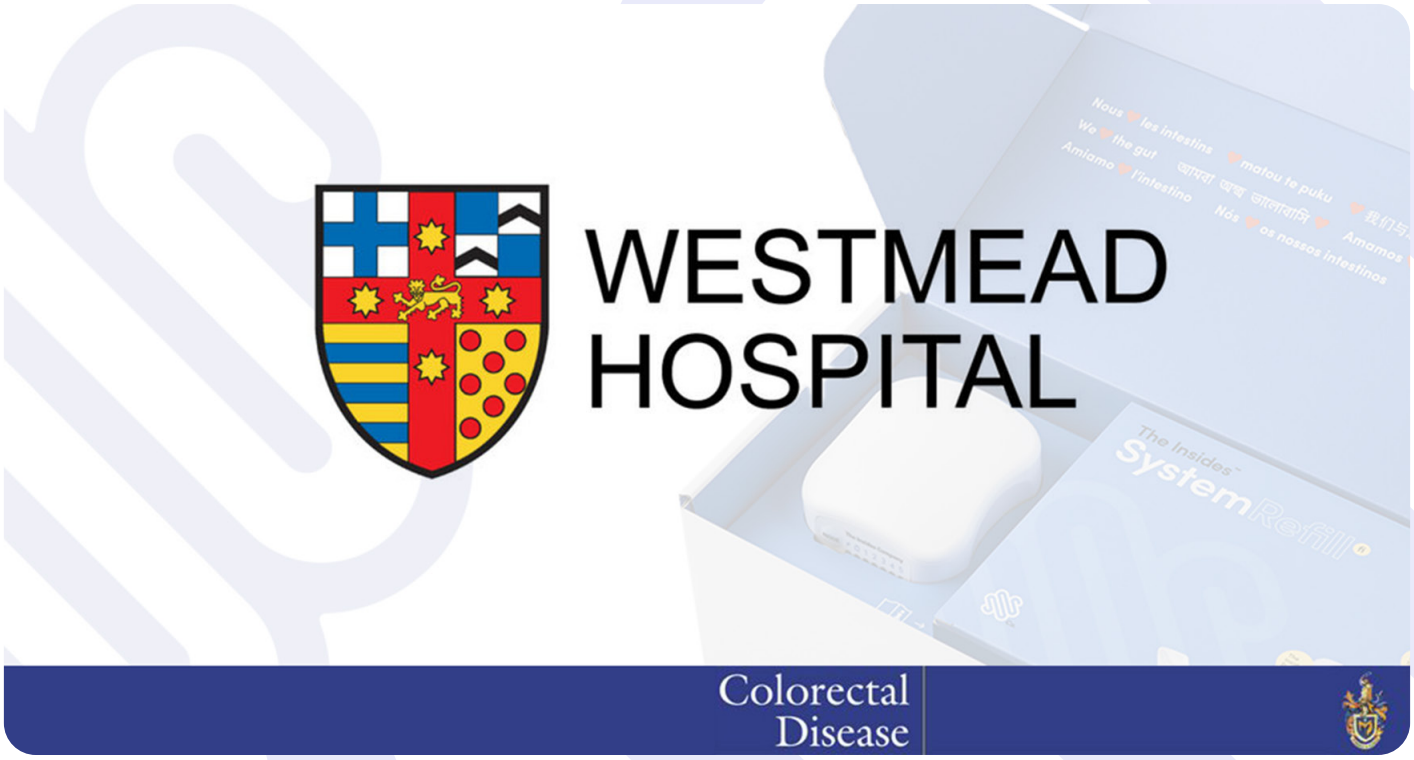
The Insides Company

Westmead Hospital - High-Output Enterocutaneous Fistula Case Abstract



The Insides Company would like to thank Dr Solis, Dr Wright, Professor O'Grady and Mr Ctercteko for an excellent patient success story, published in the latest issue of Colorectal Disease.

This case study demonstrated that The Insides™ System could effectively provide nutritional support to the patient, and is recommended as an option for treating high-output enterocutaneous fistula patients.

The Insides Company invites you to read the full case article in Colorectal Disease https://onlinelibrary.wiley.com/doi/abs/10.1111/codi.15643

Please find below a short abstract to summarise the study's findings including a video detailing the use of The Insides™ System.

Patient Presentation and History

"Amanda" is a 66-year old female who underwent a laparoscopic salpingo-oophorectomy. Two days later, she presented with intra-abdominal sepsis secondary to a previously unidentified enterotomy. Despite surgical reintervention, she had developed an enterocutaneous fistula by day 18.

Current Medical Intervention for ECFs

Parenteral nutrition is currently considered the standard of care to manage high-output enterocutaneous fistula patients' nutrition. However, chyme reinfusion has been explored both in practice and within literature as a viable alternative that is capable of improving patient clinical

outcomes by enabling them to resume oral feeding, restoring their nutritional status, and reducing the risk of renal and liver impairment.

The Patient's Journey with the Device

On day 58, after gaining institutional approval and informed consent, Amanda commenced chyme reinfusion through the use of The Insides™ System. At that point, she was presenting with a fistula output of 1-1.5 L/day. Two days after commencing chyme reinfusion with The Insides™ System (postoperative day 60), Amanda ceased total parental nutrition (TPN) and was discharged on a full oral diet with chyme reinfusion.

During Amanda's time on chyme reinfusion, which totalled 125 days, Amanda was readmitted twice for dehydration. This was caused by psychosocial factors that led to a failure to digest an adequate amount of oral fluids. She was not discharged following the second readmission. Instead she remained in the hospital, where she self-administered chyme reinfusion during the day while the nursing staff administered it overnight.

Below is a video created by the team at Westmead Hospital detailing the use of The Insides™ System.

https://www.youtube.com/watch?v=LQj1Gm5Z5_8

Reversal & Recovery

Amanda underwent successful surgery to repair her fistula, restore intestinal continuity and repair the abdominal wall after 182 days (around 6 months) elapsing from her initial surgery.