

Introduction

Stoma means mouth in Greek. It is an opening of bowel onto the surface of the abdomen. Stomas may be temporary or permanent, simple loop stoma or end stoma. However up to 50% of temporary stomas may become permanent.⁽¹⁾

Intestinal stoma is a surgical procedure in which an incision or a stoma is surgically created in the wall of abdomen to allow the passage of intestinal wastes out from bowel. It is done to correct anatomical defect, relieve an obstruction and permit treatment of severe infection or injury to intestinal tract. Each procedure is named for the anatomical location of ostomy such as colostomy, cecostomy or ileostomy.⁽²⁾

It can be done in patients with the following conditions: neonatal conditions include necrotizing entero-colitis, Hirschsprung's disease, meconium ileus, imperforate anus, intestinal malrotation, intestinal volvulus or trauma.⁽³⁾

Children, adult and elderly conditions that requires stoma construction include trauma, inflammatory bowel disease, intestinal volvulus, tumors, incontinence or intestinal obstruction.⁽⁴⁾

Ileostomy is a surgical opening constructed by bringing the end of loop of ileum out on the surface of skin. Intestinal waste passes out of ileostomy and is collected in an external pouching system stuck to skin. Ileostomies are slowly being replaced by other performed alternative K-Pouch. This surgery turns the intestine into an internal reservoir thus eliminating the need for an external pouching system.⁽⁵⁾

Ileostomy is necessary when a disease or an injury has rendered the large intestine incapable of safely processing intestinal wastes such as Crohn's disease, ulcerative colitis, familial adenomatous polyposis or total colonic Hirschsprung's disease. An ileostomy may be necessary in treatment of colorectal cancer. Temporary ileostomy is also often made as 1st stage in surgical construction of ileo-anal pouch.⁽⁶⁾

T-pouch is a new valve design for continent ileostomy . Creation of a continent ileostomy is one of surgical options in patients who are either not candidates for or have failed an ileal pouch-anal anastomosis or who for other reasons with permanent ileostomy. Traditional continent reservoir with an intussuscepted bowel segment as valve mechanism has an unsatisfactorily high incidence of dysfunction and frequent reoperation. T-pouch valve that previously used for urinary reservoirs can be used for a continent stool reservoir. ⁽⁷⁾

Pouch ileitis is a complication of ileal reservoir surgery. Variability in definition of this syndrome may account for differences in incidence rate, associated symptoms. An episode of pouch ileitis is characterized by abdominal pain, increased ileal output, mucosal inflammation within the continent ileostomy, and absence of other recognized concurrent postoperative complications. The mean time of occurrence after construction of the continent ileostomy was 25 months . Endoscopic features were often nonspecific, with mucosal erythema , edema , friability and mucosal ulceration.⁽⁸⁾

In colostomy the stoma is formed from the end or loop of large intestine which is drawn out through the incision and is sutured to skin either for diversion of fecal stream or decompression of the large intestine. ⁽⁹⁾

Colostomy may be permanent or temporary depending on reasons for its use specially when a segment of colon has been removed eg. Colon cancer requiring total mesorectal excision, diverticulitis or injuries. It's also adapted when a portion of colon has been operated upon and needs to be rested until it is healed. In this case colostomy is often temporary and usually reversed at a later date. Colostomy may be loop, end or double-barrel colostomy. ⁽¹⁰⁾

Cecostomy is a surgical construction of an opening in the caecum performed as a temporary measure to relieve intestinal obstruction in patient who can not tolerate major surgery twenty four hours before surgery. If time

permits, only clean fluid is allowed, cleaning enemas and antibiotics are some times prescribed to reduce number of bacteria in the bowel. ⁽¹¹⁾

After proctocolectomy there is loss of colonic absorption capacity of Na^+ compensated by increased small intestinal absorption and renal tubular reabsorption. ⁽¹²⁾

Psychological adaptation of conventional and continent ileostomies was compared at a measure interval of 8 years after surgery. Preoperative of the procedure and satisfaction about it is life-saving nature as patients are usually depressed with altered mood, social contact, sexual life and mental health. ⁽¹³⁾