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Temporary Protective Loop Ileostomy in Open Low Rectal Resection – An Alternative Technique

D.A. Cristian, F.A. Grama, T. Burcoș, A. Bordea
Department of General Surgery, Colțea Clinical Hospital, "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

Abstract
The paper presents a simplified method for performing a temporary protective loop ileostomy as a result of our experience in 33 cases of low rectal resections for cancer. The particularities of this technique are: the skin incision is smaller than the muscle one, the seromuscular layer of the loop is fixed at the skin level only by marking a small portion of the antimesenteric wall, with no mucosal eversion. No supporting rod is used. The reversal requires resection of the thickened free margins and enterorrhaphy. It involves a direct approach and avoids median laparotomy and segmental bowel resection. There was no case of peristomal abscess, bleeding, prolapse, retraction of the loop after the stoma was formed. Four patients (12.12%) had peristomal dermatitis. Five patients (15.62%) had high output fluid losses with electrolyte disorders, one of them (3.12%) with acute renal failure. Closure was performed after 6 weeks on average for the colorectal anastomoses and 10 weeks for the coloanal ones. We recorded a case (3.12%) of entero-cutaneous fistula that was managed conservatively and 4 cases (12.12%) of incisional hernia, all of them surgically treated. No mortality was attributed to either creation or closure of the temporary loop ileostomy. It is a simple and fast technique in accordance with the temporary character of its indication.
Key words: low rectal resection, protect the anastomosis, temporary loop ileostomy, rectal cancer

Corresponding author: Florin Grama MD, PhD student
Colțea Hospital, General Surgery Department
1, I.C. Brătianu street, district 3, 030171, Bucharest, Romania
E-mail: florin_gramma@yahoo.com