

ILEOSTOMY

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INTRODUCTION

stoma is a Greek Word meaning ‘mouth’ or ‘opening’.

In medicine the term stoma is used when the bowel is exteriorised for faecal or urinary diversion.

DEFINITION

it's a surgical opening constructed by bringing the end or loop of small intestine (the ileum) out onto the surface of the skin this is in conventional type. There is another type (contenent) .



or

*the surgical procedure which creates this opening. Intestinal waste passes out of the ileostomy and is collected in an artificial **external pouching system** which is adhered to the skin.*

Ileostomies are usually sited above the groin on the right hand side of the abdomen.

Or Internal pouch (Kock's pouch)

.

Indications:

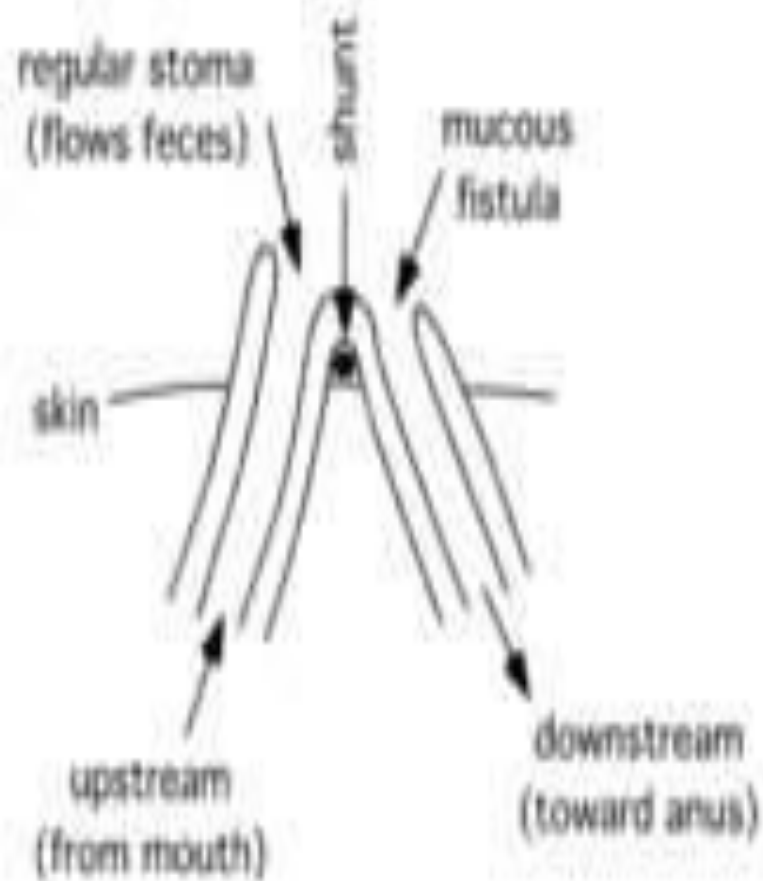
1. Diseases of the large intestine which may require surgical removal include Crohn's disease, ulcerative colitis, familial adenomatous polyposis.
2. In the treatment of colorectal cancer . One example is a situation where the cancer tumor is causing a blockage.
 - 1) In neonates: Hirschsprung's disease

ACCORDING TO RECONSTRUCTION

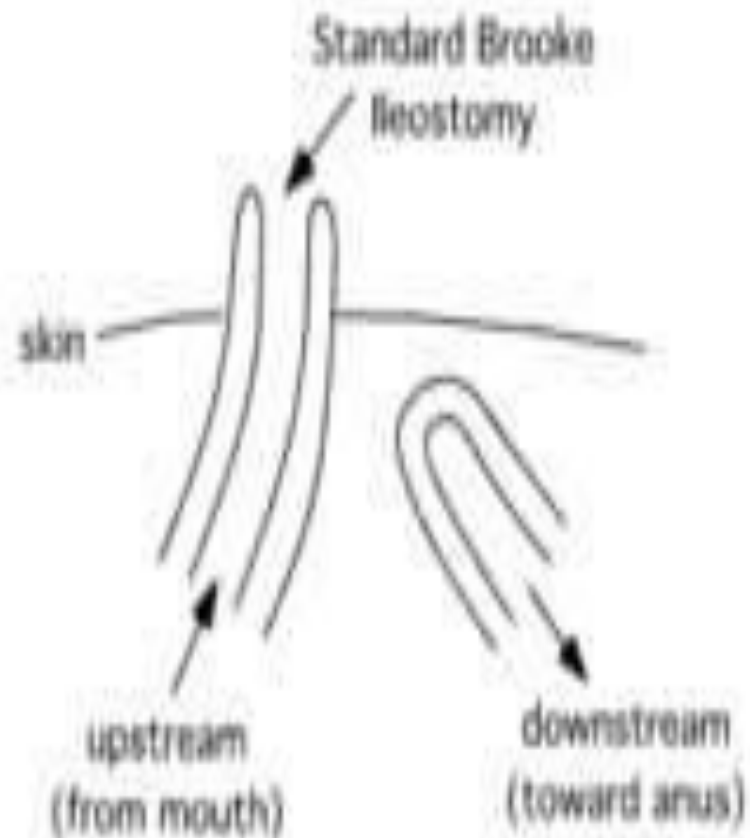
loop ileostomy – where a loop of small intestine is pulled out through a cut (incision) in the abdomen, before being opened up and stitched to the skin to form a stoma

