Ostomy management

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Colorectal | Surgery | IBD

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The speaker presented a multidisciplinary approach to ostomy management in IBD, emphasizing early intervention, peer support, and a three-pronged framework (how fast, how far, and focus on quality of life) to improve patient outcomes and resilience.

KEY POINTS

- The speaker reported that 10% of UC patients and 25% of Crohn's disease patients face surgery risk over ten years, and cited studies showing patients fear stoma more than cancer but outcomes are often better than expected.
- A case was presented of a 20-year-old with severe pancolitis and rectum-to-coccyx fistula who underwent fecal diversion surgery and required multidisciplinary team care including stoma nursing, nutritional support, and peer support connections.
- The speaker described a peer support platform called Beilinson stoma girls that provides women with shared experiences, practical knowledge, emotional support, and creative workshops including phototherapy and mandala therapy.
- Common stoma complications include prolapse (5-10% of patients), parastomal hernia, leakage, dermatological issues, and chronic high output (over 1.5 liters per day), each requiring specific management strategies.
- The case patient achieved colonic mucosal healing through fecal diversion, stopped IBD medication after multidisciplinary discussion, became pregnant naturally, and delivered a healthy baby at 41 weeks with managed stoma prolapse during pregnancy.
- In the Q&A, the speaker recommended that doctors connect patients early with peer support groups, work collaboratively with stoma nurses, listen to patient concerns, and involve patients as partners in their care journey.

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