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Questions and Answers

1. A loop ileostomy when compared to a loop transverse colostomy:
 - A. Is more bulky
 - B. Can be used for permanent diversion
 - C. Is more difficult to manage
 - D. Is not as effective for diverting the distal bowel
 - E. Is associated with dehydration and electrolyte problems from high ileostomy output

Answer: E

Loop colostomy tends to be bulky, hard to conceal, more likely to prolapse, and difficult to deal with by patients. Both loop ileostomy and loop transverse colostomy successfully divert the distal bowel, and are used on a temporary basis. The ileostomy has fewer management problems, but dehydration and electrolyte abnormalities relating to high ileostomy output are potential problems, particularly in elderly patients.

2. The ideal location of an ostomy is:
 - A. Midline
 - B. Upper abdomen
 - C. Laterally in the flank
 - D. Below the belt line at the apex of the infraumbilical abdominal bulge
 - E. Low down in the abdomen so as not to be visible

Answer: D

Ideally, the stoma should be brought up through the rectus abdominis muscle, situated below the belt line, at the apex of the infraumbilical abdominal bulge, in the patient's visual field, away from skin creases, scars, and bony prominence.

3. Which of the following statements regarding peristomal skin problems in a patient with ostomy is true?
 - A. Peristomal skin problems are rare
 - B. Peristomal skin problems usually require surgical revision
 - C. Pouches should be emptied when completely full to minimize peristomal problems
 - D. Peristomal skin problems are preventable by changing the appliance or flange of two-piece system or the one-piece system daily
 - E. Peristomal skin problems are preventable by cutting an appropriate size opening on the flange which is slightly bigger than the stoma by 2–3 mm only

Answer: E

Peristomal skin problems are the most frequent complication. However, most complications are preventable by using an appropriate pouching system, education, and use of various stoma accessories.