End ileostomy – where the ileum is separated from the colon and is brought out through the abdomen to form a stoma

Loop Ileostomy



End Ileostomy

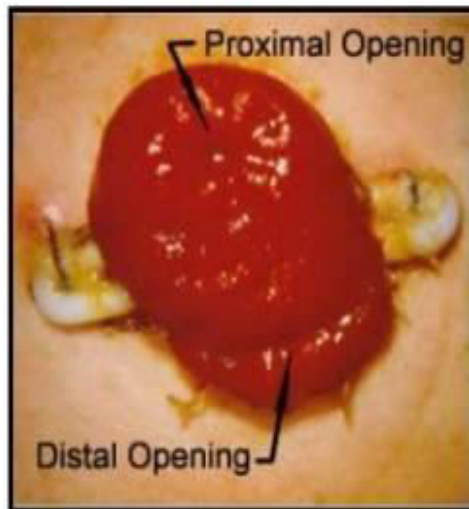


End ostomy	Loop ostomy
Vascular compromise More chances of stomal necrosis	Good vascularity Less chances of stomal necrosis
Easy to fix stoma appliance Leak rate less	Difficult to fix Leak rate more than end
Reversal is difficult	Easy to reverse

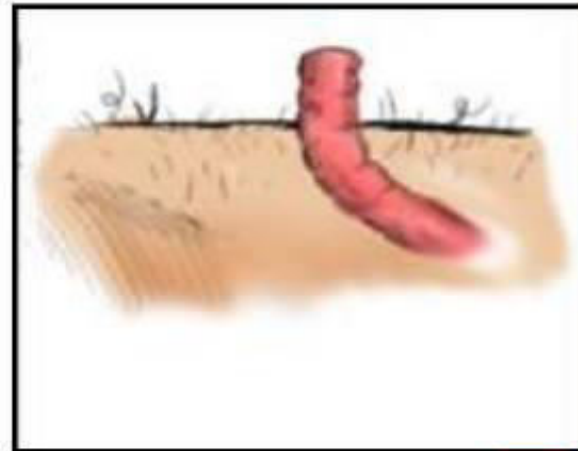
Loop stoma – temporary stoma



Loop Ileostomy



End Ileostomy



ACCORDING TO DURATION

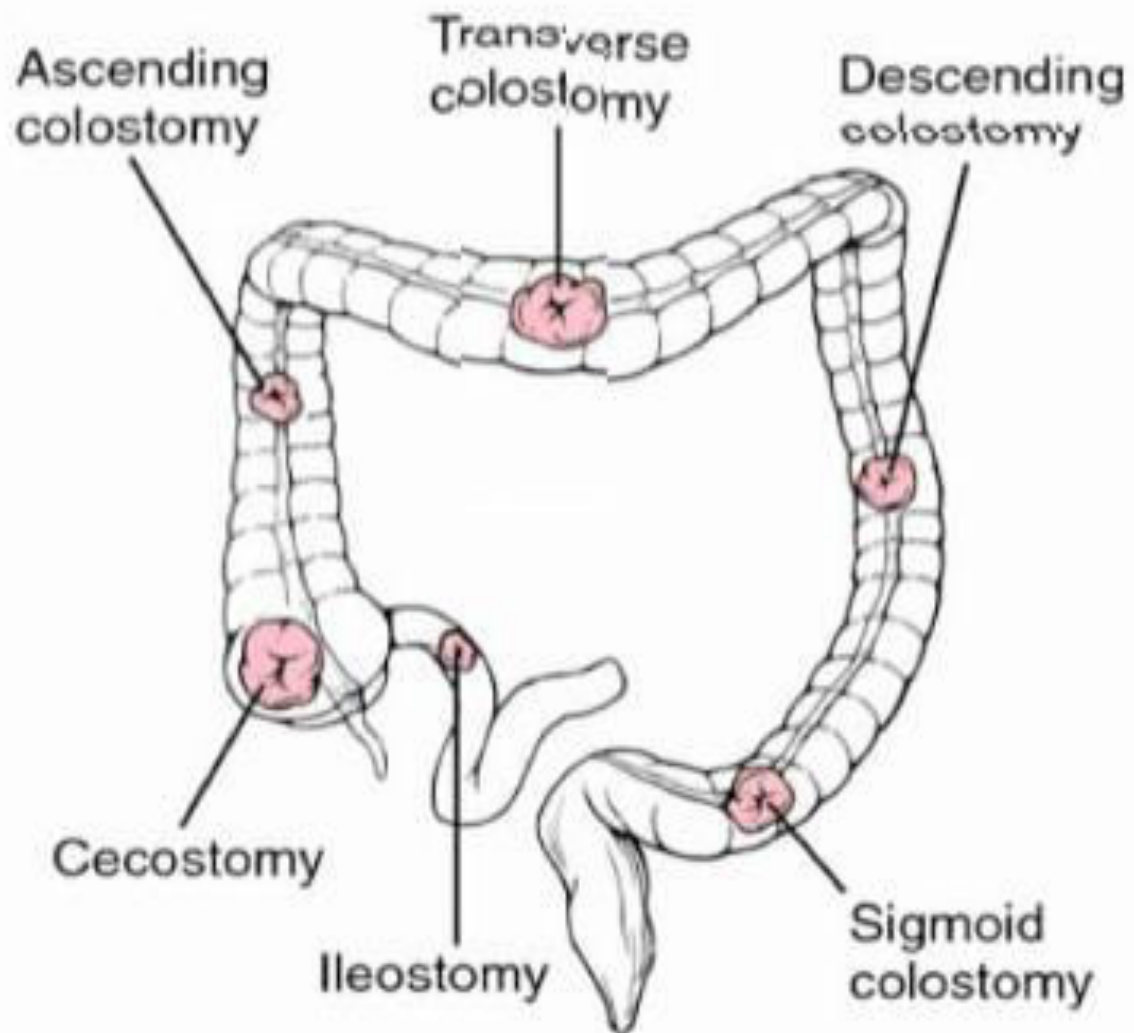
Temporary:

