

DEALING HIGH OUTPUT ILEOSTOMY: THINKING OUT OF THE BOX

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Article Information

Received 05/01/2015; Revised 28/01/2015;
Accepted 02/02/2015

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ABSTRACT

Stoma is a surgically formed opening from the inside of an organ to the outside [1]. The bowel that is attached to the abdomen is referred to as a stoma or anostomy. There are three main types of stoma that are formed using bowel: the colostomy, ileostomy and urostomy. Here a case of high output ileostomy is described which was managed using garden pipe and chest tube bottle.

Key words: Ileostomy, High output Ileostomy, Garden pipe, Chest bottle.

INTRODUCTION

An ileostomy is the diversion of the ileum to the abdominal surface to pass faeces. The output from an ileostomy is loose faeces, often porridge like in consistency. However, the faeces will vary throughout the day depending upon what is consumed by the ileostomate. The average daily faecal output from an ileostomy is 600-800 ml, thus the appliance used is a drainable bag [2]. It is generally emptied four to five times a day, when one third or half full and is replaced every alternate day or depending upon the convenience of the ileostomate [3]. Stoma care is an important component in comprehensive treatment of the patient. It varies from counseling of the patient pre and post operatively to skill building of patients and his care providers in changing of ostomy appliances, care of ostomy and rehabilitation in professional and social life.

CASE REPORT

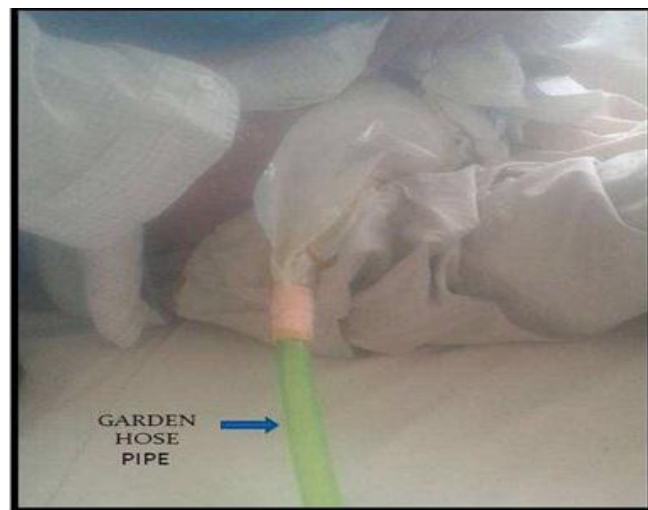
A 35 year old lady was admitted in our hospital with perforation peritonitis. She underwent exploratory laparotomy. Intraoperatively, a 1.5 cm x 1.5 cm perforation was noted on the antimesenteric border at the

junction of proximal and mid ileum. Multiple circumferential strictures along the length of ileum, till IC junction, and multiple enlarged mesenteric lymph nodes were also noted. So, the bowel at the perforation site was brought out as loop ileostomy. Her histopathology report was suggestive of abdominal tuberculosis. She was started on antitubercular therapy and supportive care to which she responded well. However, problematic part was a high output ileostomy to the tune of 3500-6000 liters per day. She was started on antimotility drugs but she continued to have high stoma output. She finally responded to addition of low dose steroids and stoma output decreased over the next few days to less than 1litre per day and is maintained. She was discharged in a satisfactory condition.

DISCUSSION

The first mention of stoma care was in 1930s when plumey described how a patient worked out the care of his own ileostomy as there was no one to advise him.² Since then stoma care products have been ever evolving to meet the needs of an osteomate. Be it the various



Figure 1. Garden hose pipe attached to stoma bag**Figure 2. Other end of garden hose pipe fixed to chest tube bottle**

adhesive pastes, skin care products, lotions, powders, sprays adhesive appliances, odour proof, leak proof and easy to use pouches/bags, stoma caps etc. However, single appliance cannot meet all ostomate's needs especially in case of high output stomas where size of bag could be a limitation leading to frequent changes, blockage, leaks, skin excoriation, difficulty in adhesion, or even loss of barrier from the main wound. Though there are options of using bags larger in size or putting stoma on continuous drainage, still options are limited as regards the diameter of draining catheter.

Similar was the problem faced in our case, where it was difficult to manage high output stoma (liquid to semisolid content) with standard available products. So an indigenous method for management of the same was thought of using garden pipe and chest tube bottle (Figure 1, Figure 2). A normal colostomy bag was applied to the

ileostomy with adhesive. It was cut at the lower end and connected to garden pipe with internal diameter of approximately 2cm which was further drained in a chest tube bottle. To the respite of patient, the attending surgeons and staff it solved the problem of frequent blocks, stoma leaks, bag changes and improved the overall hygiene of the patient. It also helped in promoting healing of the main wound as it prevented its contamination and also prevented skin excoriations at the stoma site. Though mobility of the patient was a bit compromised due to inconvenient chest tube bottle but the benefit achieved was greater in terms of cost effectiveness, overall hygiene, man hours and personal comfort of the patient. When patient welfare is the motto, it is good to be flexible with techniques and product usage.

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