

Stomaprobleme



Lukas Brügger

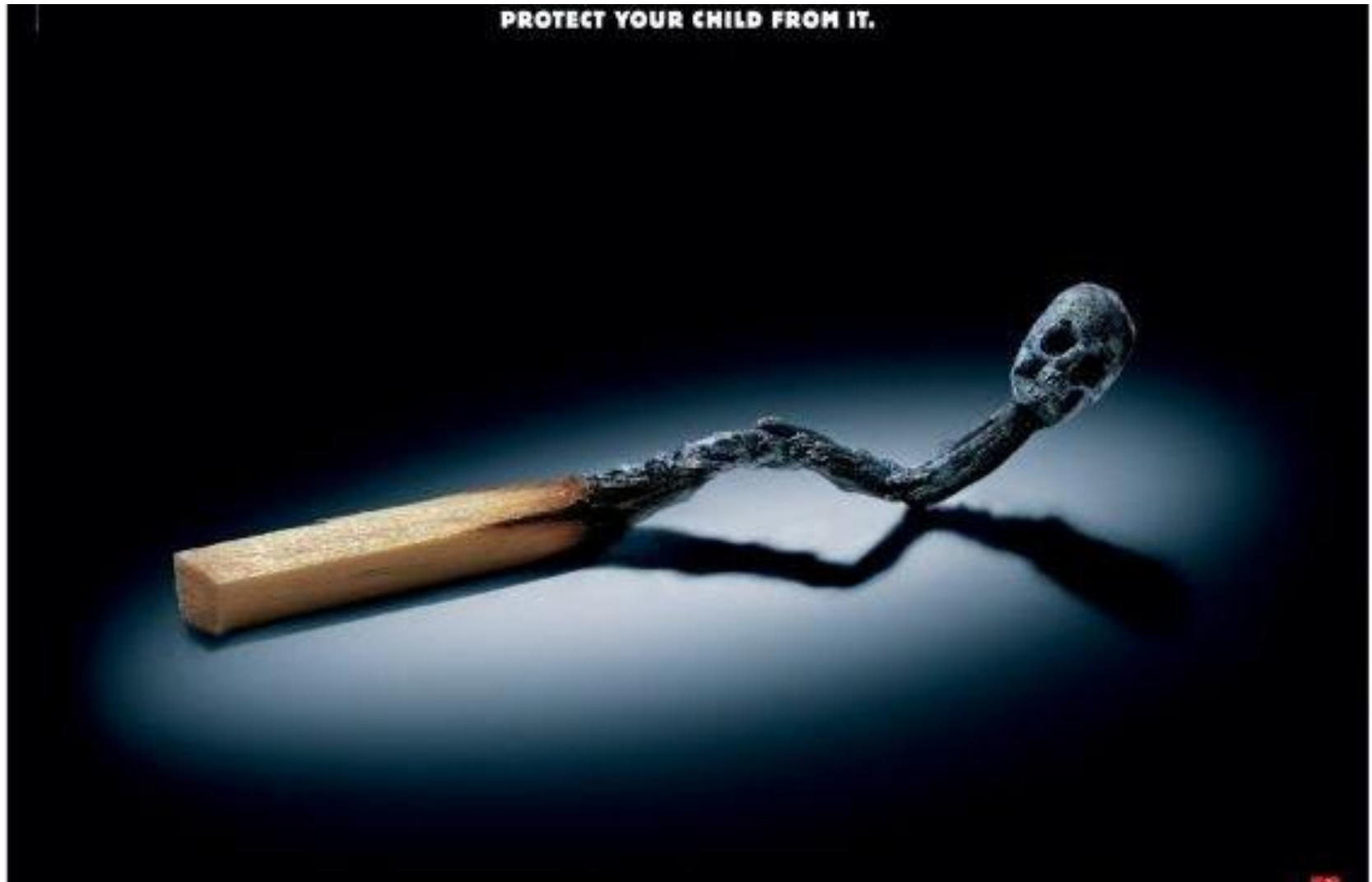
 **INSELSPITAL**

UNIVERSITÄTSSPITAL BERN
HOPITAL UNIVERSITAIRE DE BERNE
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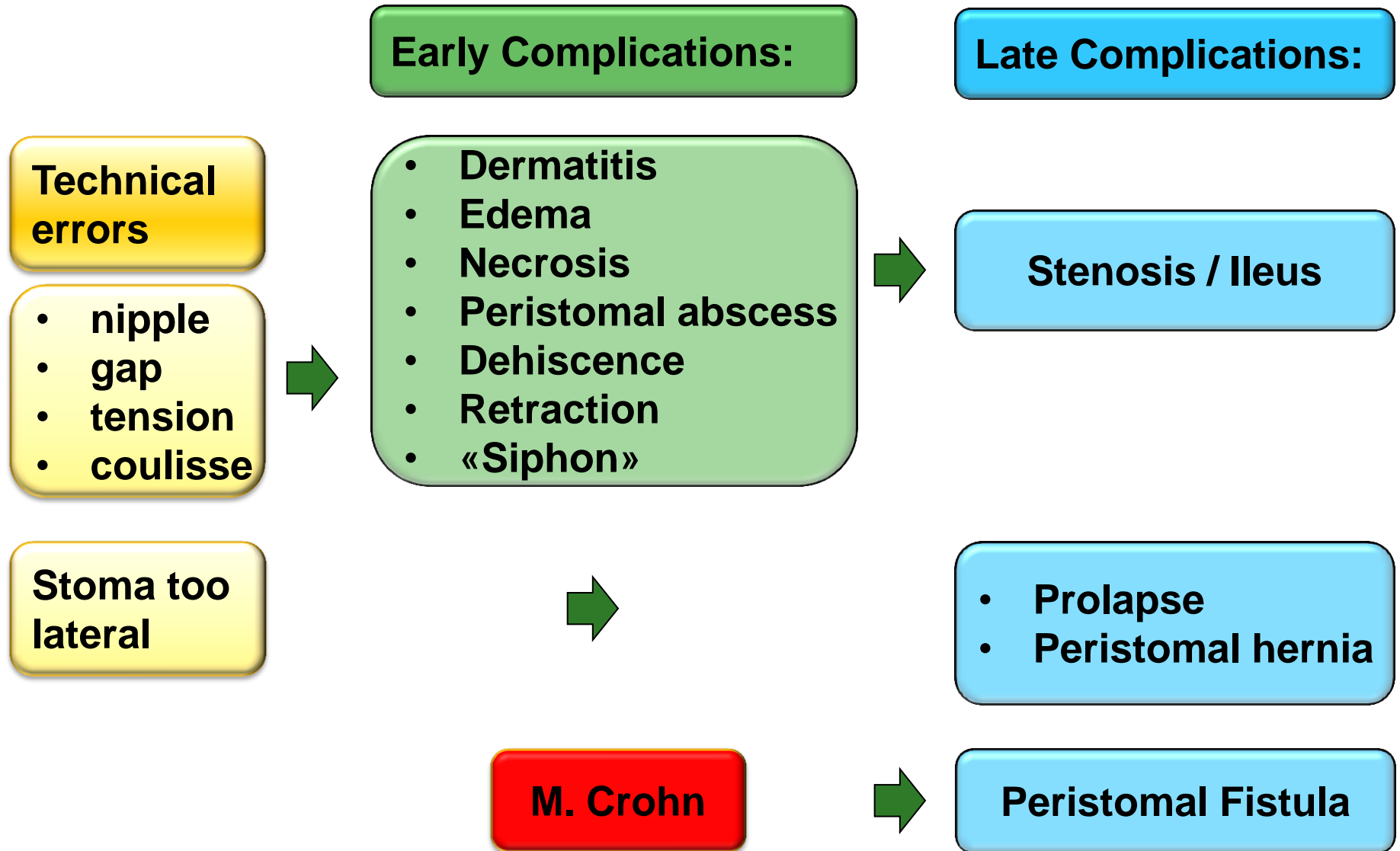


Stomaprobleme

durch

- **chirurgisch mangelhafte Stomaanlage**
- fehlendes Wissen im Umgang mit dem Stoma
 - Veränderungen des Stomas im Verlaufe der Zeit
 - Ernährungsfehlverhalten
- DM, BMI, emergency operation

je nach Literatur in 25-73%!



Fallbeispiel 1

Patientin, 20.07.1971, 43j.

