

**“A STUDY ON INDICATIONS, COMPLICATIONS AND
ITS MANAGEMENT OF INTESTINAL STOMA”**

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ABSTRACT

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Background

1. To study the various types of intestinal stomas and their indications. 2. To identify the various complications encountered that occur after the construction of intestinal stomas. 3. To assess the ways in which these complications can be minimized and managed in a better way. Our purpose in this study is to identify various indications, complications and management of intestinal stoma.

Key words

Intestinal stoma, complications of stoma, ileostomy, colostomy, parastomal hernia, skin excoriation

Materials and method

This is prospective cum retrospective study include 100 patients who admitted in both emergency and elective state in all surgical units of dept of general surgery, surgical gastroenterology and paediatric surgery, Govt. Stanley Medical college & hospital, Chennai. The duration of study period from august 2012 to august 2014. Data was collected from all patients who was admitted in Government Stanley medical college and patients was included those who come under the inclusion criteria.

Results

The maximum number of patients were in the group of 26-35 and 46-55 (n=25). Most of the patient's age group between 26-55 years there are likely undergoes loop ileostomy. Less than 1 year of age there are likely undergoes loop colostomy. Most of the patient undergoes stoma as an emergency procedure rather than elective procedure. Most of the patients stayed in hospital approximately 16-20 days (32%). The most common indications for stoma construction was gastrointestinal malignancy (25%) followed by abdominal trauma (22%). The most common type of stoma constructed was ileostomy (80%). In ileostomy, loop ileostomy was most common (60%), followed by end ileostomy (20%). The next most common stoma constructed was colostomy (19%). In colostomy most common was loop sigmoid colostomy (7%), followed by loop transverse colostomy (6%) The most common complication observed in stoma construction was skin excoriations (52.4%), followed by laparotomy wound infection (8.5%). It show there is significant relationship between indication for stoma and complications due to stoma construction ($p < 0.05$).

Conclusion

In conclusion the study showed stoma construction high in adult and old age group, mostly done as an emergency procedure compared to elective procedure. Mostly ostomy done for diversion for obstruction or perforation in malignancy and perforation in trauma patients.

Most common stoma constructed was loop ileostomy followed by end ileostomy with mucus fistula. There is high incidence of peristomal complication related to that. The complication better managed with proper preoperative planning with effective stoma care in post operative period.