

Management of Postoperative, High Output Salivary Fistulas in Head and Neck Surgeries

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ABSTRACT

Management of postoperative salivary fistulas is a difficult problem both from the surgeon and the patient's perspective. Managing salivary fistula is a time consuming process. Here, we present a simple, selfcare and effective technique for postoperative salivary fistula. It is cost-effective. It also reduces the burden on nursing care.

Keywords: Head and Neck Surgery, Salivary fistula, Urostomy bag.

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INTRODUCTION

Salivary fistula after head and neck surgery is not an uncommon problem with an approximate incidence of 5.4 to 30%.^{1,2} There are various factors which may lead to formation of such fistulas *viz* preoperative treatment like radiation, chemotherapy, extensive soft tissue involvement, margin status, suturing technique, availability of the soft tissue for repair and appropriate use of flaps when required. Operative intervention is advisable in early postoperative period.³ However, delayed fistula due to tissue necrosis or flap descent, management is conservative with proper wound irrigation and adequate drainage of collected saliva underneath the skin flaps. High output of fistula causes local skin erythema, wound infection, delayed healing demanding increases need for antibiotics, frequent change of dressing, causing discomfort to patient.⁴ This leads to delayed return of oral feeds and adjuvant treatment.

We describe a cost-effective and easy way of conservative management of salivary fistula using urostomy bag.

TECHNIQUE

In an established case of salivary fistula, few sutures are removed in most dependant part and a corrugated drain is placed. A urostomy bag is cut circumferentially at 32 mm and applied to the skin incorporating the corrugated drain (Fig. 1). Salivary fluid tends to flow into the urostomy bag



Fig. 1: Urostomy bag applied over corrugated drain in case of pharyngocutaneous fistula

due to gravity. The urostomy bag is emptied as and when required. In a course of few days the salivary fistula regresses in size and skin flaps stick well and slowly fistula heals.

ADVANTAGE

As saliva gets collected directly into bag, skin reaction due to salivary leak is almost negligible. Dressing with gauze is rarely required. The bag can be managed by patient easily. Need for antibiotics is greatly reduced. This reduces burden on nursing care. Due to early healing of fistula, delayed wound healing and vessel rupture are rarely encountered. Hence, adjuvant treatment if any can be started without much delay. This has become the standard of care in our hospital since last 2 years for all salivary leaks which only needed conservative management, thus reducing the number of hospital visit for aggressive dressing.

IMPRESSION

This is cost-effective and self-care technique of conservative management of salivary fistula without compromising patient safety and comfort.

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