

# Use Of Continuous Low Flow Suction In The Conservative Management Of Pharyngocutaneous Fistulas

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## Abstract

Pharyngocutaneous fistula after laryngectomy is the most common complication that we see after this procedure and it increases the morbidity, length of hospitalisation and also the possibility of mortality. A fistula is an abnormal communication between two epithelialised surfaces and in our case; these two surfaces are the pharyngeal mucosa and the skin. With a pharyngocutaneous fistula, a salivary leak develops from the pharyngeal closure to the skin, which implies a breakdown of the pharyngeal suture line. This is a low output fistula and there generally are not any metabolic complications from the fistula output. Fistulas usually develop five to fifteen days after the procedure. Wound erythema and oedema are the things to look for. The main risk factors are high dose of radiation, persistent carcinoma, and delayed extension to the posterior pharyngeal wall, systemic disease, foreign body granuloma and post-surgical persistence.

## INTRODUCTION

Pharyngocutaneous fistula is the most common complication of laryngectomy patients.<sup>1,2</sup> In many cases standard treatment is prolonged period of conservative management.<sup>1,2,3</sup> Surgical repair is usually reserved for more persistent cases.<sup>1</sup> Continuous dribbling of saliva from fistula site make patient susceptible to aspiration pneumonia in spite of use of cuffed tracheostomy tube. Dribbling of saliva to the anterior chest wall is very uncomfortable to patients and the area of tracheostomy is difficult to nurse.

## METHOD

We use continuous low flow suction (10-12 mm of Hg) using a pliable suction catheter (size 12) to remove excessive saliva from the fistula. The tip of the catheter is placed at the fistula site (Fig. 1). The catheter is changed 3-4 times a day and attached to the skin using mepore dressing.

## Figure 1

Figure 1: Photograph showing low flow suction catheter at the pharyngocutaneous fistula opening.



## CONCLUSION

In our experience this method is acceptable to the patients as it helps them to keep clean and dry and do not interfere in their daily routine. Nursing care of the patient is also made easier. This is an effective, simple and inexpensive technique to use in daily practice.

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