External intestinal fistula

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External intestinal fistulas continue to cause significantmorbidity and mortality even though many factorsimportant to their management are known.Although many causes of intestinal fistulas areenlisted in the published reports, yet the exciting causeof this condition is almost always the same, i.e complicationsof surgery. Sopntaneous fistulas are rare. Inflammatorybowel diseases, intestinal obstruction, malignancyand trauma may cause fistulas spontaneously orafter surgical interference.Complications of fistulas are many but infection anddepletion account for the majority of mortalities. Depletionis produced by fluid, electrolyte and protein lossthrough the fistula and by interference with normal digestionand absorption of food and water.The approach in the management of these problems hasprompted opposing view points of early surgical interferenceor conservative treatment.Conservative treatment of fistulas must justify threerequirements: local control of the fistula, control of thegeneral condition of the patient by balanced nutrition,parenteral, enteral or in oombination and prevention ofoomplioations.Adequate nutrition is of top importanoe. It is thisthat maintains the patient while nature repairs the defeot.In those patients in whom spontaneous olosure doesnot or oannot oecur , nutritional treatment stops the inoidiousdeterioration that takes plaoe until the fistulais treated by surgical operation.Many authors oonsider that total parenteral nutrition(TPN) inoreased the rate of spontaneous olosure anddecreased mortality, but some consider that the -role of(TPN) is to simplify the nutritional management than toulter the out come Fistulaswhich do not close spontaneously by conservativetreatment or those who produce rapid deteriorationof the patient’s general oondition should be attaokedsurgioally.Surgioal prooedure may be simple reseotion and endto end anastomosis, bypass operation, partial exolusion,oomplete exolusion, simple direot olosure. or exterioris.-ation operation.