I N T R O D U C T I O N

Colostomy is an artificial opening made into the large bowel in order to divert faeces (and flatus) to the exterior, where they may be collected in adhesive bag (Rains and Ritchie, 1981).

The first method of colostomy to become a standard procedure was the lumbar colostomy. It was developed by Amussat in Paris in 1839 and remained the principal operation for relief of colonic obstruction for 50 years. The forerunner of the techniques used today for loop colostomies was introduced by Maydl in 1884,he suggested using a goose quill to support a loop colostomy on the abdominal wall (Kodner, 1978).

In the twentieth century the British surgeons Miles, Goligher, Patey and Butler have been the principal figures in the development of colostomy surgery. In 1908 Miles introduced his procedure of combined abdominoperineal resection of the rectum for cancer, bringing to fruition the concept of adequately removing the tumour. However, the problem of small intestinal obstruction in the

postoperative period then developed, caused by the space between the colonic mesentery and the abdominal wall,and operative measures were taken to obliterate it. Goligher, in 1950, suggested constructing the colostomy through an extraperitoneal (retroperitoneal) tunnel, thus eliminating the possibility of internal herniation of the small intestine. Also in 1950, Patey began to open the loop colostomy and sew it to the skin primarily.The advantages of this idea were soon obvious, as the problem of stoma stricture was eliminated. In 1952 Butler reported using the same technique of primary opening of the stoma to construct the end colostomy as part of Mile's operation for cancer of the rectum (Kodner, 1978).

Each year, the chances that any physician in practice will treat a patient who has an intestinal stoma become greater. In recent years, rapid advances have been made in surgical techniques, concepts of nursing care and equipment available, making ostomy surgery a more successful and therefore more frequent, choice of treatment (Kodner, 1978).