WAGO 2025 ANNUAL MEETING
ORAL ABSTRACT

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Ten Years of Double-Barrel Wet Colostomy: A Single Institution's Experience Performing an Alternative Diversion in Patients Undergoing Total Pelvic Exenteration for Gynecologic Malignancy

Andrew Tannous,MD, Saint Joseph Hospital Denver Colorado

Objectives
This study compares double-barrel wet colostomy (DBWC), which allows for both urinary and fecal diversion through a single stoma, and separate urinary and bowel (SUB) diversions in patients undergoing total pelvic exenteration (TPE) for gynecologic malignancy, assessing surgical outcomes and complication rates while considering the potential impact on patient quality of life.

Methods
Retrospective study of all patients who underwent TPE for gynecologic cancer at tertiary referal cancer center between 2013 to 2023. Of note, DBWC was offerred as a urinary diversion method to our patients in March of 2013. Patient demographics, clinical and surgical data, as well as information on both short- and long-term complications, was collected in those who had a DBWC and compared to those who received SUB diversions during TPE for gynecologic malignancy.

Results
A total of 60 TPEs were performed during the study period. Of those, 28 patients (47%) underwent DBWC and 32 (53%) underwent SUB diversions (Table 1). No differences were found between groups for age, race, body mass index, hypertension, diabetes, utilization of vertical rectus abdominis myocutaneous flap, or previous radiation. Estimated blood loss and length of hospital stay did not differ between groups. The median operative time was significantly shorter for patients with DBWC (491 min; range, 349–759) than for patients with SUB diversions (556 min; range, 331–855; P=0.015). No differences were observed in rates of readmission or complications between the two groups, either in the immediate postoperative period (< 30 days) or long-term period (>30 days). When sub-analyzing for complications by stomal related (including stomal necrosis, peristomal skin breakdown, and stomal hernia), urinary (including pyelonephritis, hydronephrosis, and acute kidney injury), or infectious (including sepsis, intra-abdominal abscess, and surgical site infection), no differences were observed between groups.

Conclusions
In patients undergoing TPE for gynecologic malignancy, creation of a DBWC resulted in a shorter operative time compared to SUB diversions while demonstrating similar rates of readmissions and both short- and long-term complications. Given its technical and operative advantages, along with the potential for improved patient quality of life, DBWC should be considered as an acceptable alternative surgery.

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