The Significance of Preoperative Stoma Site Marking

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Purpose: The complication after colostomy formatio place undue hardship and emotional trauma on the o mates. The purpose of this study was to find the of preoperative stoma site marking on postoperative related complication.

Methods: We recruited 127 colostomy patients w under went signoid or descending end colostomy, by e tive operation. Transverse colostomy, loop colostom energency operation were excluded in this study. divided the patients into two groups according t operative stoma site marking by an enterostomal ther Postoperative stoma related complications were comp and analysed prospectively using chi-square test an t-test. Significance was assigned to a P value of **Results:** Among 127 patients, 49 were marked preop atively (marking group) while 78 were not marked (marking group). Overall stoma related complications developed in 32 (25%) cases. Major complications inc prolapse, parastonal hernia, stenosis were develope (8%) cases and minor complications including peri dernatitis and wound infection were developed in (17%) cases. Stoma related complications were devel in 7 (14%) cases in the marking group and 25 (32%) ca in the non-marking group (P < 0.05). Major complica were developed in 2 (4%) cases in the marking group 8 (10%) cases in the non-marking group. Minor co plications were developed in 5 (10%) cases in the ma group and 17 (22%) cases in the non-marking gro However, the difference in major and minor complica between the groups was not statistically signifi minor complications in the non-marking group, 9 (

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cases due solely to postoperative frequent stool leakage caused by inappropriate location of the stoma. However, in the marking group, postoperative stool leakage was not observed.

Conclusions: Preoperative stoma site marking by an ostomal therapist may reduce postoperative stoma re complication. All elective procedure that result formation should be assessed and marked preoperati J Korean Soc Coloproctol 2001;17:289-294

Key Words: Stoma complication, Stoma site marking

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Fig. 1. Preoperative stoma site marking. Using indelible pen, mark preferred stoma site with "X". Cover mark with transparent film dressing and prevents removal with washing or during preoperative skin preparation.

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		(Fig. 1).		가
가		chi	-square	test
paired t-test	·	P < 0.		

127				
57 (18	79)			79:48 (1.6:1)
				. 49
				78
				(Table
1).				43
(88%),		2	(4%),	2 (4%),
	,			1 (2%)

Table 1. Patients ' characteristics

	Marking group (n=49)	Non-marking group (n=78)
Mean age (range, year)	57 (30 79)	57 (18 79)
Sex ratio (M:F)	1.6:1 (30:19)	1.7:1 (49:29)
Surgery performed		
Abdominoperineal resection	44 (89%)	75 (96%)
Hartmann's operation	n 5 (11%)	3 (4%)

Table 2. Underlying diseases of ostomates

	Marking group (%)	Non-marking group (%)
Malignancy	46 (94)	77 (99)
Rectal cancer	43 (88)	73 (94)
Anal cancer	2 (4)	0
Recurred ovarian cancer	1 (2)	0
Rectal GIST*	0	2 (3)
Rectal melanoma	0	1 (1)
Pelvic rhabdomyosarcoma	0	1 (1)
Benign	3 (6)	1 (1)
Rectal stricture	2 (4)	0
Perirectal abscess	1 (2)	1 (1)
Total	49	78

^{*}GIST = gastrointestinal stromal tumor

73 (94%), 2 (3%), 1 (1%) (Table 2). 32 (25%)가 10 (8%)22 (17%) 7 (14%), 25 (32%) (P=0.024). 1 (2%), 1 (2%) 5 (6%), 2 (3%), 1 (1%)

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Schitininger가
                                                                                     Hartmann
                                                                                                            1881
                            14
     Total
                                                                                                    가
 Prolapse
   Hernia
                                                                                                       가
                                     Marking gr. (n=49)
Non marking gr. (n=78)
 Stenosis
                                     *P=0.024
Dematitis
  Wound
                                                                                 .<sup>2,9-12</sup> Sjödahl
 infection
                       10
                                   20
                                               30
                                                           40
                                                                                                                  가
                                   %
                                                                                                                 3,14-17
  Fig. 2. Postoperative stoma related complications
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가 가 ,1-3 Bass 가 3 (6%) 2 (4%), 10 (13%), 7 (9%) 가 가 32.5%, 가 43.5% (Fig. 2). 10 가 가 7 5 가 4 가, . Park

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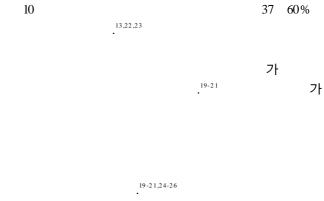
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Table 3. Collected series of colostomy complication

Author	Year	No. of colostomies	Complication rate (%)
Birnhaum ¹⁵	1952	569	29.5
Green ¹⁸	1966	318	21.7
Burn ¹⁶	1970	307	17.0
Saha ¹⁷	1973	200	11.0
Porter ¹⁰	1989	130	44.0
Cheung ¹²	1995	189	69.0
Yu11	1996	146	15.1
Park ²	1999	1188	29.0



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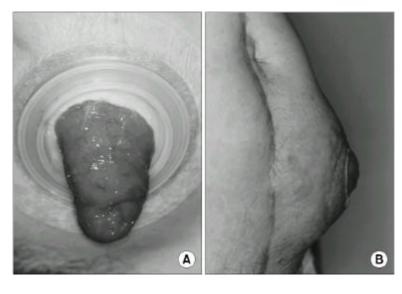


Fig. 3. Colostomy complications. (A) Prolapsed stoma, (B) Parastomal hernia.

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(Fig. 3B).

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(Fig. 3B).

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17% フト

Porter

13.5%, 4.8%

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.6,19-21 12 (17%) 10

4 (40%)

10 (15%) 7

Bass

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60%가

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