

# Floating stoma: An alternative strategy in the context of damage control surgery

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**Introduction** Floating stoma (FS) is a strategy to be considered in the context of damage control surgery (DCS). The purpose of this study is to describe the technique used and the results of a series of patients where FS was used. **Methods** Case series of relaparotomized patients at two emergency services in Temuco, Chile (2005-2014). In all of them, once drainage of septic focus or damage was controlled, the abdomen was left open with a Bogota bag (BB) and FS. **Outcome variables** were FS indications, morbidity, time to first replacement of BB, definitive maturation of the stoma (DMS), time to withdraw the BB and mortality. **Results** FS was performed in 46 patients with a mean age of  $49.3 \pm 21.1$  years; 63% were female. The indication of FS was abdominal sepsis by secondary peritonitis (69.6%), abdominal trauma (17.4%), and mesenteric ischemia (13.0%). **Morbidity** was 37.0%. Median time to first replacement of BB, DMS and time to withdraw the BB were 84 hours, 3.5 days and 49 days, respectively. **Mortality** was 19.6%. **Conclusion** FS is a temporary resource reserved for special surgical cases. It is associated with morbidity and mortality inherent with the severity of the patients on whom it can be used. © 2016 Elsevier Masson SAS

Bogota bag

Damage control surgery

Floating stoma

Open abdomen

Relaparotomies

Abdominal Injuries

abdominal wound closure

adult

aged

female

follow up

human

laparotomy

male

mesenteric ischemia

middle aged

mortality

peritonitis

sepsis

stoma

very elderly

Abdominal Injuries

Abdominal Wound Closure Techniques

Adult

Aged

Aged, 80 and over

Female

Follow-Up Studies

Humans

Laparotomy

Male

Mesenteric Ischemia

Middle Aged

Peritonitis

Sepsis

## Surgical Stomas