

Indications And Complications Of Intestinal Stomas: A Tertiary Care Hospital Experience

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Introduction

An Ostomy is a surgically created opening to discharge waste from the digestive or urinary tract. A stoma is the actual end of the small or large bowel or ureter that can be seen protruding through the abdominal wall. Formation of an intestinal stoma is frequently a component of surgical intervention for diseases of the small bowel and the colon. The most common intestinal stomas are the ileostomies (end and loop) and the colostomies (end and loop). Although great advances have been made with regard to stoma formation and management, both early and late complications are common. Various Indications for which intestinal stomas are formed: Ulcerative Colitis, Bowel obstruction, Cancer of colon & rectum, Crohn's disease, Congenital Bowel defects, Uncontrolled bleeding from large intestine, Injury to the intestinal tract, IBD, Ischemic Bowel disease, Carcinoma Urinary Bladder and Spinal cord injury. Typhoid and tuberculosis being the frequent causes of acute enteric perforations, remains a public health problem in our part of world. Despite Extensive Surgical expertise, complications after stoma creation still occur and often cause social isolation and a significant reduction in the quality of life. Though the formation of a stoma is one of the easiest procedures for a practicing surgeon, complications such as leakage, prolapse, parastomal hernia, retraction and stenosis still occur frequently. Aims and Objectives: To identify common indications and complications associated with intestinal stoma in a tertiary care set-up.

Methods

Study Design

Retrospective and Prospective Study Population: Patients presenting to a single unit of Department of Surgery, Safdarjang Hospital over a period of 6 months (Jan to June 2012). Demographic and the operative details of these patients were recorded and these patients were followed up in the wards and OPD for any stoma related complications. Psychological complications were excluded from the study. Complications were divided into early complications (up to 30 days after operation) and late complications. Ileostomy was considered to be retracted when it was 0.5cm or more below the skin surface and required intervention. Prolapse was diagnosed if the stoma increased in size after maturation and required change of appliance or surgical treatment. Poor location was defined as any ileostomy which subsequently found in a skin crease and was associated with difficulties in fixing a stomal appliance. High output was labeled when the ileostomy output was more than one liter in 24 hours. Detachment was recorded if any part of the ileostomy had detached from the subcutaneous junction. The data will be analyzed using SPSS software program and statistical significance of the data will be evaluated by applying the Pearson Chi-Square test.

Implications

In the present study, an attempt was made to identify common indications and complications associated with intestinal stoma in a tertiary care set-up. This insight will help us decrease the problems associated with this commonly performed general surgical procedure.