Salem Health Hospitals & Clinics



Innovation with Mucocutaneous Junction (MCJ) Separation

Background

- Mucocutaneous junction separation (MCJ) is a serious complication for immunocompromised patients, especially those with Crohn's Disease
- Routine treatments utilize pouching or packing the wound with silver alginate or gauze.
- Use of expensive silicone fistula adaptors may not fit.

Purpose

Provide an innovative application of negative pressure wound therapy to MCJ separation without use of additional devices while simultaneously supporting wound healing to the midline incision.

Case Study

- 65-yr old female with Crohn's, BMI 45, anemia, chronic kidney disease and insulin dependent diabetes, previous sigmoidectomy with loop ileostomy. Previous prolapse of ileostomy and peristomal hernia required ostomy to be reversed.
- Current admission surgical intervention with total colectomy and end ileostomy due to sever perorated Crohn's fulminant colitis.

Case Study Methods

- Negative pressure set at 125mmHg using black foam from caused further complications. No progress made over 8-weeks.
- MacGyver Wound Ostomy Care Nurse, Mindy Close, proposed an innovative wound therapy use of oxidized regenerated cellulose matrix with white foam and negative pressure reduced to 75mmHg.
- Dressing changes done 3X/week with weekly measurements and photographs.
- Surgeon present each time to assess wound, monitor technique and progress.



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Nightmare on Ostomy Street: MacGyver Wound **Ostomy Nurse Solves the Mystery** Malinda Close, MSN, RN, CWOCN WOC MacGyver Nurse

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER



4/13/22



First dressing change 4/8, identified concerns 4/13 when MCJ separated. Vera Flow started to midline, entire stoma and MCJ pouched as one. 4/29, negative pressure discontinued due to bowel exposure in the abdomen.

Surgeons managed midline wound, nurses managed ileostomy. Visits increased to **3X per week due to the** increased drainage from the MCJ and leaking with the pouch system.



5/13/22



6/8/22



6/24/22



7/22/22

Negative Pressure Innovation Ends the Nightmare.





Innovative New Technique





5/30/22



7/8/22







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- Dr. Kristopher Dozier, Kaiser Surgeon
- Dr. Juan Carols Esguerra, Kaiser Surgeon
- Dr. Sarah Markham, Kaiser Surgeon

Results

• Over 45 days, the wound size is reduced 91.3 % without further complications.

• The therapy was applied to three additional patients with full healing, no additional surgery, and the patients were able to discharge home or to a skilled nursing facility. We have included some pictures that can be moved, or removed, at your discretion.

Implications for Practice

This method has proved to improve patient experience by expediting wound healing with the potential to decrease complications and overall length of stay.

References

Acknowledgements

• Kimberly Kelley, BSN, RN, CWOCN, Kaiser

Poster Contact Malinda.Close@SalemHealth.org