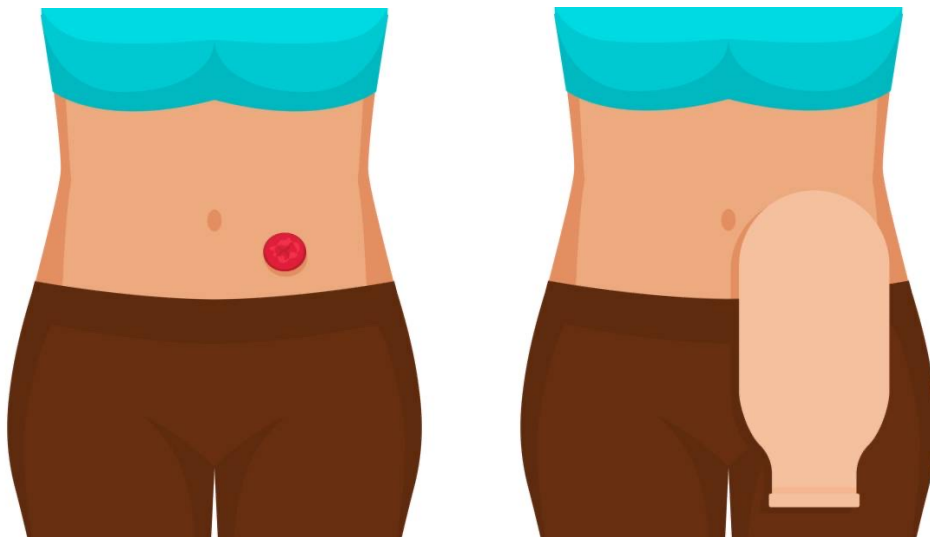


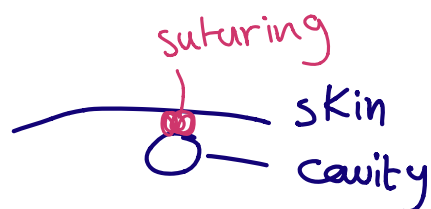
# Stomas



**By: Rahaf Melhem**

- \* Stoma : any opening in the body
- \* Ostomy : surgically opened stoma
- \* Fistula : Pathologic opening stoma in the body

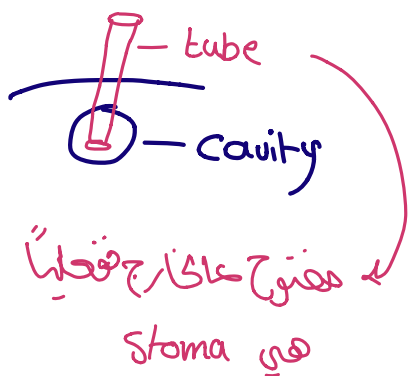
cavity + skin  $\rightarrow$  cavito cutanostomy = cavitostomy  
 cavity + cavity  $\rightarrow$  cavito cavostomy  
 ex: duodojejinostomy



$\Rightarrow$  ostomy



Perminant  
 لَسِيْرَهَا لَزِيْمٌ عَالِيَةً



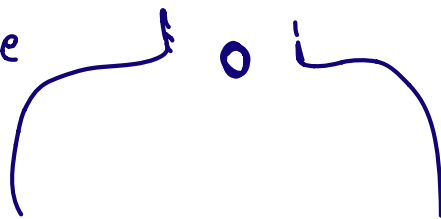
$\Rightarrow$  ostomy tube

$\Rightarrow$  Tubes لَسِيْرَهَا بَيْنِيْلُ الْتَبَلُّ

Temporary  
 $\rightarrow$  No direct anastomosis between  
 Skin & cavity (ex.: Tracheal)

