

Aspects on colostomy construction, complications and stoma function

Akademisk avhandling

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av

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Avhandlingen baseras på följande delarbeten

- I. Angenete E, **Correa-Marinez A**, Heath J, Gonzalez E, Wedin A, Prytz M, Asplund D, Haglind E.
Ostomy function after abdominoperineal resection- a clinical and patient evaluation
Int J Colorectal Dis. 2012; 27(10): 1267-1274.
- II. **Marinez AC**, Gonzalez E, Holm K, Bock D, Prytz M, Haglind E, Angenete E.
Stoma-related symptoms in patients operated for rectal cancer with abdominoperineal excision.
Int J Colorectal Dis. 2016; 31(3): 635-641.
- III. **Correa-Marinez A**, Grenabo J, Bock D, Wedin A, Angenete E.
The type of stoma matters-morbidity in patients with obstructing colorectal cancer.
Int J Colorectal Dis. 2018; 33(12): 1773-1780
- IV. **Correa-Marinez A**, Erestam S, Haglind E, Ekelund J, Angerås U, Rosenberg J, Helgstrand F, Angenete E.
Stoma-Const- the technical aspects of stoma construction: study protocol for a randomized controlled trial.
Trials 2014; 15(1): 254.
- V. **Correa-Marinez A**, Bock D, Erestam S, Engström A, Kålebo P, Wirenfeldt Nielsen Y, Rosenberg J, Haglind E, Angenete E.
Colostomy construction did not affect parastomal hernia rate: results from Stoma-Const a randomized controlled trial.
Manuscript

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ABSTRACT

Aim The aim of this thesis was to evaluate the importance of surgical technique for stoma complications as well as stoma function in patients operated with colostomy.

Methods Five papers are included: Three observational studies (three papers), one randomized control trial (two papers). Clinical data has been collected from medical records, operative notes, the Swedish Colorectal Cancer Registry, prospectively registered clinical records forms and patient reported data through questionnaires.

Results: The incidence of stoma related complications is high and may be affected by surgical technique but not stoma function (paper I). Most patients seem to live a full life with their stoma (paper II). A loop colostomy does not seem to reduce the risk for postoperative complications after surgery for obstructing colorectal cancer but it does affect the stoma related complications (paper III). The incidence of parastomal hernia was not affected by the surgical technique used under colostomy construction (paper IV-V).

Conclusion Surgical technique when colostomies are performed influences the occurrence of short-term complications in patients operated with abdominoperineal excision. Parastomal hernia incidence is not affected by the surgical technique used for colostomy construction. Stoma type does not affect the risk for postoperative complications.

Keywords: colostomy, surgical technique, stoma related complications.

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