

58. RECONSTRUCTIVE INTERVENTION RESULTS APPLIED TO COLOSTOMY PATIENTS

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Introduction. Surgical restoration of colostomy patients usually is a difficult surgical gesture with an increased incidence of complications and significant post-operative lethality – 3,9-4,1%.

Aim of study. Evaluation of postoperative complications after the restoration of digestive transit in colostomy patients.

Methods and materials. The retrospective study was performed in the Department of Surgery No. 2 of the State University of Medicine and Pharmacy *Nicolae Testemitanu*, within the Republican Clinical Hospital “Timofei Mosneaga”, on a group of 127 colostomy patients, who underwent surgery to restore intestinal continuity during the years 2012 - 2021.

Results. Based on the obtained results, it was found that in colostomy patients with a short rectal stump, the incidence of anastomotic dehiscence was nearly double 11.3% compared to 6.7%. In cases of patients with protective ileostomy, suture dehiscence was not reported. The most common complication was suppuration of the wound - 34 (26.7%). In patients with anastomotic dehiscence, a surgical gesture such as re-laparotomy with re-colostomy was practised in a postoperative period of 6 days. The appearance of intestinal excretion can be less dramatic and conservative treatment can be available only under strict monitoring. Also, there were 3 (2.36%) deaths, 2 occurred as a result of purulent-septic complications, and one occurred as a consequence of pulmonary thromboembolism.

Conclusion. According to the retrospective study, it was found that colostomy patients with the short rectal stump are recommended to apply protective ileostomy which will certainly prevent anastomotic dehiscence. If an anastomotic intestinal fistula appears 6 days after surgery, it is recommended to perform a re-laparotomy with drainage and sanitation of the peritoneal cavity to prevent the extension of the purulent-septic process and development of polyorganic insufficiency syndrome and death.