\* Tracheostomy tube

: لَأَوْنٌ مَوْقَعَتِ



indication : Pt with intubation for 2 weeks  
 Prolonged intubation

\* Thoracostomy tube  $\equiv$  Chest tube

\* Gastrostomy tube

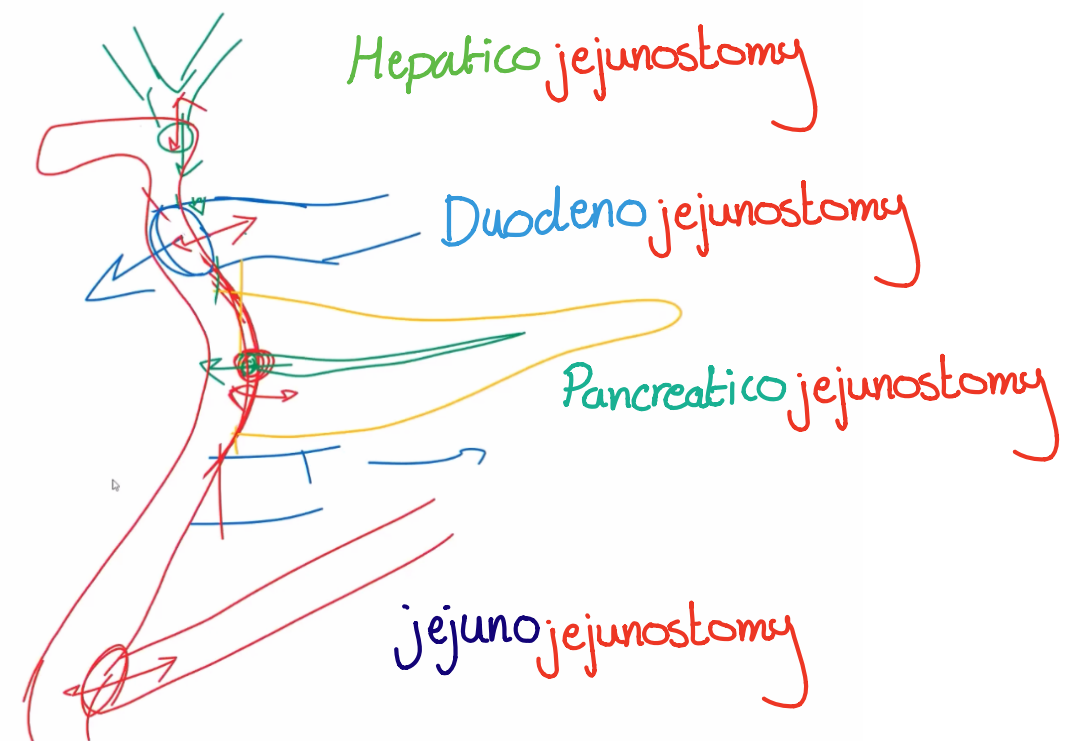
\* Choledoduodenostomy (Common Bile + duodenum)

\* Duodenojejunostomy

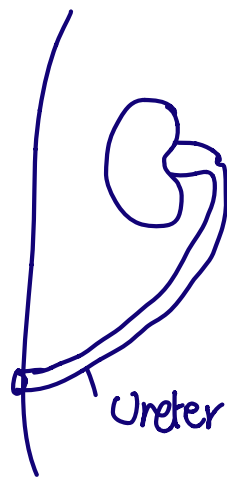
\* jejunostomy tube  $\checkmark$  air  $\rightarrow$  for feeding

jejunostomy  $\times$  air  $\rightarrow$  skin leaks

\* Whipples procedure :



\* Ureterostomy



\* Vesicostomy (Urinary Bladder)

\* Cholecystomy tube :

