

# LOOP TRANSVERSE COLOSTOMY VERSUS LOOP IELOSTOMY FOR DEFUNCTIONING OF COLORECTAL AND COLOANAL ANASTOMOSIS:A RANDOMISED PROSPECTIVE STUDY

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## Introduction

The change in the paradigm that started with the introduction of total mesorectal excision (TME) by Heald dramatically increased the rate of sphincter-preserving low-anterior resection. TME became accepted as a standard procedure because of the observed low recurrence rate and prolonged survival.

The incidence of symptomatic anastomotic leakage after anterior resection and TME was reduced by the defunctioning loop stoma but there is still some debate as to whether loop transverse colostomy or loop ileostomy is the correct way of defunctioning such anastomosis.

## Aim of the work

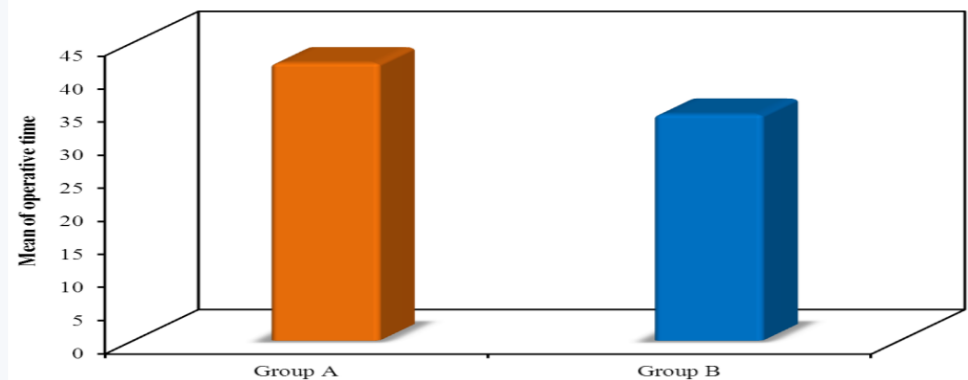
Is to compare loop transverse colostomy versus loop ileostomy for defunctioning of colorectal and coloanal anastomosis.

## Subjects and Methods

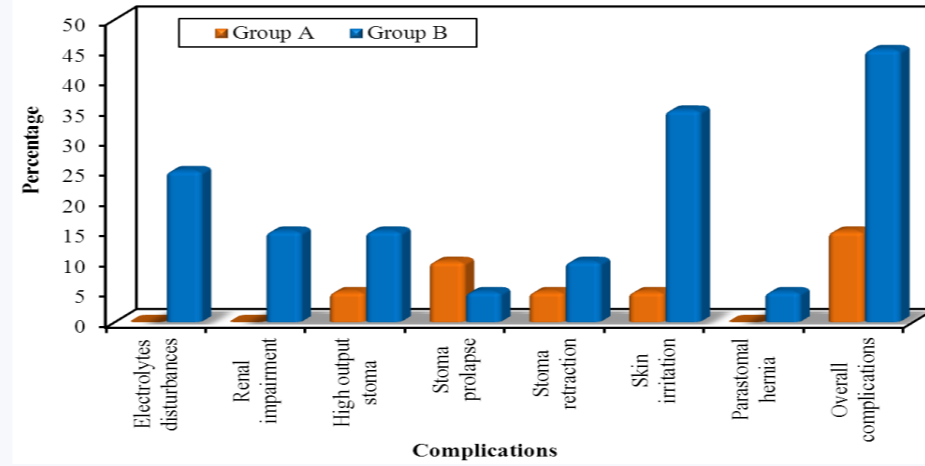
This is a prospective study that included forty patients that were diagnosed with rectal cancer and admitted to colorectal surgery unit and patients were divided into two groups randomly, one group was subjected to loop transverse colostomy (group A) and the other group was subjected to loop ileostomy (group B).

We compared both groups as regard: operative time, post-operative complications, postoperative quality of life and stoma reversal complication. The mean period of follow up was three months postoperative.

