

DUO

INSTILLATION CASE STUDY ON INFECTED UROCHEAL CYST

“A urachal cyst is a sac of tissue and fluid between the bladder and the belly button (umbilicus). The cyst forms in the remnants of the urachus, a structure normally present in a fetus that usually closes up before birth. In some infants, the closure doesn't occur, causing a urachal cyst or sinus to form” (Ferri 2023). This is a congenital condition.

Twice as likely to be seen in a man as a woman. Many people live with this never having problems however if the cyst becomes infected or ruptures complications can occur leading to urachal cancer or peritonise.

Most patients following surgery will recover with no complications.

The case being shown had an infected un-healing wound leading to surgery which subsequently broke down.

Patient History

The patient is a 26- year- old female WITH ESRF (Chronic renal failure).

This has been noted to be directly correlated with wounds failing to heal. (ESRD with increased protein catabolism and protein malnutrition. This depletion in protein specifically impairs the last three stages of wound healing.)

Instillation therapy was applied on the 8th January for ten days, dressings changed every three days with normal saline fluid used to clean the wound for instillation. A pictorial history is given below. The pump functioned well within the high dependency unit with the nurses on the ward easily able to monitor and update the specialist nurses daily.

No problems were encountered with the pump which operated as per setting. The pump was attached to an I.V. pole

Aim of this study was to improve the wound quickly for the patient to go home after a prolonged hospital stay. This resulted in the patient's mood and persona improving very quickly as she could see the results quickly. She also expressed her surprise at not feeling the pump whilst it was in use.

Instillation therapy is reported in the literature to improve blood to localised area very quickly as seen after three day's treatment.

References: Brittany Ferri Updated on January 21, 2023 · Medically reviewed by Robert Burakoff, MD. Very well health- on- line. <http://www.verywellhealth.com>



Figure 1 | 08.01.24
Pump applied

Note no granulation very wet wound



Figure 2 | 11.01.24
One cycle 3 days-20 ml's every 2 hours

Note improved blood supply. New granulation forming



Figure 3 | 18.01.24
Pump removed in clinic

Decreased exudate, wound healing and decreasing in size. Patient going home using conventional dressings