⇒ to drain the bile in Gall bladder

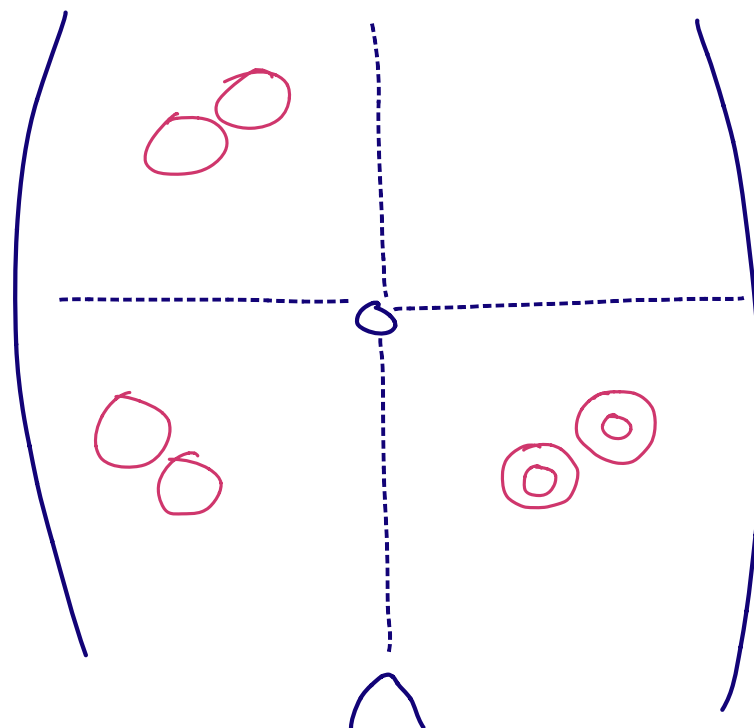
Pt can't go for cholecystectomy so I put this tube for him to drain the GB



# Stomas

Colostomy:  
Transverse

ileostomy



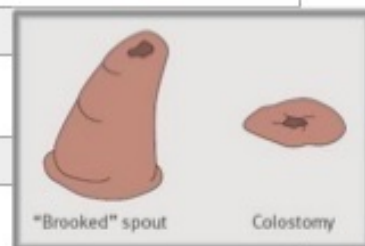
Colostomy:  
Sigmoid  
Descending

\* in Peds → anywhere could be ileo / Colo stomy

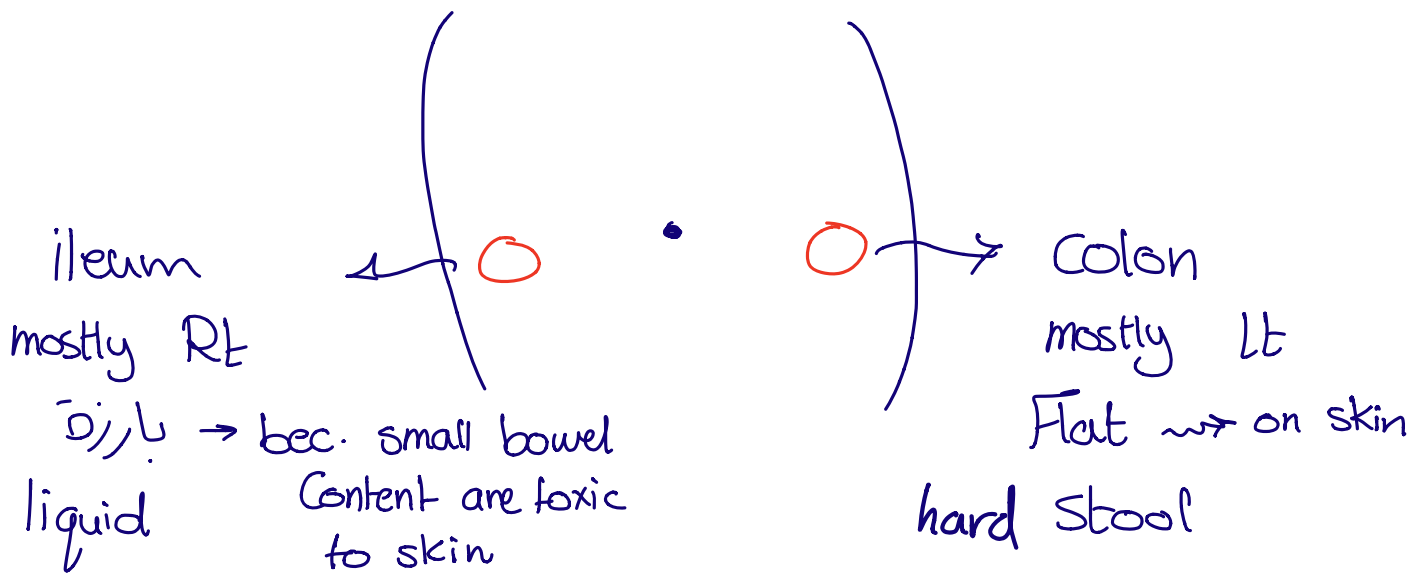
\* Differences :

