



Service Priorities and Programmes Electronic Presentations

Convention ID: 1042

Submitting author: Mr Cheuk Fan Lam

Post title: Registered Nurse, Queen Mary Hospital, NULL

Retrospective Review of Stoma Location by CT Scan in Stomal Prolapse Patients

Lam CF

Department of Surgery, Queen Mary Hospital

Keywords:

Review

Prolapse stoma

computer tomography

stoma location

Introduction

Stoma prolapse is one of the stomal complications, which poses pouching problems, risks of obstruction, necrosis and frustrations to ostomates and clinicians. Conservative management is often preferred but cannot warrant a good outcome. Poor preop stoma site marking, surgical technique and increased intraabdominal pressure may be the causes. To prevent stoma prolapse, ET nurses attempt to mark the stoma site within rectus abdominis as supported in WCET guidelines (2014). The border of rectus abdominis is usually assessed by palpation but computer tomography (CT) may be helpful for verifying the stoma location within rectus muscle.

Objectives

To verify the location of the stoma on rectus muscle in stoma prolapse patients by CT.

Methodology

Patients attended stoma clinic in an acute regional teaching hospital for stoma prolapse from August 2014 to August 2015 were sampled. Their electronic records were reviewed for preoperative CT, elective or emergency operation, stoma type, location of stoma on postoperative CT scan and the width and thickness of rectus muscles.

Result

Results: Seven cases were sampled while all were male with age range 55-81 years old. Five cases (4 loop transverse colostomy, 1 end sigmoid colostomy; 3 emergency vs 2 elective) had postoperative CT showing the stoma location. Among them, all were located within the rectus muscle. The average width of rectus muscle is 73.58 mm and the average thickness of rectus muscle is 10.41 mm. **Discussion:** Current study showed all subjects have their stoma within the rectus muscle radiologically, which may infer appropriate preop stoma site marking. With the help of CT scan, causes of prolapse could be identified and ET nurses may be more confident in locating the rectus muscle, especially in emergency setting with difficulty in palpation. Limitations include single centre sampling, small sample size and gender

bias. Further study with larger sample size in multi-centre and the usefulness of referring CT scan for preop stoma site marking are recommended.