PREFACE

Stomas and Wound Management

Stoma creation and management are an integral part of our lives as surgeons. They can serve as the end of the intestinal tract, protect distal anastomoses, and relieve obstruction. A well-functioning stoma can allow a patient to live a productive life with minimal disruption. A problematic stoma, however, may convert an otherwise successful operation into a persistent source of frustration for the patient and surgeon alike. This issue of *Clinics in Colon and Rectal Surgery* is dedicated to the subject of intestinal stomas. The authors of the varied articles are experienced practitioners and have provided their insight in a clear and understandable manner.

The issue starts with the slightly updated article, “Preoperative Considerations and Creation of Normal Ostomies” by Drs. Marc Brand and Nadav Dujovny. The original article was published in the first *Clinics* issue devoted to ostomies in 2002. The article remains topical and informative, while the newer illustrations add

additional clarity. “Technical Tips for Stoma Creation in the Challenging Patient” have been provided by Dr. Peter Cataldo from Burlington, Vermont.

Complications can occur with any procedure including stomas. To help avoid stomal-related complications or improve their management, we have included two articles. Dr. Brian Kann from Camden, New Jersey, covers “Early Stomal Complications,” while Drs. Syed Husain and Tom Cataldo from Providence, Rhode Island, cover “Late Stomal Complications.” Surgeons willing to discuss complications are especially appreciated and I am “sure” that most of the challenging ostomies these authors describe came from their partners or referrals.

Maintenance of the skin around a patient stoma is critical to long-term success. I was fortunate to convince one of the superb Ochsner enterostomal nurses, Bonnie Alvey to steal time from her demanding patient schedule and family time to discuss “Peristomal Dermatology.”

The heroic members of the U.S. military are serving their country with distinction in Afghanistan and Iraq. The trauma associated with this combat is being managed by our dedicated surgical colleagues in the Armed Services, in country and at our stateside medical centers. Their sacrifices from a professional, financial, and family perspective deserve our greatest appreciation. It is appropriate that two of our military colon and rectal surgical colleagues, Lt Col Ret David Welling, Bethesda, MD and Commander James Duncan update us on “Stomas and Trauma.” They highlight the important differences between military and civilian trauma with real-life experiences and provide lessons that hopefully will not need to be “relearned.”

Minimally invasive surgery, including laparoscopy, is playing an increasing role in the practice of most colon and rectal surgeons. These techniques are well suited to stomas and Drs. Michael Hellinger and Abdullah Al Haddad of Miami, Florida, an experienced laparoscopic colorectal surgeon and his increasingly experienced trainee, have produced an excellent summary of the state-of-the-art of this modality.

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Continent ileostomies are being created with less frequency; however, patients with these types of stoma will still be encountered, especially at referral centers. My article on their current status will hopefully allow readers to initially manage these patients until they can be referred to a specialized center. Repair of extremely challenging or difficult ostomies may require abdominal wall modification techniques. In my article, I describe some of the options available for these challenging patients.

Finally, Drs. Rebecca L. Wiatrek, J. Scott Thomas, and Harry Papaconstantinou from Scott and

White Clinic in Temple, Texas, describe perineal wound complications after abdominoperineal resection.

Editing this issue has been educational as well as enjoyable. Many of our most appreciative patients have benefited from a quality stoma and the management of ostomies remains a hallmark of our specialty. I sincerely thank the authors for taking the time from the busy clinical activities and family time to produce a special issue on stomas and wound management.

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Guest Editor