## Colostomy vs ileostomy

	Ileostomy	Colostomy
	Sprout + (elevated)	No sprout / flush
Site	Usually in RIF	Temporary colostomy - transvers or right upper quadrant End colostomy - usually in LIF
Effluent	Liquid contain some amount of enzymes (alkali and proteolytic enzymes) → excoriation of skin + (Autodigestion)	Solid, hard stools compared to ileostomy
	Watery liquid stools	Hard stools
Oddor	Oddor +	Oddor is more
Frequency of discharge	Higher	Lower
	Circular folds on the ileum +	no
	More likely to develop fluid and electrolyte problems (irritation of skin)	



Stomas  $\rightsquigarrow$  any hollow organ : colon  
 Small Bowel  
 Urinary Bladder



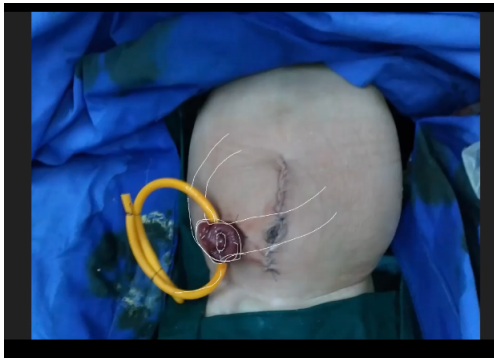
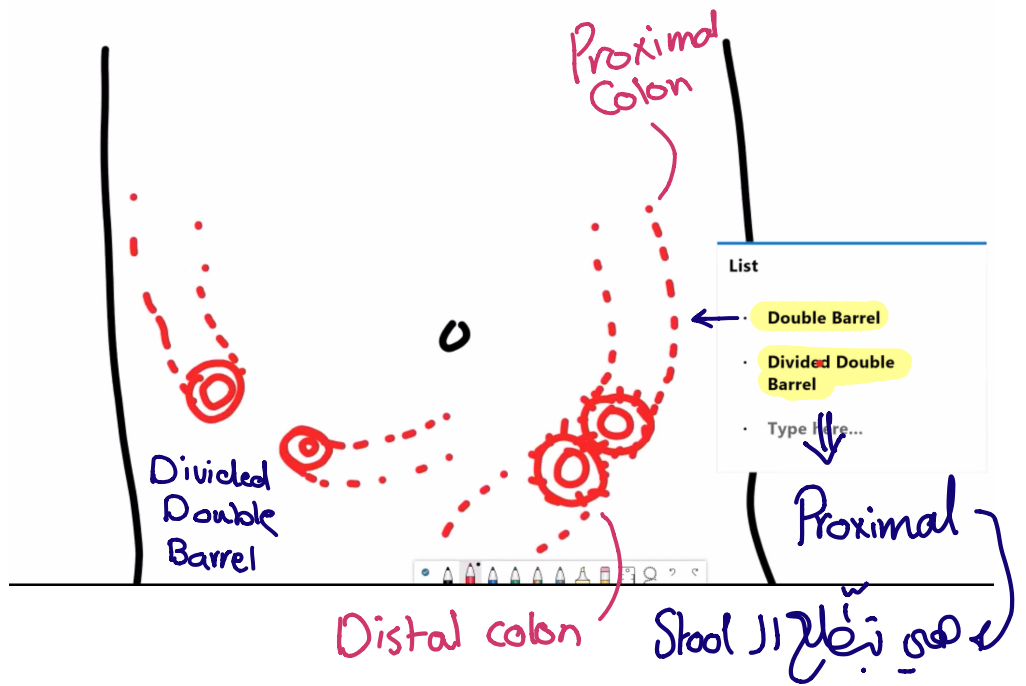
End  $\rightarrow$  nothing after it