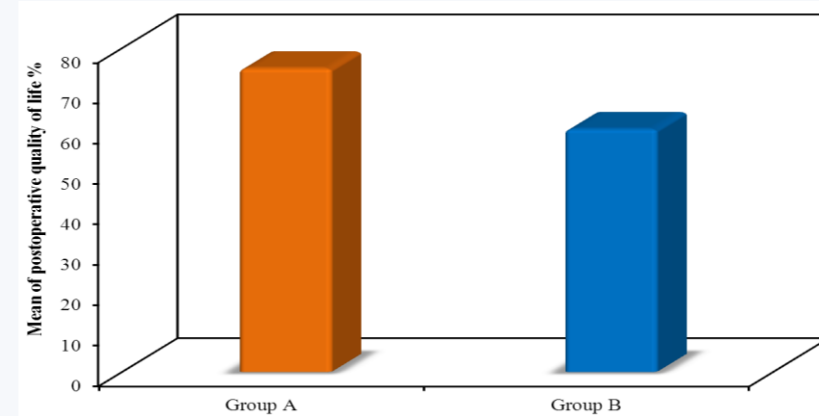
## Results



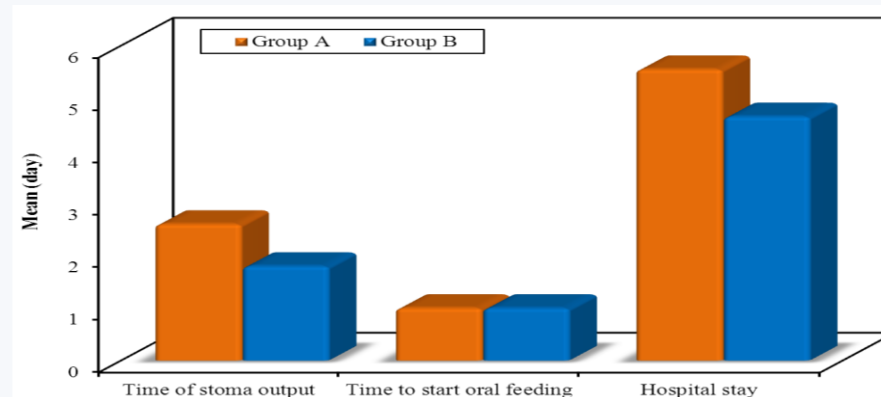
**Figure 1:** mean operative time for colostomy (41 ± 6 min.) was more than that for ileostomy (34 ± 4 min.) that was statistically significant.



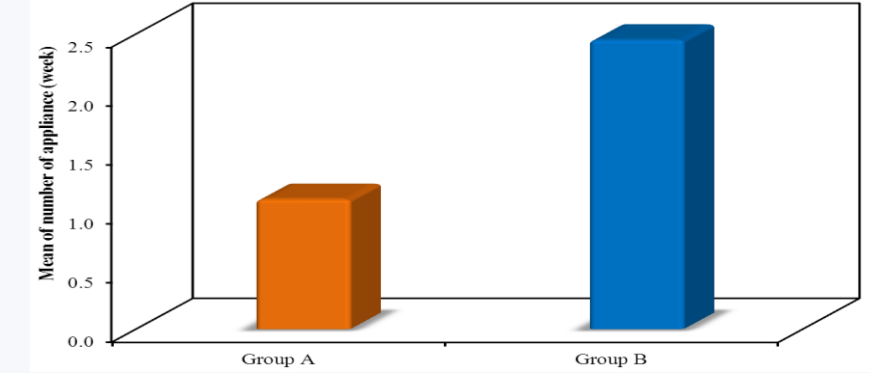
**Figure 2:** The overall complications were higher in number of cases in ileostomy group (45%) than in colostomy group (15%) with statistical significant value.



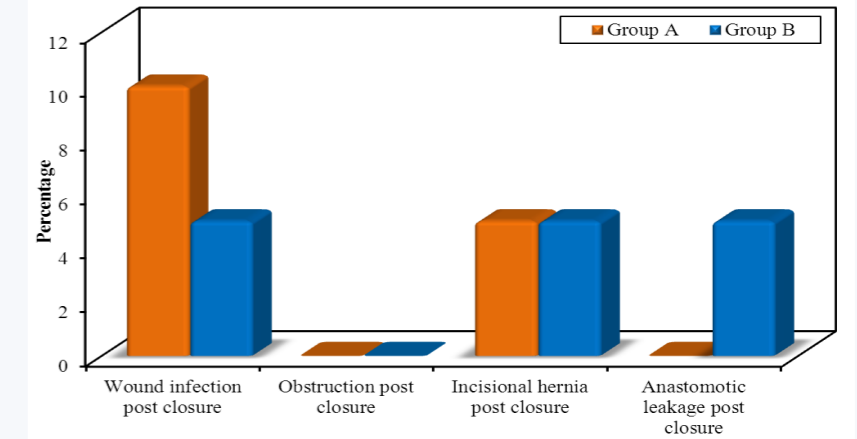
**Figure 3:** The postoperative quality of life with colostomy group (60%-90%) higher than ileostomy group (40%-70%) and that was statistically significant.



**Figure 4:** Parameters of postoperative recovery (time for stoma output and hospital stay) were shorter in ileostomy group and were statistically significant.



**Figure 5:** The number of appliances used per week was lower in colostomy group (1-2) than ileostomy group (2-4) and that was statistically significant.



**Figure 6:** Stoma reversal complications were statistically non significant.

## Conclusion

-Colostomy has a superior safety and patient can live with it while it is associated with an increased rate of postoperative local complications like retraction and prolapse while ileostomy has the advantages of rapid functioning, shorter hospital stay and shorter time for reversal while its disadvantages include high stoma output, dehydration, electrolytes disturbances, the overall number of complications and patient can't live long with it.

-So we recommend loop transverse colostomy over loop ileostomy as a defunctioning stoma except where there is a technical difficulty in creation the stoma like in obese patient with short mesentery. To be confirmed by further randomized trials.