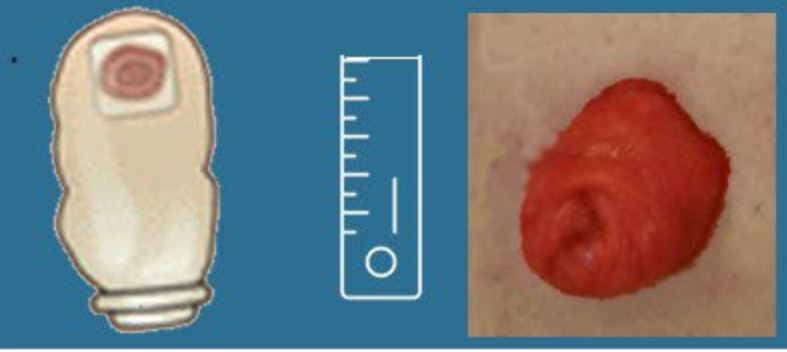
Clinical Practice Guidelines: Ostomy (1/3)

Patients undergoing elective stoma creation should receive **pre and postop education by a specialized provider**, 1B

Appropriate **potential ostomy sites should be marked preop** by a trained provider, when possible, 1B

When feasible, **laparoscopic** ostomy formation **is preferred** to laparotomy, 1C

When possible, both **ileostomies (2cm)** and **colostomies (1cm)** should protrude above the skin surface, 1C



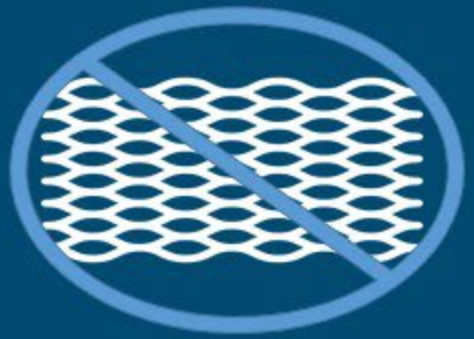
In nonobese patients, the ***routine* use of a support rod is not necessary** for loop ileostomy construction, 1A

A loop **ileostomy or colostomy is effective** for fecal diversion, 1B

Davis BR et al. *Dis Colon Rectum* 2022;65(10):1173-90

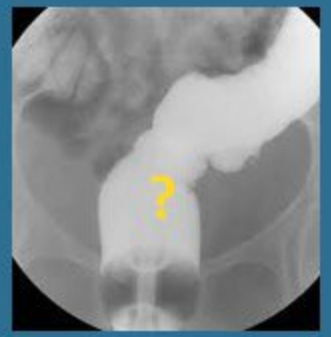
Clinical Practice Guidelines: Ostomy (2/3)

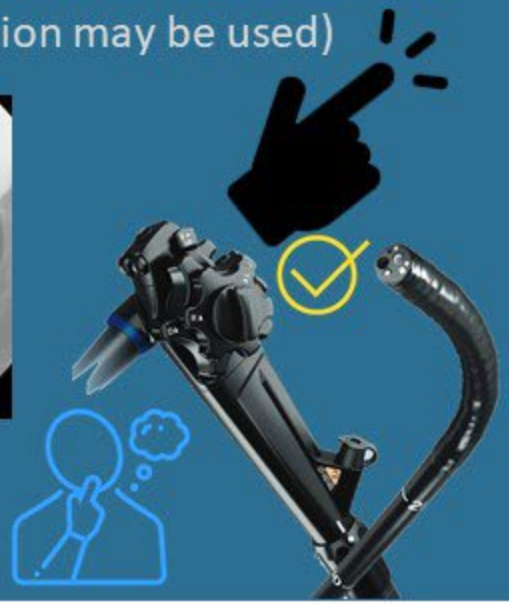
The ***routine*** **use of prophylactic mesh** to prevent parastomal hernia **is not recommended**, 2A Extraperitoneal tunneling of an end colostomy may decrease the risk of parastomal hernia, 2B



Managing a new ileostomy with a **perioperative clinical care pathway may decrease risk of readmission**, **2B**

Routine **contrast studies** w/ h_20-soluble contrast (in the absence of a clinical suspicion of anastomotic dehiscence or stricture) ***may*** **not be necessary** before closure of a protective ostomy, **2C** (DRE, endoscopy, clinical course and suspicion may be used)





Early ileostomy closure (at 1-6 weeks) **may be performed in select low-risk patients** with a colorectal anastomosis without clinical evidence of anastomotic leak, 2B

Loop ileostomy closure can be performed using **stapled or handsewn techniques**, 1A

Skin-site approximation should be performed when feasible (e.g. purse-string), 1A

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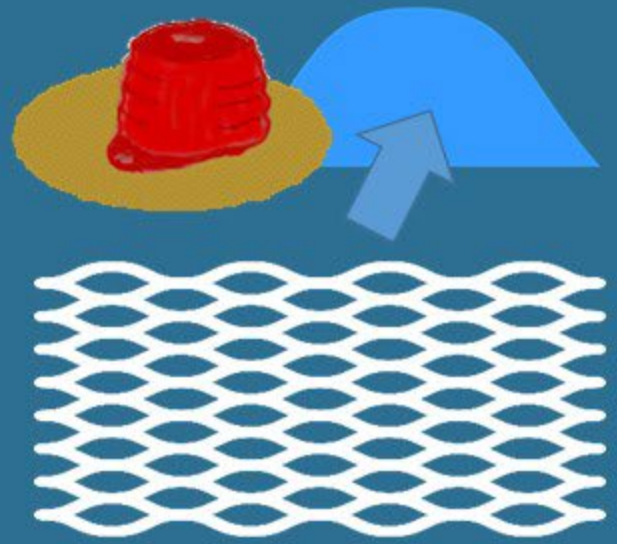
Clinical Practice Guidelines: Ostomy (3/3)

Minimally Invasive Hartmann reversal is a **safe** alternative to open, 1B

Parastomal hernia repair should typically utilize **mesh reinforcement**, 1C



Minimally Invasive parastomal hernia repair may be performed in selected patients, 1C

Davis BR et al. *Dis Colon Rectum* 2022;65(10):1173-90