Early Closure of Loop Ileostomy: Is It Safe and Advisable?
Dr. Sudhansu Kumar Jain*
Assistant Professor, Dept. of Surgery, P.M.C.H, Patna, India

Abstract: A total of 36 patients of temporary loop ileostomy were treated with early closure at 4 to 6 weeks from its construction. It was found to be safe and advisable especially on select group of patients with low rate of complications and the results can be compared to classical delayed closure.

Keywords: Ileostomy, closure, loop, stoma.

INTRODUCTION
Loop ileostomies may be lifesaving in many situations but at the same time it poses significant inconvenience to the patient. It adversely affects the daily routine, life style and even sexuality. Early reversal of the stoma is, therefore, most desirable to the patient.

The time for reversal of stoma is also of utmost importance. Oedema and friability of tissues, in addition to the precipitating cause for the construction of ileostomy, precludes early closure. Most of the surgeons prefer to close loop ileostomy after a gap of 12 weeks. This results into significant psychological and socio-economic strains to the patient.

The present study has, therefore, been undertaken to evaluate the outcome of early reversal of loop ileostomy.

MATERIALS AND METHODS
This is a prospective study carried over the patients of loop ileostomy attending surgical OPD of Patna Medical College and Hospital, Patna from July 2016 to June 2017[5]. All the patients desirous of early closure were investigated and selected for early closure at 4 to 6 weeks from the construction of ileostomy were included in this study.

F ratio of 3.7:1).Precipitating cause of ileostomy was enteric perforation in 14 patients(38.9%); blunt abdominal trauma in 9 patients (25%); abdominal tuberculosis in 5 patients(13.9%); penetrating abdominal injuries in 4 patients(11.1%); appendicular perforation in 2 patients(5.6%) and refunctioning ileostomy to protect distal colonic anastomosis in 2 patients(5.6%). 10 of the patients (27.8%) had preoperative mild to moderate degree of excoriation of the skin. Patients with significant complications had not been included in this study.

As far as early post-operative complications were concerned wound infection was seen in 14 patients (38.9%). Return of bowel sounds were observed by 3-5 post-operative days in most of the patients.1 patient (2.8%) developed prolonged ileus which resolved by 8th post-operative day on conservative therapy. 2 of the patients developed minor enter cutaneous fistula which healed on conservative treatment by 12 and 15 postoperative days. None of the patients developed intra

Available online: http://saspublisher.com/sjams/
peritoneal collection or significant anastomotic leak requiring laparotomy.

**DISCUSSION**

Most of the surgeons prefer to undertake loop ileostomy closure after 8 – 12 weeks. During this waiting period stoma related complications can occur and on the other hand it adversely affects the life style of the patient. It also imparts social and economic strains to the patient. They need training in stoma care and may need multiple hospitalisation and visit to general practitioners.

In the present study only those patients were included who were in good physical condition without any features of active infection and organ failure. They also did not exhibit radiological signs of leakage of anastomosis verified by aqueous contrast studies. The similar inclusion criteria were also laid down by Alves et al. [1]; Jordi et al., [2] and Nadim et al. [3]. Majority of the patients under study had undergone construction of loop ileostomy because of infective reasons (52.7%) or for trauma (25%). This was in sharp contrast to western world where refunctioning loop ileostomies were made to protect distal colorectal anastomosis. In the present study wound infection (38.9%) was found to be most common complication. Nadim et al. [3] also found complications like ileus, sepsis and abscesses to be most frequent. Nadim et al. [3] found an anastomotic leak rate of 5.7% and a mortality rate of 1.2% whereas Samivillah et al. [4] found a leak rate of 4.5% and a mortality rate of 2.2%. In the present study there was no frank anastomotic leak or mortality which may be attributed to strict adherence to inclusion criteria. In the present study there was one case of enter cutaneous fistula (2.7%) which, however, healed on conservative means.

The present study has focussed primarily on early closure of loop ileostomy and the results obtained were comparable to other studies. Early closure atleast, if done, on selected group of patients may have an outcome comparable to that of classical delayed closure.

**CONCLUSION**

Early closure of loop ileostomy after 4 to 6 weeks of its construction can be safely undertaken on select group of patients without having adverse effects over functional results. However, before embarking on early closure it must be ensured that the patient is in good physical condition and free of active infection.

**REFERENCES**