Double  $\rightarrow$  small bowel + colon  
 colon + colon  
 small b + small b

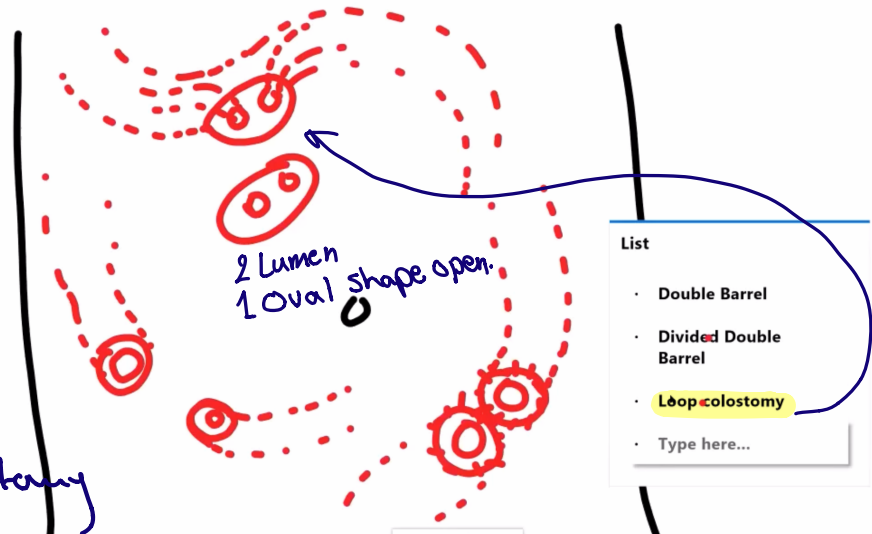
loop  $\rightarrow$  skin

The diagram shows a green loop of intestine protruding from a horizontal line representing the skin. Two red arrows point to the top of the loop, each labeled 'open'.

Types :



Tube between the skin & Colon  $\Rightarrow$  Loop colostomy



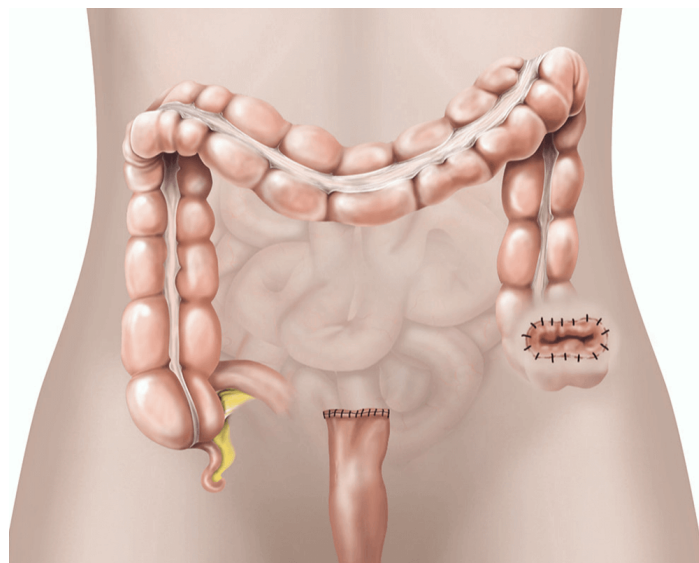
## End Colostomy

- \* The proximal part  $\rightarrow$  stoma
- \* The Distal  $\rightarrow$  keep inside with Stitches  $\rightarrow$  Temporary
- \* + Rectum  $\rightarrow$  Permanent Removal

