A 63-year-old man presented with a large acute pararectal abscess, with a broad suprasphincter fistula. Initial emergency surgical treatment consisted of opening the abscess and insertion of a loop drain (Fig. 1). Further therapy was performed by endoscopic negative pressure therapy (ENPT), sequentially using open-pore foam drains (OPDs) and open-pore film drains (OFDs) in a novel pull-through technique [1–3]. The pull-through OPD technique was as follows: an open-pore polyurethane foam was knotted onto the distal end of an 18-Fr nasogastric tube (NGT), which was connected to another 12-Fr NGT, thereby holding the drainage element in the middle of the two tubes. The pull-through OPD technique was as follows: an open-pore polyurethane foam was knotted onto the distal end of an 18-Fr nasogastric tube (NGT), which was connected to another 12-Fr NGT, thereby holding the drainage element in the middle of the two tubes.
through OFD technique was as follows: the distal end of the 18-Fr NGT was covered with a thin, open-pore, double-layered drainage film (Suprasorb CNP Drainage Film; Lohmann & Rauscher, Germany), and again a 12-Fr NGT was connected to the distal end of the tube (▶Fig.2). With OPDs, the size of the foam is adjustable to bigger wound cavities, whereas an OFD has a smaller diameter (4–6 mm) and is less adhesive to the adjacent tissue [4].

ENPT was started by replacing the initial loop drain with an OPD using a pull-through technique (▶Video 1). The drainage element was placed in the wound cavity. The external wound was surgically closed. The end of the tube was passed through the fistula, exiting the body through the anus, where negative pressure of −125 mmHg (Activac, KCI, USA) was established (▶Fig.3).

At intervals of 3–4 days thereafter, the wound was re-opened, with the OPD being easily replaced using a pull-through maneuver (▶Fig.4). After 14 days (four changes), the wound cavity had shrunk to a channel and ENPT was then continued using the small-bore pull-through OFD (two changes in 7 days). For the last cycle, a pull-through OFD with a thread was used. The ENPT was completed after 21 days, and was followed by 7 days of rinsing with an enema twice a day [5]. Following this, the broad rectal fistula and large abscess had healed completely (▶Fig.5), with sphincter function being unimpaired and a colostomy having been avoided.

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Competing interests

Gunnar Loske is a consultant for Lohmann & Rauscher GmbH & Co.KG. The remaining authors declare that they have no conflict of interest.

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