



Special article

Abdominal Wall Closure After a Stomal Reversal Procedure[☆]



Manuel López-Cano,^{a,b,*} José Antonio Pereira,^c Borja Villanueva,^a Francesc Vallribera,^d Eloy Espin,^d Manuel Armengol Carrasco,^{a,b} María Antonia Arbós Vía,^b Xavier Feliu,^e Salvador Morales-Conde^f

^a Cirugía de la Pared Abdominal, Servicio de Cirugía General y Digestiva, Hospital Universitario Vall d'Hebrón, Universitat Autònoma de Barcelona, Barcelona, Spain

^b Grupo de Investigación de Cirugía General y Digestiva, Pared Abdominal, Biomateriales, Institut de Recerca Vall d'Hebrón (IRVH), Edificio Collserola; Lab 211A, Barcelona, Spain

^c Departament de Ciències Experimentals i de la Salut, Universitat Pompeu Fabra, Barcelona, Spain

^d Cirugía Colorrectal, Servicio de Cirugía General y Digestiva, Hospital Universitario Vall d'Hebrón, Universitat Autònoma de Barcelona, Barcelona, Spain

^e Servicio de Cirugía General, Hospital General d'Igualada, Igualada, Barcelona, Spain

^f Unidad de Innovación en Cirugía Mínimamente Invasiva, Hospital Universitario Virgen del Rocío, Sevilla, Spain

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A B S T R A C T

The closure of a temporary stoma involves 2 different surgical procedures: the stoma reversal procedure and the abdominal wall reconstruction of the stoma site. The management of the abdominal wall has different areas that should be analyzed such as how to avoid surgical site infection (SSI), the technique to be used in case of a concomitant hernia at the stoma site or to prevent an incisional hernia in the future, how to deal with the incision when the stoma reversal procedure is performed by laparoscopy and how to close the skin at the stoma site. The aim of this paper is to analyze these aspects in relation to abdominal wall reconstruction during a stoma reversal procedure.

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Cierre de la pared abdominal después del cierre de un estoma temporal

R E S U M E N

Revertir un estoma temporal implica 2 procedimientos quirúrgicos diferentes: la reconstrucción del tránsito intestinal y el cierre de la pared abdominal en el sitio del estoma. Este

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* Corresponding author.

E-mail address: mlpezcano@gmail.com, manulopez@vhebron.net (M. López-Cano).

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Hernia
Hernia incisional
Malla
Ostomía
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último presenta diferentes aspectos que deben ser analizados: a) la infección del sitio quirúrgico (ISQ), b) el manejo de una hernia coincidente en el sitio del estoma en el momento de su cierre, c) la prevención del desarrollo de una hernia incisional posterior, d) el cierre del estoma en el caso de que se realice la reconstrucción del tránsito por vía laparoscópica, o e) el cierre de la piel del sitio del estoma. El objetivo de este trabajo es analizar estos aspectos en relación con la reconstrucción de la pared abdominal por la que emerge un estoma temporal cuando se procede al cierre de este.

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Introduction

The creation of a temporary ostomy is a surgical tool used to redirect intestinal contents away from a more distal problematic area or to avoid an anastomosis.¹ Temporary ostomies can be considered both our “friend” as well as our “enemy”.² The former is because of the advantages its use provides in certain situations,² while the latter is due to the morbidities that can arise from its presence³ and the negative impact on patient quality of life⁴ (in 20%–40%, the ostomy will never be reversed).^{1,5-7} A temporary ostomy is probably only truly beneficial if the morbidity and mortality involved in its closure are minimal.¹

The objective of this paper is to exclusively analyze the problems related with the closure of the abdominal wall through which the ostomy is constructed during closure.

Points for Analysis

The abdominal wall is made up of the skin, aponeurosis, muscle and peritoneum.⁸ For this reason, when closing a

stoma it is necessary to treat a skin wound and a musculoaponeurotic wound. The musculoaponeurotic wound can present a concomitant parastomal hernia or be the origin of a later incisional hernia. Thus, prosthetic material may be used during the closure of the wound (either to treat or prevent a hernia). In addition, closure of the abdominal wall of a temporary ostomy is associated with bacterial contamination because the intestine is open and there is therefore a greater risk of surgical site infection (SSI) (Fig. 1).

In this context and in our opinion, 5 points should be considered:

1. SSI in the closure of a temporary stoma
2. The presence of a hernia at the time of stoma closure: how to close the musculoaponeurotic wound?
3. The absence of a hernia at the time of stoma closure: should we prevent the appearance of a later incisional hernia?
4. The advantages of laparoscopic closure of the stoma
5. Closure of the skin at the stoma site

Surgical Site Infection in the Closure of a Temporary Stoma

SSI is reported as being the most frequent complication after the closure of a temporary stoma⁹ with an incidence that

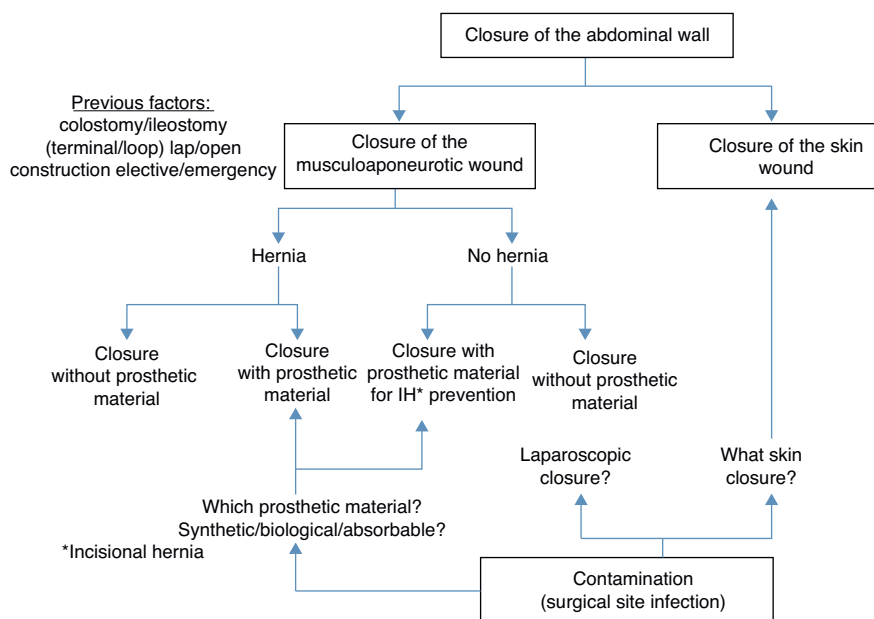


Fig. 1 – General overview of the different factors involved in abdominal wall closure of a temporary ostomy site.

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