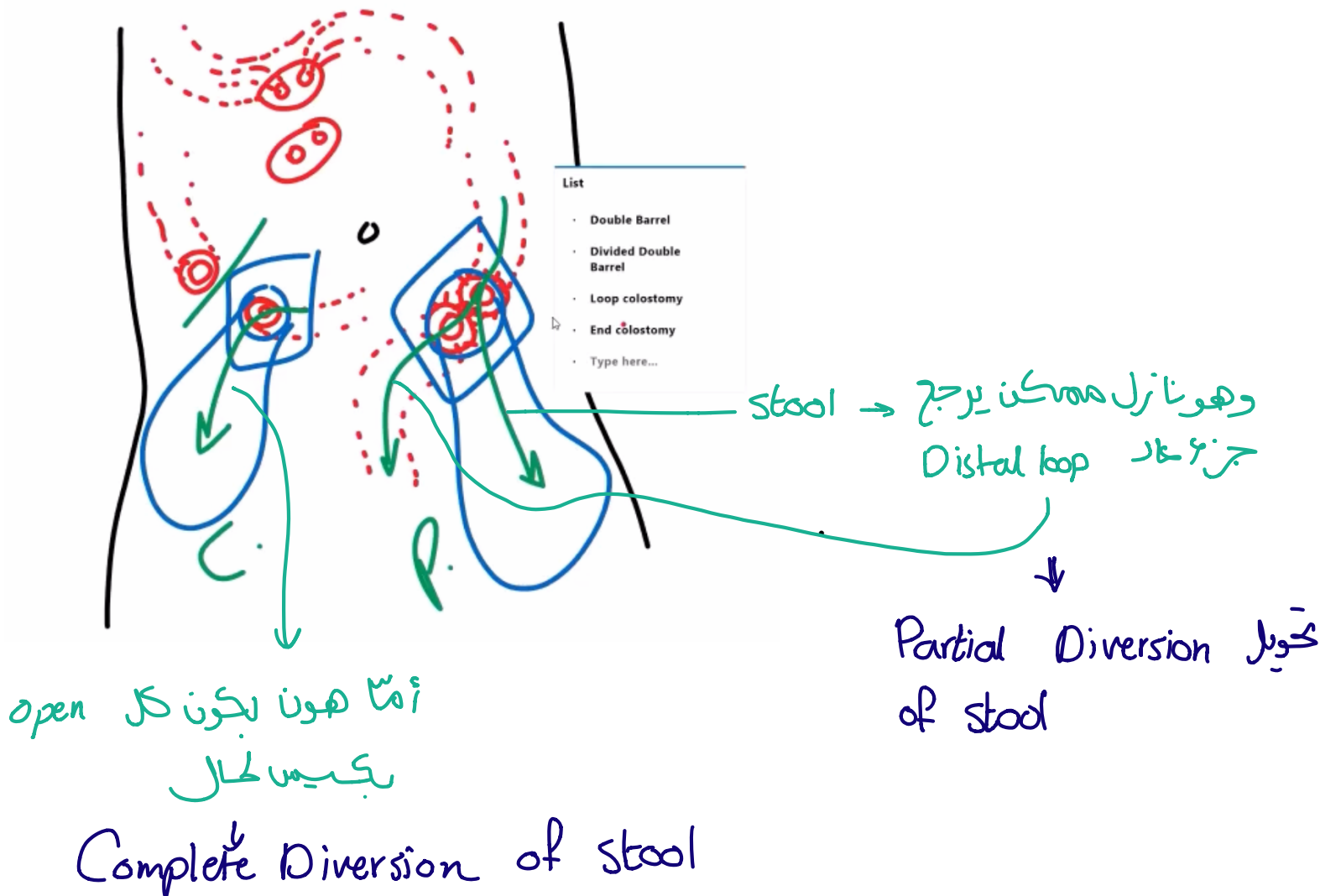
\* Hartmann's procedure :



