

Floating stoma: An alternative strategy in the context of damage control surgery [La stomie flottante : une alternative dans le cadre de la chirurgie de sauvetage]

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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 ± 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