Iliostomy and Mucuos fistula with and without posterior wall anastomosis after right hemicolectomy: A comparative study of short term outcomes

Thesis

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Sara Gomaa Syam

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List of Abbreviations

Abbrev.	Full term
BMI	: Body Mass Index
CBC	: Complete Blood Count
Cm	: Centimeter
CT scan	: Computed tomography scan
CXR	: Chest X-ray
DM	: Diabetes mellitus
HTN	: Hypertension
I.O	: Intestinal obstruction
LCF	: Liver cell failure
Lt	: Left
Mm	: Millimeter
MRI	: Magnetic Resonance Imaging
N	: Number
Post	: Posterior
P-value	: Probability value
RF	: Renal failure
Rt	: Right
SD	: Standard deviation
SPSS	: Statistical package for social sciences
T.B	: Tuberculosis
TPN	: Total parenteral nutrition
Wks	: Weeks

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Abstract

Background: Intestinal anastomoses in colorectal surgery are at risk of severe intra-abdominal septic complications as dehiscence, abscess or fistula, which are associated with mortality. It is important to do the safest possible surgery and minimize the risk for surgical complications in patient with risk factors. **Aim of the Work:** The purpose of the study is to do a comparative study of short term outcomes of ileostomy and mucus fistula with and without posterior wall anastomosis. **Patients and Methods:** This retrospective study was conducted on 50 patients presenting with surgical abdomen to the emergency department of Ain Shams University Hospitals – Cairo. Data were retrieved from data system of patients at Ain Shams University Surgery Hospital, at the period January 2016 to January 2018. **Results:** The current study revealed a statistically significant difference between with and without Posterior wall anastomosis according to hospital stay (2^{nd} operation). There was also a statistically significant difference between with and without Posterior wall anastomosis according to wound infection in complications (2^{nd} operation post closure). **Conclusion:** valuable short term advantage of stoma with posterior wall anastomosis is the short hospital stay and the less need for parenteral analgesia. This improves rates of patients getting back to their normal activity postoperatively.

Key words: Iliostomy, mucous fistula, posterior wall anastomosis, right hemicolectomy

Introduction

In a Greek Word, Stoma means 'mouth opening', while as a medical term it means exteriorization of bowl on skin for faecal or urinary diversion **(Kirkwood, 2005).**

There are three main types of stoma: Colostomy, ileostomy, urostomy and it may be temporary or permanent (**Brand et al., 2008**)

Intestinal anastomoses in colorectal surgery are at risk of severe intra-abdominal septic complications as dehiscence, abscess or fistula, which are associated with mortality (**Golub et al., 1997**).

It is important to do the safest possible surgery and minimize the risk for surgical complications in patient with risk factors (**Myrelid et al., 2012**).

Major indications for ileostomy include diffused bowel injury, that prevent primary anastomosis like longstanding peritonitis, intestinal obstruction, radiation enteritis, ischemia, inflammatory bowel diseases, tubercular and enteric colitis (**Brand et al., 2008).**

In severely ill patients the aim is only to deviate the faecal stream followed by delayed resection and anastomosis (**Myrelid et al., 2012**).

An alternative in such a complex situation might be a split stoma with excision of the disease followed by an anastomosis at some point in the future (**Lange et al., 2006**).

Split stomas are created when both ends of the bowel are brought to the skin surface, but at different incision sites. It could be following a subtotal colectomy or right hemicolectomy, in which the ileum is formed into an ileostomy and the rectum or the colon into a mucous fistula and it is usually temporary in nature (**Brand et al., 2008**).

Anastomotic leakage following right colectomy for malignancy is a rare complication associated with high mortality and morbidity (**Veyrie et al., 2007**).

The therapeutic dilemma is between the construction of an ileostomy and mucous fistula and the construction of a new ileo-colic anastomosis that have significant disadvantages, i.e., the need for a new laparotomy, quality of life issues and the danger of a new leakage can arise the latter (**Taflampas et al., 2011**).

An alternative approach can be done in such cases, which is the construction of a side-to side ileocolic anastomosis which is then brought out in the right abdominal wall as a stoma, so that reconstruction can be done without midline laparotomy (**Taflampas et al., 2011**).

Here, in our study we did a short term comparison between two groups of patients underwent ileostomy with mucous fistula.

The first underwent posterior wall anastomosis and the second without.