

Stomal Prolapse - Let's Fix It

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Aims & Objectives

To establish a novel technique of proximal intraperitoneal fixation of ileostomy limb to prevent its prolapse.

Materials and Methods

Stomal prolapse as a complication is seen in 22% of adults and 38% of children. It is caused by the invagination of proximal redundant bowel through the distal part in patients with ileostomy or colostomy. Though immediate postoperative prolapse is very rare, rates of prolapse of 3% to 42% have been reported as a late complication.

Techniques that involve stomal prolapse limitation include extra peritoneal tunnelling, mesenteric -abdominal wall fixation, limiting the size of aperture. Even though conservative methods are available significant number of patients requires surgical correction for prolapse. We at our institute have made a case series of 10 cases with ileostomies where in 5 cases after creation of stoma the serosa of the stomal limb is anchored to the parietal peritoneum with absorbable suture materials.

Results

Out of 10 cases, five cases intraperitoneal fixation was done to prevent prolapse. None of them reported prolapse after 2 month of followup. In remaining five cases no such fixation was done and one patient presented with stomal prolapse after 3 weeks of creating the stoma.

Discussion

Intraperitoneal fixation of stoma is an easy technique that can be adapted to avoid a common complication like prolapse, which increases the morbidity of patient.