

THE VALUE OF DIVERTING LOOP ILEOSTOMY IN THE HIGH RISK COLON AND RECTAL ANASTAMOSIS

Timothy W. Bax, MD, M Shane McNevin, MD
Spokane, WA

Introduction: The need for diverting loop ileostomies to protect high risk anastomoses has recently been questioned by several authors. This study was designed to evaluate the potential benefits and complications of diverting loop ileostomies in the high risk anastomosis population.

Methods: 94 consecutive patients undergoing diverting loop ileostomy were evaluated from a prospective database between 2003-2006. Criteria for diversion were: anastomosis less than 5 cm from the anal verge, previous pelvic radiation therapy, obstruction and infection. Data regarding patient demographics, underlying pathology, anastomotic problems and ileostomy related problems were gathered.

Results: Indications for surgery were malignancy (n=40), ulcerative colitis (n=37), acute diverticulitis (n=12), perirectal fistulas (n=3) and familial polyposis (n=2). 1 patient (1.1%) developed an anastomotic dehiscence requiring resection and permanent colostomy. 4 patients (4.3%) had small, asymptomatic anastomotic leaks identified on contrast studies done prior to ileostomy closure. No intervention was required but stoma closure was delayed. A total of 37 ileostomy related complaints (39.4%) occurred in 34 patients. These included minor stoma pouching complaints requiring stoma nurse evaluation (n=23), dehydration requiring outpatient IV fluids (n=8), acute renal failure requiring admission (n=3), stricture at stoma closure site (n=2) and bleeding at stoma closure site (n=1). Complications require admission or operation occurred in only 6 patients (6.4%). 4 stoma site hernias (4.3%) have been identified to date.

Conclusion: The use of diverting loop ileostomy in patients undergoing colon and rectal surgery with high risk anastomoses is beneficial. The selected use has resulted in a less than 2% anastomotic loss rate with an acceptably low rate of complications related to the ileostomy.