

CLINICAL STRUCTURE OF LOCAL COMPLICATIONS OF AN INTESTINAL STOMA AND ITS SIGNIFICANCE FOR OPTIMIZING REHABILITATION MEASURES

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Introduction. Local complications of intestinal stomas are a significant factor that determines the course of the early postoperative period and the effectiveness of rehabilitation. Their clinical structure is heterogeneous and depends on a variety of factors, which requires detailed analysis in order to develop differentiated approaches to patient management.

The purpose of the study. To assess the frequency and clinical structure of local complications of intestinal stomas and determine their significance for optimizing rehabilitation tactics.

Materials and methods. A retrospective analysis of 156 patients was conducted. Complications were assessed during the first 30 days after surgery, divided into stomal, parastomal, and peristomal forms. The severity and combination of complications were also analyzed.

Results and discussion. Local complications were registered in 61 (39.1%) patients. Isolated forms were identified in 49 (31.4%) patients, combined - in 12 (7.7%). The most frequent were peristomal complications (32.1%), among which skin maceration (11.5%), inflammatory changes (9.6%) and dermatitis (7.7%) prevailed. Stomal complications were significantly less common and included suture failure (2.6%), stomal necrosis (1.9%), and retraction (1.3%). The data obtained indicate that the majority of complications are associated not so much with the technical aspects of the operation, but rather with disorders of tissue adaptation and care of the stoma in the early postoperative period. It is important to note that peristomal complications can be largely prevented through an adequate rehabilitation process, including patient education, selection of care products, and dynamic monitoring. Analysis of the structure of complications allows us to identify key areas of rehabilitation aimed at preventing skin and inflammatory changes.

Conclusions. Peristomal forms predominate in the structure of local complications of intestinal stoma, which determines the priority of rehabilitation measures aimed at care of the stoma and prevention of skin damage. The results obtained substantiate the need for standardization of rehabilitation protocols.