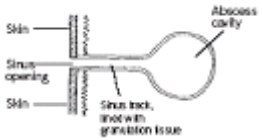
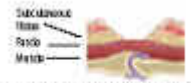
Section 10: Wound Complications - Fistulae/Sinuses/Cavities

As with all complex wounds a full assessment to determine the cause and extent of the wound is essential. A fistula is an abnormal passage between a hollow organ and the skin surface, or between two hollow organs[1]. "A wound sinus is a discharging blind-ended tract that extends from the surface of an organ to an underlying area or abscess cavity". The cause of a sinus must always be determined by in-depth assessment. A cavity wound may be chronic or acute and falls into the categories described below.

Type	Indicator/descriptor	Management aims	Treatment options
Fistula 	Abnormal passage between two epithelialised surfaces that connect one viscera to another or to the body surface.	- Management and free drainage of exudate. - Protection of surrounding skin. - Prevention of infection. - Removal of necrosis or slough. - Promotion of granulation from the base of the wound.	**Hydrogel** Fill track if exudate is low (using a syringe) **Alginate** or **Hydrofibre** If exudate is moderate to high. Secondary Dressing **Foam** or **Soft Silicone Foam**
Sinus 	Discharging, blind-ended track that extends from the surface of the skin to an underlying abscess/cavity. May be caused by infection, liquefaction or a foreign body.	- Allow cleansing and draining. - Do not plug. - Protection of surrounding skin. - Prevention of infection. - Removal of necrosis or slough. - Promotion of granulation from the base of the wound.	**Hydrogel** Fill track if exudate is low (using a syringe) **Alginate** or **Hydrofibre** If exudate is moderate to high. Secondary Dressing **Foam** or **Soft Silicone Foam**
Cavity **Grade 2** 	A cavity wound may be acute or chronic. Surgical cavities are generally clean cavities with a healthy bed. Cavities can be present in a range of aetiologies (pilonidal sinus, pressure ulcers and leg ulcers are examples).	- Management and free drainage of exudate. - Protection of surrounding skin. - Prevention of infection. - Removal of necrosis or slough. - Promotion of granulation from the base of the wound.	**Hydrogel** Where there is tracking or undermining. **Alginate** or **Hydrofibre** To fill cavity.
Grade 3 			Secondary Dressing **Foam** or **Soft Silicone Foam**
Grade 4 			

Other considerations

The amount of packing inserted into the wound should be documented to ensure it is all removed at the next dressing change.

Rope should be inserted very loosely as a wick to facilitate drainage and not cause a back flow of exudate into the body cavity. A 2cm tail should be left outwith the wound to enable easy removal. Wounds should not be overfilled.

Fistula: Examination of the fluid will indicate the source of the fistula, e.g. bile stained: from biliary tract, brown faecal fluid: from large bowel. Measurement of volume of exudate may be appropriate using a collection device e.g. stoma bag.

Sinus: Often end in an abscess/cavity which contains foreign material. This needs to be removed and healing promoted or the sinus is likely to become chronic.
Patient Assessment:
- Establish the site and extent of tissue damage
- Consider CAVILON® to prevent maceration from exudate
- Nutrition
- Pain management
- Surgical intervention
- Multi-disciplinary approach

If wound infection is suspected refer to Wound Infection section of formulary.

References:

1. Romanelli M., Galatioto C., ***et al*****,** Fistula Care. New approaches to the management of chronic wounds. Proceedings of the European Wound Management Conference, April 1997, Ramada, Italy.
2. Butcher M (1999), Management of Wound Sinuses, Journal of Wound Care, Oct, 8: 9-1999; 415-453.
3. NHS QIS. Prevention and Management of Pressure Ulcers. Best Practice Statement, March 2009.