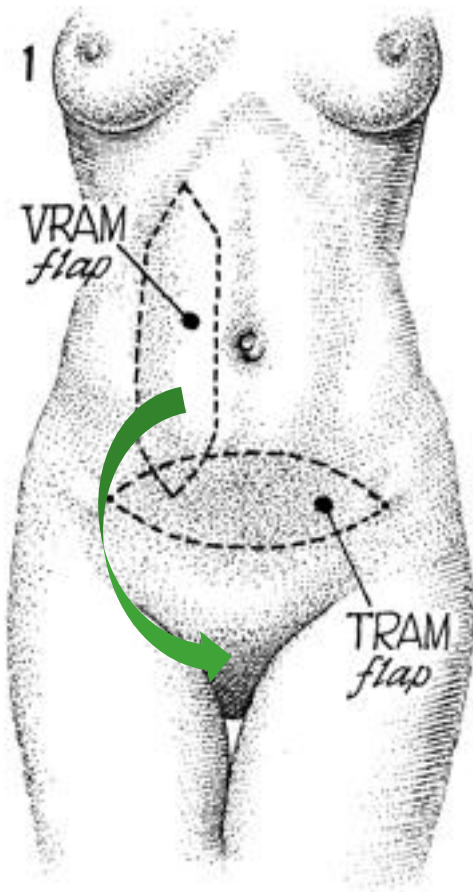
- M. Crohn, ED 1991
- 2001 Drainage Perianalabszess
- 2002 Coccyx-/Fistelresektion, doppeläufige Sigmoidostomie
- 2005 Subtotale Kolektomie, Ileosigmoidostomie
- Therapien mit Salofalk, Imurek, Remicade sistiert

- Aktuell: stuhlförderndes Fistelsystem perineal, gluteal, Vulva-CA (6x4cm) mit Ausläufern bis in den Analkanal



Fallbeispiel 1

- 22.09.2013: Doppelläufiges Ileostoma, Abszessdrainagen
- 17.10.2013: Exenteration mit Vulvektomie, Kolpektomie, Hysterektomie, Abdominoperineale Rektumamputation, plastische Deckung VRAM-Lappen, endständige Ileostomie
- pT1b, pN2c (5/32), L1, V1, Pn1, G3,



