

# 11<sup>TH</sup> GLOBAL GASTROENTEROLOGISTS MEETING

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## Current criteria for colostomy in trauma

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**Background & Aim:** There is no consensus in Mexico on the criteria for colostomy in trauma. We have reported in the world literature reports since 1990 recommending primary closure in colon lesions up to 96%. This generalized primary closure in our country is not feasible. The surgeon must decide between performing an anastomosis or a colostomy. We analyzed the main criteria for colostomy in severe polytraumatized patients with colon injury.

**Material & Methods:** In a prospective cohort of polytraumatized patients with colostomy, the main criteria for colostomy in trauma in three years were analyzed.

**Results:** In the first three years, 270 laparotomies were performed per year, with a total of 70 colon lesions, 65 per perforation (excluding two intraoperative deaths). Of the 63 patients, primary closure was performed in 29 (46%): Colostomy was performed in 34 patients (54%). Criteria found for colostomy: Location of the lesion in the left colon (used as a criterion for the left localization of the colon) in 50%, PATI (Penetrating Abdominal Trauma Index) in 50%, ISS (Injury Severity Score) in 47%, flint (criteria of flint) in 82% and stone and fabian (criteria by stone and fabian) by 91%. The latter always took into account the need for resection of the colon and significant loss of the abdominal wall. Of the remaining five criteria of stone and fabian were found: At preoperative pressure less than 60 to 80 mm Hg in nine (26%), to intraperitoneal hemorrhage >1000 cc in 11 (32%), to more than two intraperitoneal organs lesions in 19 (56%), major intraperitoneal dissemination of feces in 13 (38%) and with more than 8 hours of injury at the time of surgery in two (6%).

**Conclusion:** According to the trend shown by the results of this cohort, the criteria most taken into account in this hospital are those of stone and fabian. These criteria are considered in 100% to the patient that requires colon resection and those with significant loss of the abdominal wall.

## Biography

Luis A hernandez Higareda completed his Pre-grade in Biological Sciences at cyto-histopathology clinic and medicine at University of Guadalajara. He did his Post-graduation in Intensive Care, Clinical Epidemiology, and Master of Surgery at National Medical Center West, Mexican Social Security Institute (IMSS)-University of Guadalajara. He has undergone training in Gastrointestinal and Airway Endoscopy and Thoracoscopy at National Medical Center La Raza, IMSS, National Autonomous University of Mexico (UNAM). He completed courses in General Surgery and Endoscopic Ultrasound from XXI Century National Medical Center IMSS. He was trained in Surgery of Trauma at Trauma Hospital Lomas Verdes IMSS.

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