mainly loop ,indicated in emergency

One example is a situation where the cancer tumor is causing a blockage.

Permenant :

mainly end ileostomy



ACCORDING TO PROCEDURE

There are two different types of ileostomies :

**Conventional
Contentent**

- **conventional ileostomy** the surgeon makes a small incision that will be the site of the ileostomy. They'll pull a loop of the ileum through the incision. Then, they'll cut the loop open and stitch one side to your abdomen. This part of your intestine is turned inside out, exposing the inner surface. It's soft and pink, like the inside of a cheek. This part that sticks out is called a stoma. It may protrude up to 2 inches. People with this type of ileostomy, also called a Brooke ileostomy, will not have control of when their fecal waste flows into the external plastic pouch.

Another type of ileostomy is the ***continent***, or Kock, ileostomy. The surgeon uses part of the small intestine to form an internal pouch with an external stoma that serves as a valve. These are stitched to the abdominal wall. A few times per day patient inserts a flexible tube through the stoma and into the pouch & expel the waste through this tube.

*A different procedure, known as the **J-pouch**, may be performed if you have had your entire colon and rectum removed. In this procedure, the doctor creates an internal pouch from the ileum that is then connected to the anal canal, allowing you to expel your waste through the usual route with no need for a stoma.*

COMPLICATIONS

GENERAL

A bowel obstruction: .1

where the output of digestive waste is blocked

DEHYDRATION

Nutritional disorders

Stomal diahrea:water&electrolyte imblance

Psychological impact .I

Of residual disease .II

Stone formation mostly urinary .III

Specific:

Stoma problems :

1. widening or narrowing of the stoma, making it difficult to attach the external bag
2. Hemorrhage
3. Fistula
4. Infection
5. Retraction
6. Mucocutaneous separation

The advantages of the *Kock ileostomy* are that there's no external pouch and patient can control when he empty his waste. This procedure is known as a K-pouch procedure. It's now the preferred method of ileostomy because it eliminates the need for an external pouch.

OUTLOOK (PROGNOSIS)

Most people who have an ileostomy are able to do most of the activities they were doing before their surgery. This includes most sports, travel, gardening, hiking, and other outdoor activities, and most types of work.

If you have a chronic condition, such as Crohn's disease or ulcerative colitis, patient may need ongoing medical treatment.

DIET AFTER ILEOSTOMY

In the first few weeks after surgery, you'll usually ✕
be advised to follow a low-fibre diet

.This is because having a high-fibre diet can ✕
increase the size of your stools, which can cause
the bowel to become temporarily blocked. After
around eight weeks, you'll usually be able to
resume a normal diet.



Stoma Care:

After surgery, the stoma will be swollen. It will shrink over the next several weeks.

The best way to protect the skin is by:


**Using a bag or pouch with the correct size opening, so waste does not leak*

**Taking good care of the skin around stoma*

LIVING WITH AN ILEO-ANAL POUCH



Living with an ileo-anal pouch Living with an ileo-anal pouch is different from living with an ileostomy because the procedure doesn't involve creating a stoma in the tummy (abdomen). Instead, digestive waste is stored in an internal pouch and excreted through the rectum and anus.

If you've had an ileo-anal pouch, you may find you need to empty it up to 20 times a day during the first few days after the operation. 

**THANK
YOU**

Prof. Dr.

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