

Biologic glue occlusion of persistent recto-cutaneous fistula following Hartmann procedure. [French]

Authors: Fuks D., Brehant O., Dumont F., Viart L., Manaouil D., Bartoli E., Yzet T., Mauvais F., Regimbeau J.M.

Publication Date: 2007

Abstract:

Background: Cutaneous fistulas from the rectal stump after Hartmann procedure are not rare. Rarely do they require operative intervention, but they may result in prolonged skin care during hospitalization. Purpose of study: To describe the use of fibrin glue in the treatment of rectocutaneous fistulas occurring after Hartmann procedure. Study design: Ten patients underwent irrigation of the fistulous tract followed by fibrin glue injection. The glue was reconstituted using the usual two syringe admixture technique; the tract was catheterized as far as the rectal stump, and the glue was injected as the catheter was withdrawn to skin level. Results: No complications were noted and the discharge from seven out of ten fistulas dried up completely. Conclusion: Biologic glue occlusion of rectocutaneous fistulas simplified local care and decreased hospital stay. © 2007. Elsevier Masson SAS.