



## THE FOLLOW-UP IMPORTANCE OF DIVERTING ILEOSTOMY

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### Introduction

The reported incidence of ileostomy-associated morbidities varies in the literature. Regarding optimal timing for the closure of ileostomy in patients who underwent surgery for rectal cancer, surgeons display many differences among the practice of ileostomy follow-up.

### Description of the work

This study aimed to investigate factors associated with the complications during ileostomy among the patients with total mesorectal excision.

### Methods

This is a retrospective study included 133 patients who underwent total mesorectal excision for rectal cancer with temporary diverting ileostomy. Patients' demographic characteristics including the complications of the ileostomy period were evaluated.

### Results

Age was  $61.3 \pm 13.5$  (63, 32-87) years old. Male was 82 (61.7%). Adenocarcinoma was evaluated in 121 (91.0%) patients. Neoadjuvant radiochemotherapy was performed for 44 (33.1%) patients. Duration of ileostomy was  $194.8 \pm 120.0$  (195, 16-670) days. 52.6% patients received neoadjuvant therapy and 46.6% received adjuvant therapy. Neoadjuvant to surgery duration was  $79.1 \pm 42.0$  (75.5, 9-201) days. Complications of ileostomy site related such as retraction, parastomal hernia, stomal stenosis during ileostomy period was observed more likely with patients who had >6 months duration of ileostomy (14(10%) vs. 44(33%),  $p < 0.05$ ).



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Any ileostomy site, distal anastomosis related and metabolic complications during ileostomy was observed more likely with patients who had >6 months duration of ileostomy (21(16%) vs. 57(43%),  $p<0.05$ ).

## Conclusions

The duration of ileostomy seems to affect the complications related ileostomy. Apparently, we noted that the longer duration of ileostomy has an impact on the complications of ileostomy site. Further clinical trials with larger sample size will be needed in terms of complications related to ileostomy and ileostomy closure.

Keywords: rectal cancer, loop ileostomy, complications,