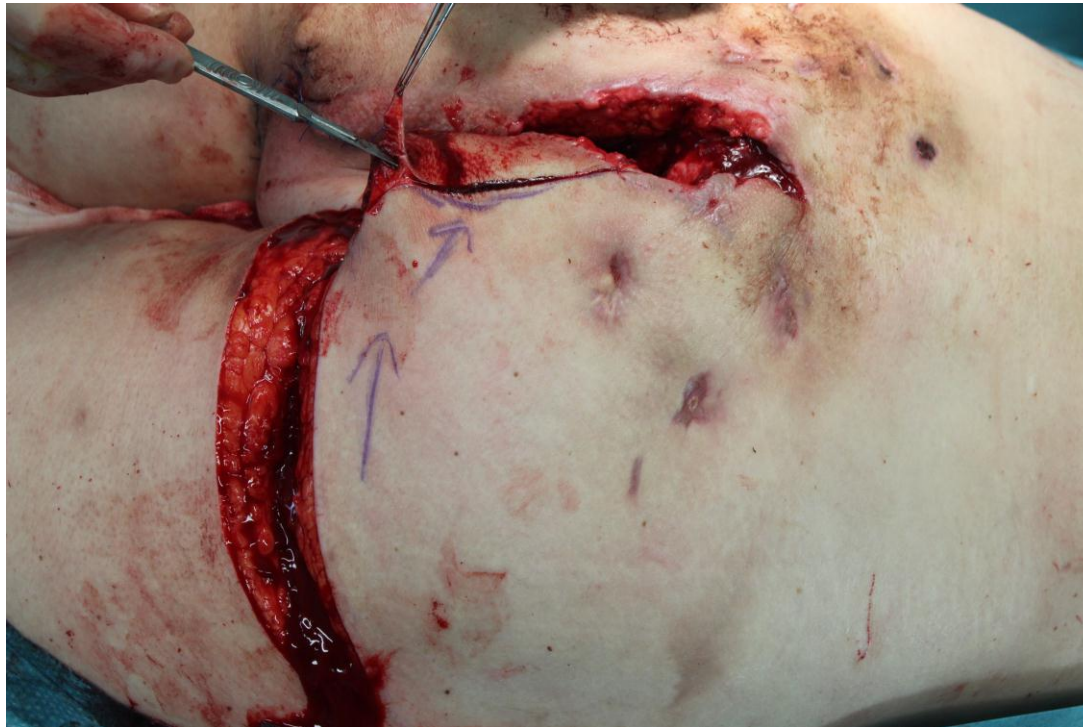
7 Tage postop



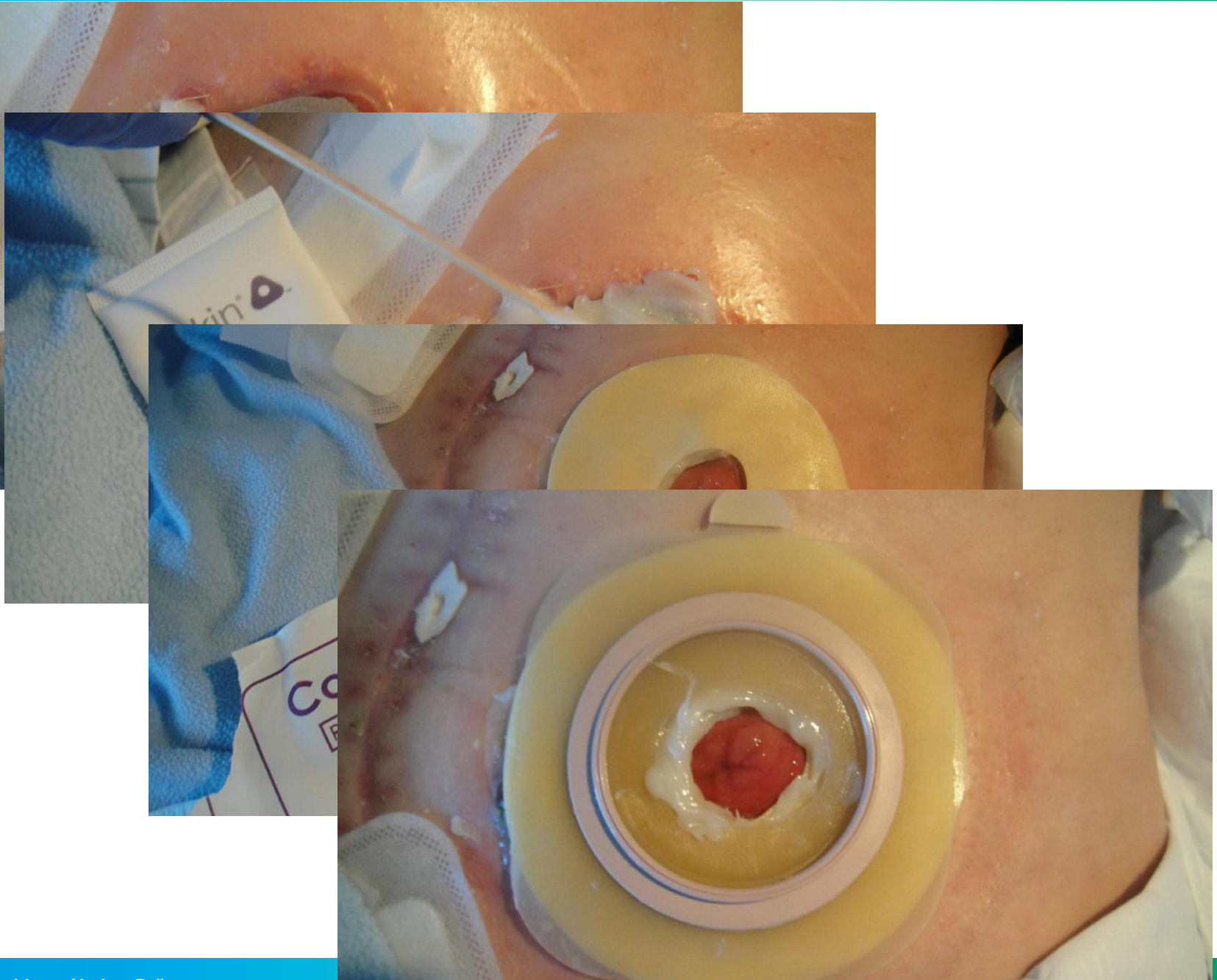
~ 14 Tage postop



2 Wochen postop

