

Minimally invasive correction of prolapsed, gangrenous distal limb of loop ileostomy to end- loop stoma

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Introduction Prolapse can be a complication of loop stomas. A prolapsed stoma which can not be reduced or complicated with strangulation needs surgical correction. This case report describes a minimal access correction of a prolapsed gangrenous distal limb prolapse of ileostomy.

Presentation of case A 67-year-old male patient was diagnosed with a lower rectal carcinoma, staged T3N1M0. Following neo adjuvant chemo-radiation, he underwent a laparoscopic anterior resection with de-functioning loop ileostomy. One month later he presented with prolapse of the distal limb of the ileostomy. The limb was gangrenous and the gangrenous part was removed by using a linear GI stapler and the loop ileostomy was converted to end-loop ileostomy.

Discussion It is a simple and technically feasible method for treating prolapsed loop of stoma. It is less invasive and has minimal post-operative complications. This technique reduces the duration of hospital stay of the patient.

Conclusion Stapled assisted correction of prolapsed stoma avoids unnecessary laparotomy and aids in enhanced recovery after surgery. It is beneficial for a surgeon to be familiar with the minimal access correction for stoma prolapse.