TECHNIQUE

The original stoma is detached from the skin. Intestinal redundancy or herniation is dealt with, and the new intestinal end is prepared. The skin hiatus is narrowed by a strong circular dermal purse string absorbable suture, such as polygalactin (Fig. 1). The suture is tied, adjusting the skin hiatus size to match the intestinal end (Fig. 2A,B). The stoma is then matured in the normal fashion.

DISCUSSION

This simple technique is easy to use, reduces the chance of necrosis and separation of stoma–skin anastomosis and avoids the problems associated with re-location of stomas and presence of scars near stomas.

Technical Tips**Fingerless gloves for hand trauma cases**

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Patients with hand trauma often present with dirty hands from their work. Cleaning off oil, etc. from manual worker's hands can be difficult. After cleaning as much as possible, the skin can be prepared in the normal way and then a sterile glove placed on the patient's hand (awake patients can assist in this). Then, the tip of the glove of the finger(s) to be operated on can be cut with scissors and the glove rolled down the finger as a finger tourniquet. This isolates injured fingers from the rest of the hand (Fig. 1).

Figure 1 Isolating injured finger with a sterile glove.