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VISCERAL SURGERY VIDEOS

A simple method to avoid an incorrect end colostomy formation by using the wrong bowel limb (with video)



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A defunctioning colostomy may be necessary in various situations, particularly in patients with obstructive colorectal cancer, anal incontinence, and perineal pathology with wound healing difficulties (Fournier gangrene, complex anal fistulas, perianal tumor resection). Achieving a stoma is a simple procedure that, if not performed optimally, may be associated with many complications [1]. When carried out for a perineal pathology, the terminalization could reduce the risk of stercoral contamination of the perineum and thus accelerate the cicatrization. The realization of this terminalization decreases the risk of reoperation for stercoreal contamination [2]. It is simple to perform and does not cut bridges to an ostomy closure by elective approach. It should be noted, however, that stapling is mostly temporary and reversal of the downstream segment is common. The realization of a defunctioning colostomy is most often performed by a minimally invasive approach (i.e., under laparoscopy or by elective approach). The part of the colon thus released may be difficult to orientate, especially in overweight patients. In those cases, digestive tube terminalization may be blind. The only specific complication of terminalization is colonic occlusive syndrome by stapling the wrong side of the colon. The risk of this complication occurrence may be increased in case of stoma difficult to get out [3]. In those patients, it is absolutely necessary to put in place strategies to prevent this complication. One can, in particular under laparoscopy locate the downstream segment before leaving the colon, for example by performing a knot on an omental fringe, but this may require the establishment of an additional trocar. This video describes a simple way to prevent this complication by identifying the correct colonic side to be stapled, just before applying the stapler and once the colon is out through the cutaneous orifice. This technique requires the injection of a saline solution through the distal limb of the stoma until it is externalized by the anus. If the saline solution is not externalized by the anus, it is possible that it was injected into the wrong segment and the betadine serum is then injected into the other colonic segment until the betadine serum is externalized by the anus. This video shows different steps necessary to follow to perform this simple maneuver allowing to identify with certainty the proximal part of the colon to be stapled (Figs. 1–4).

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Figure 1. Extract from the video.

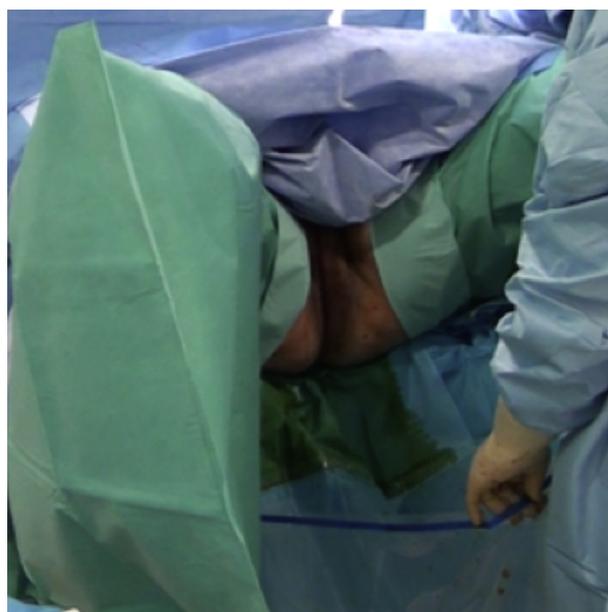


Figure 3. Extract from the video.

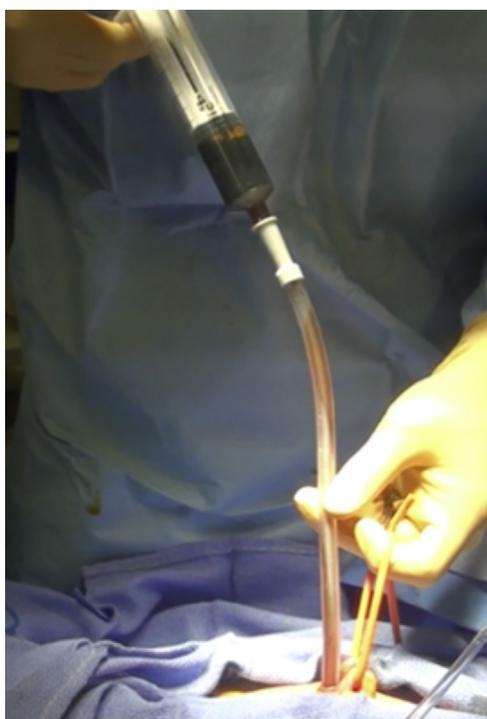


Figure 2. Extract from the video.

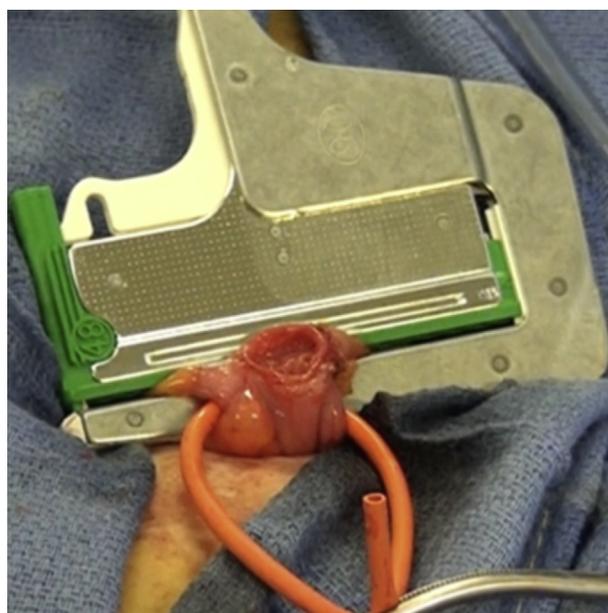


Figure 4. Extract from the video.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <https://doi.org/10.1016/j.jviscsurg.2019.04.003>.

Disclosure of interest

The authors declare that they have no competing interest.

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