

Challenge in colostomy retraction.

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- **Background:** Stoma retraction is the result from excessive tension on the bowel leading to the mucocutaneous sutures line separation, skin irritation, and improper fixation of the stoma appliance. The patient is a 73-year-old woman with a history of HT, DLP, ovarian tumor with bowel and uterus invasion S/P TAH with BSO with bilateral pelvic LN dissection with opened bladder with Lt.DJ stent insertion with Hartmann's operation on March 10, 2020. After the operation, the doctor could not identify colostomy and she had infected surgical site. The doctor decided to consult ET nurse for wound management. From our team observation, we have never seen this kind of stoma before. It is a big challenge for us.
- **Methods:** A Negative-pressure Wound Therapy (NPWT) with Urgotul SSD was applied to the surgical wound for 2 weeks then the doctor can re-suture the wound. NPWT was also applied to the stoma 2 times, in order to promote granulation of mucocutaneous suture line separation. Then, the doctor decided to revise the colostomy. Our team discussed and suggested that the doctor should not revise because she looked tried and it was risky for enterocutaneous fistula. We tried to use many products and appliances. Finally, we choose moldable convex 45 mm and a belt for this patient. **Results:** No need to revise retraction colostomy in this case. The stoma protruded and the granulation of mucocutaneous suture line separation healed after 60 days. She received chemotherapy on March 30, 2020 as scheduled. Now, she can apply colostomy bag every 7 days.
- **Conclusion:** No need to revise retraction colostomy in this case. The stoma protruded and the granulation of mucocutaneous suture line separation healed after 60 days. She received chemotherapy on March 30, 2020 as scheduled. Now, she can apply colostomy bag every 7 days.
- **Reference**

Pasithorn, S., Karin, H. (2018). Prevention and Management of Colostomy complications: Retraction and Stenosis, *Diseases of the Colon & Rectum*, 61(12), 1344-1347 doi: 10.1097/DCR.0000000000001246