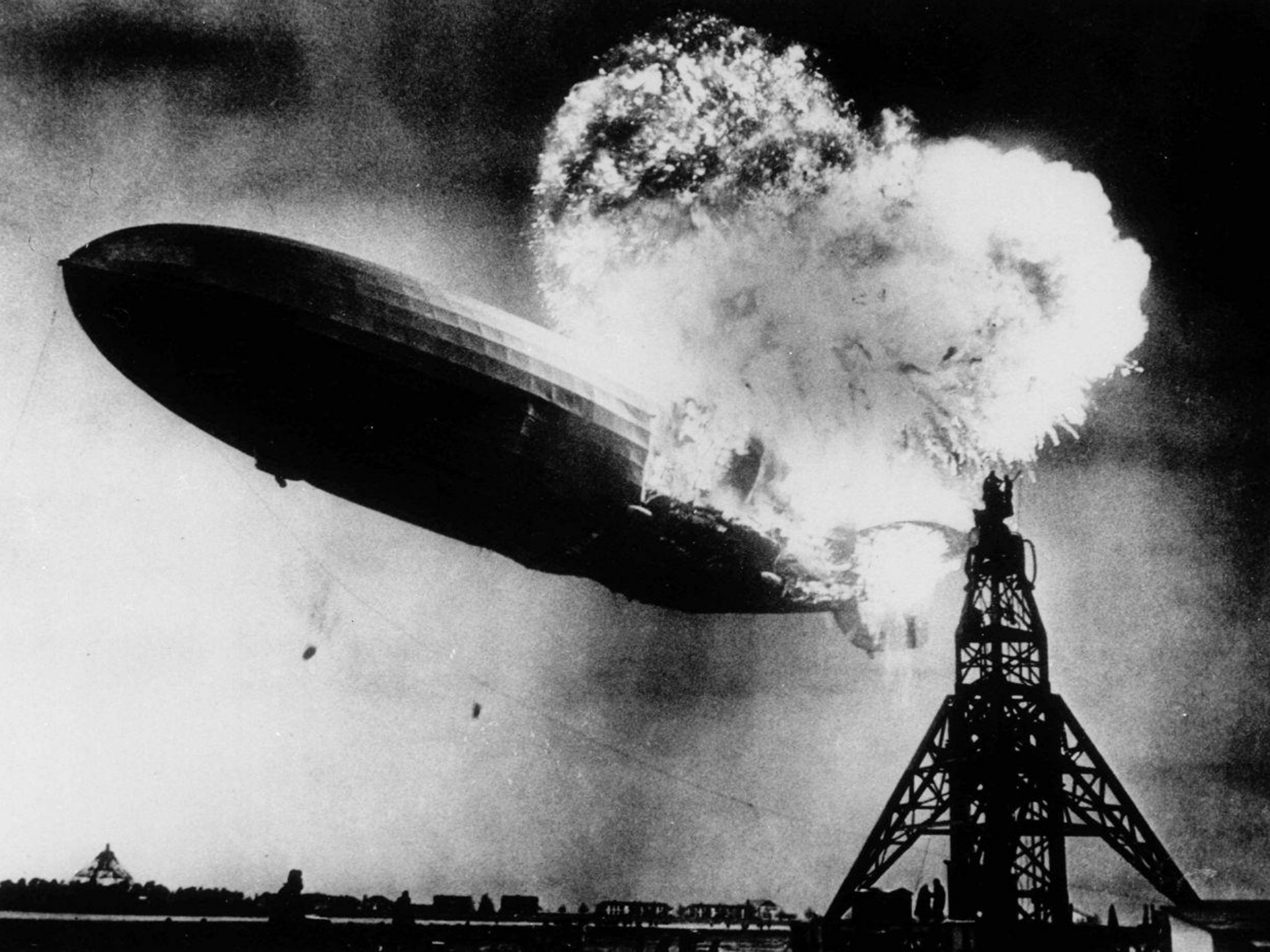


- 31.10. Revision VRAM-Lappen dorsal
- Wunddebridement, Verschluss Faszienlücke im Bereich der terminalen Ileostomie