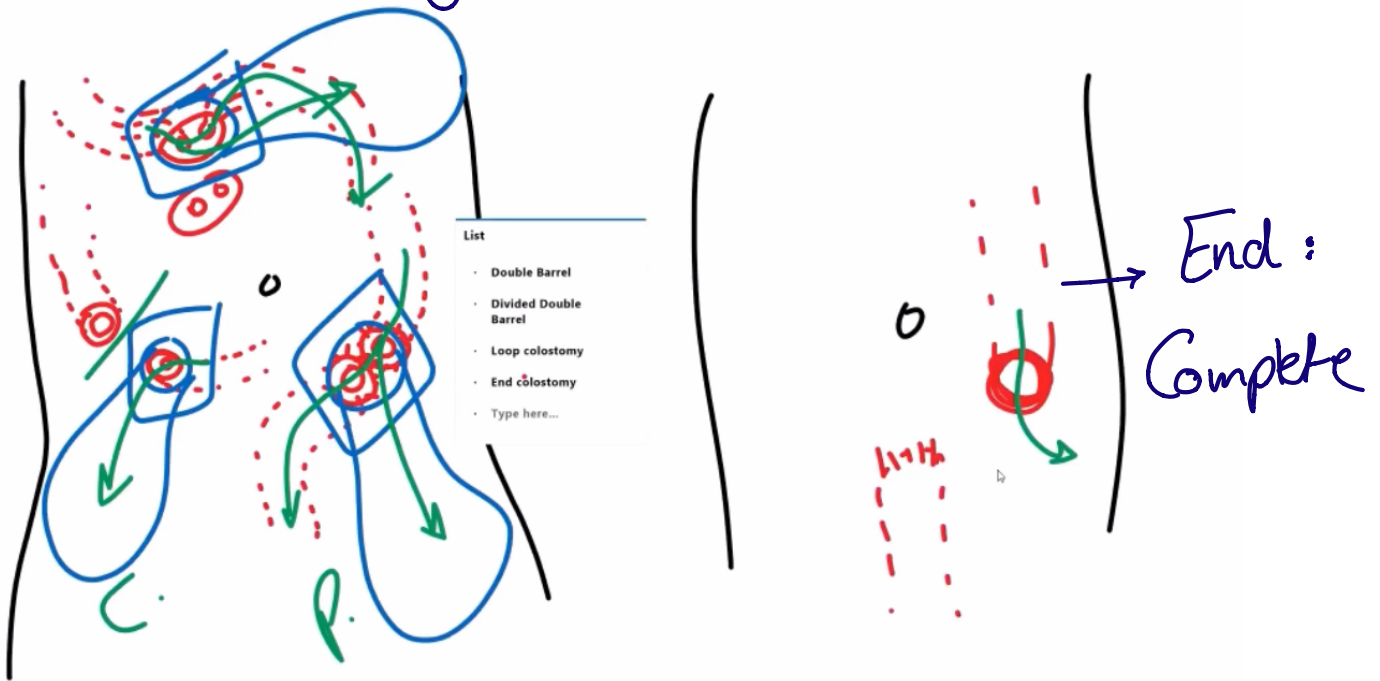
A **proctosigmoidectomy**, **Hartmann's operation** or Hartmann's procedure is the **surgical resection** of the **rectosigmoid colon** with **closure of the anorectal stump** and formation of an **end colostomy**. It was used to treat **colon cancer** or **inflammation** (proctosigmoiditis, proctitis, diverticulitis, etc.).



