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Stoma dehiscence treated successfully with VAC dressing system

A 41-year-old woman with a history of morbid obesity and acute fulminant ulcerative colitis developed faecal peritonitis and underwent a laparotomy and subtotal colectomy for perforation of the sigmoid colon. The postoperative period was complicated by wound dehiscence both of the midline laparotomy and the end ileostomy from the surrounding skin. The circumstomal wound was allowed to heal by secondary intention assisted by vacuum therapy. In total, seven dressing changes were carried out over a 3-week period.

1 An attempt had been made by the general surgeon on call to bring the ileostomy more medially and resuture whilst converting the midline to a laparostomy with Bogota bag. **2** The wounds were debrided and it can be seen that there is no mucocutaneous continuity around the stoma thereby posing a difficult clinical problem. **3** The use of a Mepitel sling underneath the ileostomy helps to support the stoma and protect the small bowel from damage from the VAC sponge which was cut to fill the remainder of the wound. **4** The adhesive dressing used with the VAC abdominal dressing system was cut into strips and multilayered to occlude all but the stoma site. A small hole can be seen at the 4 o'clock position. This was cut to allow an extension of the sponge to be used so that the VAC could be applied remotely from the ileostomy bag. **5** The completed dressing prior to application of a negative pressure of 25 mmHg. **6** Negative pressure has been applied and a two-piece stoma appliance placed directly over the VAC dressing. **7** The well-healed and healthy ileostomy 6 months after initial surgery. Although slightly retracted the use of a convex stoma flange gave good function.