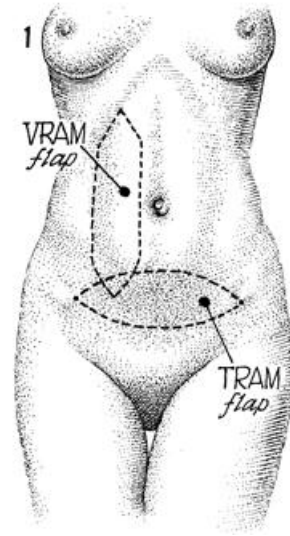
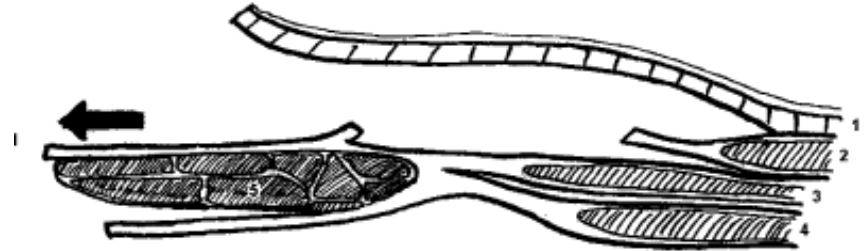
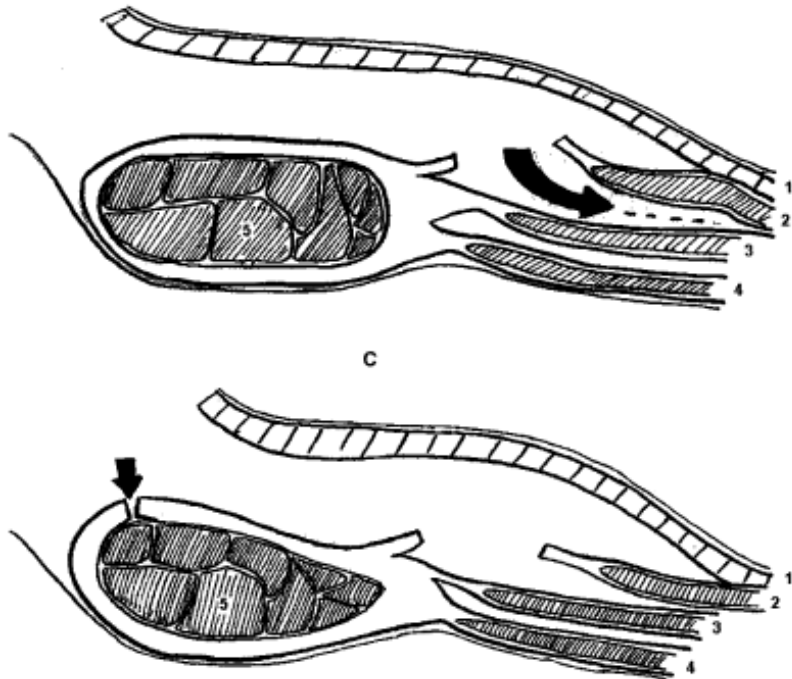


6 Wochen postop





Components separation technique (Ramirez)



De Vries Reilingh TS. J Am Coll Surg 2003

Pyoderma gangrenosum

- Necrotic, sterile wound (autoimmune)
