



Colostomy: The Opening in Abdominal Wall of Large Intestine

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About the Study

A new colostomy is an opening in the top intestine (colon), and also the surgical treatment that creates one. The opening is formed by painting the healthy ending of the bowel through an échancre in the precursor abs wall and suturing it into place. This beginning, often in association with a fastened ostomy system, offers an alternative approach for feces to leave the body. Thus if the natural anus is unavailable with the purpose, an artificial bagdel takes over. It can be reversible or permanent, with respect to the circumstances. Pockets and the stick on appliances to which they attach must be changed regularly. Sometimes an odour neutralizer and lube is squirted into a fresh pouch before it is fastened. Two styles of pockets can be obtained: one non reusable, the other drainable. Nearly all pouches are maussade and filter out and about air by using a lot filter. The advised practice is to empty such pockets when one-third full. Appliances, as opposed with pouches, are usually replaced every several to 7 days and nights except in situations where their closes have broken contact with the epidermis, when they should be replaced immediately.

Even as long ago because the nineteen forties, surgeons conducting a review at the Cleveland Clinic could summarize the schedule proper care of the long lasting colostomy as usually quite satisfactory, stating any time patients restore from the original get worried prompted by the need for a colostomy, nearly all of them figure out how to manage their colostomy quite well. These patients are derived from all walks of life and carry on their daily work as usual. A single patient mentioned which he could see no benefit of the normal anus over a colostomy. Could may be somewhat over-stated, it is valid that most people with a long lasting colostomy can live a useful, happy life. They found that, just as in anybody

else, dietary indiscretion was your normal factor in infrequent bowel habit dysfunction. This kind of historical experience has been borne out and about, as today the final outcome still stands that the majority of patients can successfully take care of a colostomy as part of their activities of daily living. Jones and Kehm preferred structure paper as a colostomy cover (held in place with a band or garment) rather than a colostomy tote. That they found that water sources of the colostomy varied with each patient's bowel addiction but that the majority of patients developed a regime of every-other-day water sources, whereas a few needed no water sources. People who have colostomies must wear an ostomy pouching system to accumulate intestinal tract waste. Ordinarily, the pouch must be emptied or modified a couple of times every day with respect to the frequency of activity; in general, the further away from the ostomy the higher the productivity and more consistent the need to empty or change the pouch. People with colostomies diagnosed with ostomies of the sigmoid bowel or descending bowel could have the option of irrigation, that enables for the person in order to wear a pouch, but alternatively merely a gauze limitation over the stoma, and schedule water sources for times that are convenient. To irrigate, a catheter is located inside the stoma, and purged with water, that enables the feces to recover from the body into an irrigation sleeve. Most colostomates irrigate once a day or every other day, though this is determined by the person, their food intake, and their health. An ostomy pouching system is a prosthetic medical device providing you with a means for the getting of waste coming from a surgically diverted neurological system (colon, ileum, bladder) and the creation of a stoma. Pouching systems are most commonly associated with colostomies, ileostomies, and urostomies.