# STOMA TYPES

A stoma, which is an opening into a hollow organ, is formed for various medical reasons and it may be either temporary or permanent.

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<th>Stoma Type</th>
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| **Colostomy** | A permanent colostomy is routinely formed as part of an Abdomino-perineal excision of the rectum (APR) and a Hartmanns procedure  
**Note**: Regardless of the type of stoma it should be:  
- Pink & moist  
- Mucocutaneous junction intact  
- Peristomal skin intact | APR: Involves removal of the rectum and anus, formation of a permanent end colostomy and a perineal wound  
Hartmanns procedure: Involves removal of the sigmoid colon and upper rectum, formation of an end colostomy and oversewing of the rectal stump. The stoma may be either temporary or permanent. |
| **Ileostomy** | A temporary loop ileostomy may be formed to divert faeces away from an anastomosis in procedures such as Ultra Low Anterior Resection, or surgery for fistula repair or pouch formation. This is usually a loop ileostomy with both a proximal and distal opening. A Total Colectomy may result in a permanent end ileostomy | Anterior Resection / Ultra Low Anterior Resection: Involves removal of varying degree of rectum and sigmoid colon.  
Total Colectomy: Involves removal of the whole colon  
Panproctocolectomy: Involves removal of the colon, rectum and anus, with a perineal wound |
| **Urostomy** | A permanent urostomy is fashioned in Cystectomy & ileal conduit formation  
**Note**: Mucus will always be present around a urostomy stoma and the urine will have mucus flecks | Cystectomy & ileal conduit: Involves removal of the bladder and formation of ileal conduit, resulting in a permanent urostomy (Post-operatively ureteric stents will be insitu, see picture, removed approx.2-4 wks post op) |