- Typically leg, peristomal 15%
- Associated with:
 - Ulcerative Colitis
 - Crohn's Disease
 - Rheumatoid Arthritis
 - Multiple myeloma
- Corticosteroids, Cyclosporine

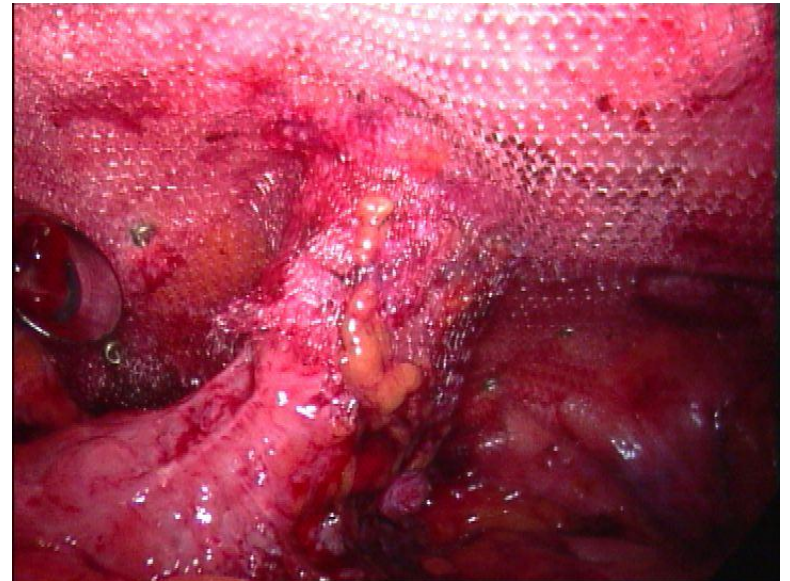
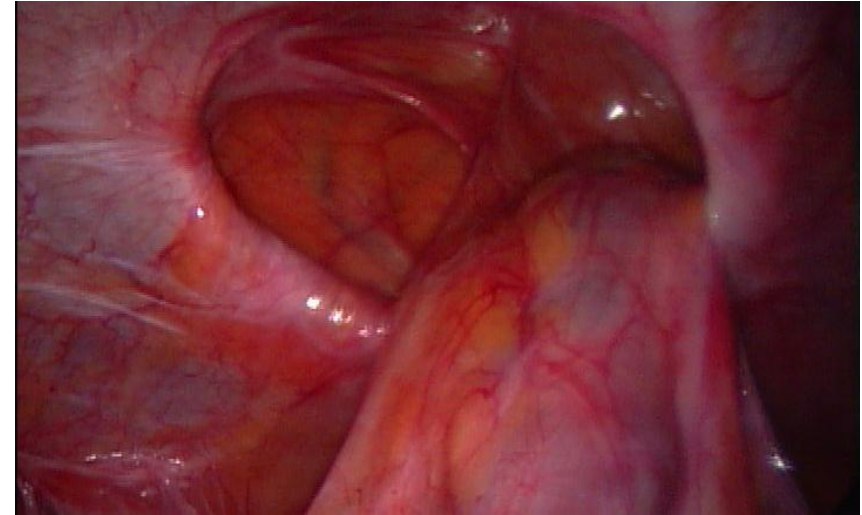
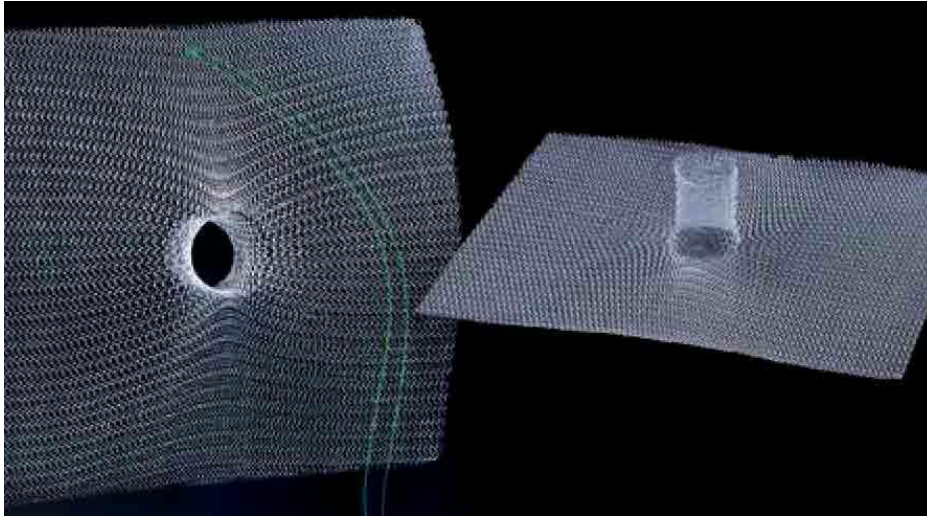


