AN APPARATUS FOR DRAINAGE OF A TEMPORARY ILEOSTOMY

BY

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The apparatus here described was devised in an effort to relieve the intolerable unpleasantness of a temporary ileostomy, but it is easily adaptable for the treatment of other digestive fistulae. An ileostomy discharges fluid or semi-solid products almost continuously over the abdominal wall, causing marked soreness and superficial ulceration of the skin despite the use of protective pastes. After several attempts the following means were adopted to control this secretion.

Method

The skin around the ileostomy is smeared with a suitable ointment; a mixture of castor oil and zinc cream is very satisfactory. Over this is placed a layer of lint or petroleum-jelly gauze which fits neatly round the stoma. Over the whole is fixed an ordinary Irving box. Through the hole in the lid of the box a small-bore right-angled glass tube is strapped. This is placed directly over the stoma, with a clearance of about 3-4 mm. from the mucous membrane. The distal end of the tube is attached to a suction pump, which works night and day. By this means any quantities of fluid secretion or semi-solid material are aspirated as they appear in the lumen of the ileostomy. If a large solid motion occurs the lid of the box is removed by the patient and separated from the suction-tube, which can then be swept freely round the inside of the box until all the material is aspirated. At no time, therefore, is any quantity of irritating secretion left in contact with the skin of the abdomen.

The advantages of the apparatus are: (1) The skin is protected from the persistent discharge and there is no leakage to the back or groins however profuse the secretion may be. (2) No frequent changes of dressings are required, thereby giving minimal disturbance to the patient at all times and lessening the work of the nursing staff. At night the box is inspected hourly by the night nurse, and if a large motion

FIG. 1

(4) The method entails the use of only such simple apparatus as is found in any general hospital.

The Apparatus in Use

The apparatus was developed in a case of acute intestinal obstruction, for which was established an ileostomy that could not be closed for three months owing to severe general peritonitis. After the operation the skin rapidly became sore, and remained so despite all remedies. Postural

FIG. 2

drainage was out of the question owing to the grave condition of the patient. However, when the Irving box was applied the skin steadily healed. The efficacy of the apparatus was demonstrated on two occasions when there was an electrical breakdown in the suction pump and soreness of the skin developed in twelve hours.

Fig. 1 shows the Irving box, suction-tube, and lint *in situ*. The lid of the box has been removed for the sake of clarity. Fig. 2 shows the condition of the skin at the end of three months. There are areas of redness, but none of ulceration. The ulceration on the right of the abdomen is a result of the infection of the laparotomy scar from the peritoneal cavity.

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The Convalescent Homes Committee of the King Edward's Hospital Fund for London has recently prepared a *Directory of Convalescent Homes*. The Directory is attractively bound in loose-leaf form and from time to time further pages will be issued. Over a hundred convalescent homes in the Home Counties area are already listed and details are given of other homes further afield. Each entry gives all the information that is available about a particular home, including notes on the daily routine, recreation, staff, number of beds, and charges. There are three indexes: the first is an alphabetical list of all homes; the second groups the homes according to whether they admit men, women, or children; and the third index is arranged according to the type of case with details of the various qualifications which apply to patients seeking admission—religion, profession, place of residence, and so forth. The initial fee of 5s. for the Directory entitles subscribers to all additional pages and amendments until January 1, 1950. Further information may be obtained from the Convalescent Homes Committee, King Edward's Hospital Fund for London, 10, Old Jewry, London, E.C.2.

has occurred it is aspirated as described above without waking the patient. (3) The patient, reclining comfortably against a suitable number of pillows, is in the best position from the point of view of post-operative treatment and general nursing.