لفوق بين Double Barrel & Divided Double Barrel



## Loop colostomy → Partial Diversion

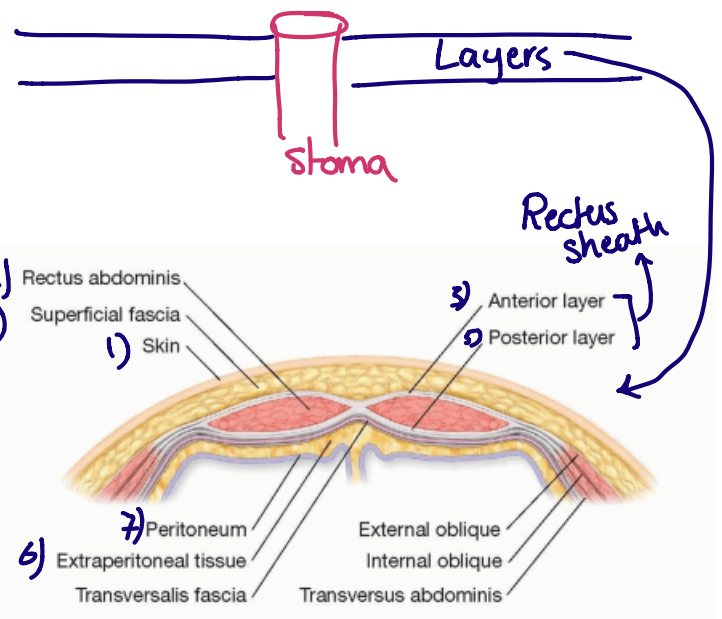


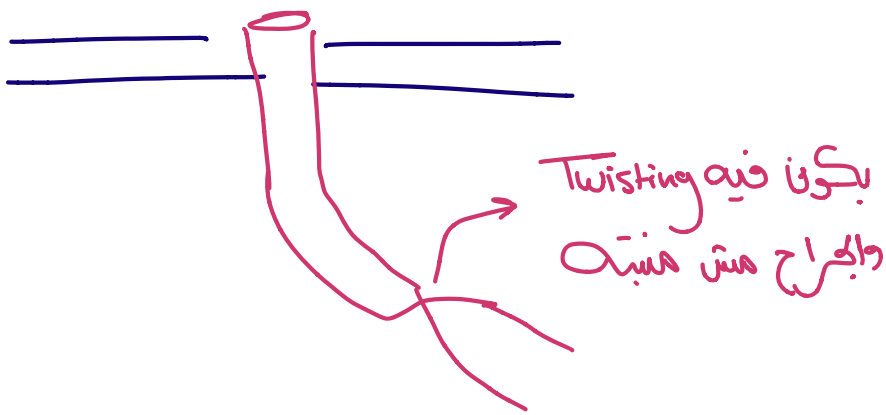
## Complications :

Infection  
Bleeding } General

① Obstruction  
due to : \* tight fascia  
or \* Twisting

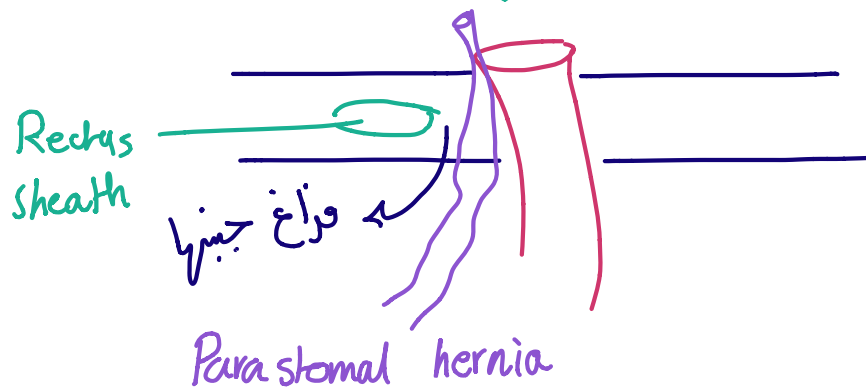
The toughest layer :  
Rectus sheath would  
tight & obstruct the  
lumen of stoma





② Dermatitis (irritation of skin)

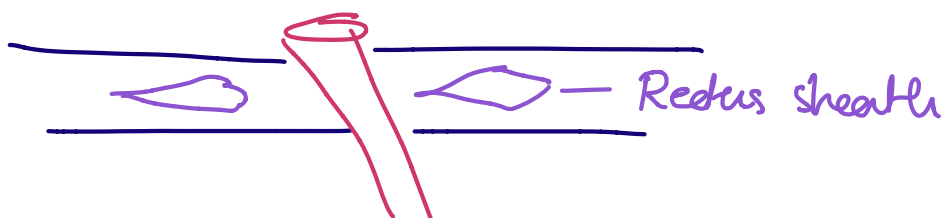
③ Parastomal hernia → hernia of adjacent loop



④ Dehydration


⑤ Electrolyte Embalance } exit of many Fluids + elect. through the stoma

⑥ Colostomy ischemia  
→ Deep  
→ Superficial



\* The loop is out & around it is its own mesentery with its Blood supply → Tight Rectus fascia would lead to ischemia ⇒ Deep



\* When a surgeon is موسس & جس the stoma with stitches it would cause ischemia to skin  
 (  )  
 ⇒ Superficial

⑦ Retraction →

← تخلو لبر ← ostomy

⑧ Prolapse →

لبر علاج لبر