Fallbeispiel 2 Patient, 18.2.1940, 73j.

Patient, 18.2.1940, 73j., Smoker

- Adeno-CA Rektum, pT3, N0, neoadjuvante RCT
- 6/2012 Lap. Assistierte tiefe Rektumresektion mit Stapleranastomose unmittelbar oberhalb des Analkanals, protektive Ileostomie
- Mehrfache Bougierungen bei langstreckiger Anastomosenstenose
- 30.10.2013 Verschluss Ileostomie, Endständige Descendostomie (mühsam), IPST (Kaminnetz)

Intraperitoneal Onlay mesh IPOM (IPST)



Parastomal Hernia, Prolapse



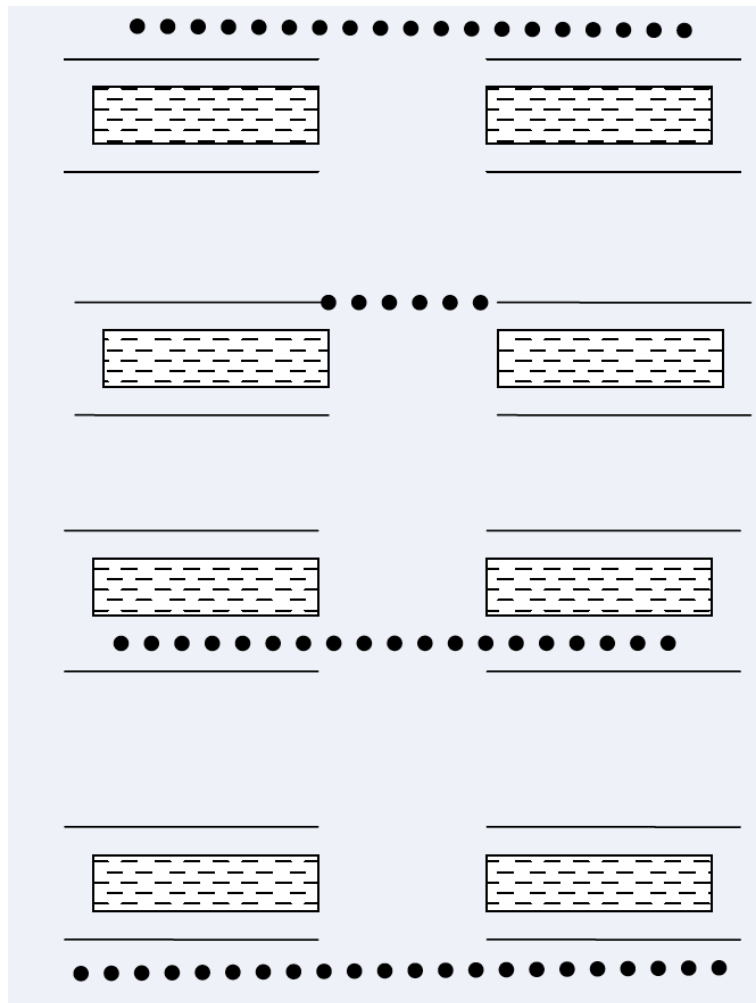
Parastomal hernia



- Revision needed in 30% (11-70%)
- Reconstruction of Aponeurosis > recurrence: 50-76%
- New stoma in other quadrant > recurrence: 24-86%

Israelsson LA, Surg Clin North Am 2008

Mesh repair parastomal hernia



Onlay: recurrence 10% (51 patients)

Inlay:

Sublay: recurrence 7% (27 patients)

**IPOM: recurrence 7% (91 patients, laparoscopy)
2% (47 patients, D. Berger)**

*Israelsson LA, Surg Clin North Am 2008
Berger D, DCR 2007*



Parastomal hernia

P. W. G. Carne, G. M. Robertson and F. A. Frizelle

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Correspondence to: Professor F. A. Frizelle (e-mail: frank.frizelle@chmeds.ac.nz)

Results: Parastomal hernia affects 1.8–28.3 per cent of end ileostomies, and 0–6.2 per cent of loop ileostomies. Following colostomy formation, the rates are 4.0–48.1 and 0–30.8 per cent respectively. Site of stoma formation (through or lateral to rectus abdominis), trephine size, fascial fixation and closure of lateral space are not proven to affect the incidence of hernia. The role of extraperitoneal stoma construction is uncertain. Mesh repair gives a lower rate of recurrence (0–33.3 per cent) than direct tissue repair (46–100 per cent) or stoma relocation (0–76.2 per cent).

BJS 2003

Prophylactic mesh

| Study | Year | Patients | Follow-up (months) | Mesh | No Mesh | |
|-----------------|------|----------|--------------------|--------------|---------------|-----------------------------|
| | | | | | | |
| X. Serra-Aracil | 2009 | 54 | 29 (13-49) | 4/27 (14.8%) | 11/27 (40.7%) | RCT, sublay, prophylactic |
| A. Jänes | 2004 | 54 | 12 | 1/21 (4.8%) | 13/26 (50%) | RCT, sublay, prophylactic |
| A. Jänes | 2009 | 52 | 60 | 2/15 (13.3%) | 17/21 (81%) | RCT, sublay, prophylactic |
| D. Berger | 2009 | 22 | 2-19 | 0/22 | | Observational study, IPOM |
| I. Gogenur | 2006 | 24 | 2-26 | 2/24 (8.3%) | | Observational study, onlay |
| K. Marimuthu | 2006 | 18 | 6-28 | 0/18 | | Observational study, sublay |
| I. Bayer | 1986 | 43 | 48 | 0/43 | | Observational study, sublay |

0-15%

41-81%

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- 30.10.2013 Verschluss Ileostomie, Endständige Descendostomie (mühsam), IPST (Kaminnetz)

1. postop. Tag



6 POD



11 POD, after Débridement



2 weeks postop



6 weeks postop



After revision 7 weeks postop



10 weeks postop



Use of W-plasty in stenotic stoma: a new solution for an old problem

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Received 6 October 2005; accepted 16 January 2006



Colorectal Dis 2006

Präoperative Schulung

- fördert die Akzeptanz und Bereitschaft zur selbständigen Pflege
- verkürzt die Hospitalisation
- beschleunigt Rehabilitation
- reduziert die postoperativen Komplikationen (schlechte Platzierung / Hautprobleme)

Bass EM, Dis Colon Rectum 1997
Chaudhri S, Dis Colon Rektum 2005

Take-home-message

- Correct technique
- Preoperative instruction/planning
- Stoma specialist nurses work wonders
- Therefore conservative/local treatment for complications first
- Meshes seems to prevent/cure parastomal hernia

Gedanken zum Stoma

- Stomaaanlage - meist der letzte Schritt im Verlauf der Operation
- Teaching-Operation
- in der Notfallsituation häufig widrige Bedingungen



Visitenkarte des Chirurgen



