

# Considerations for the Obese Stoma Patient

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## Description

Obesity presents a significant challenge to fecal ostomy surgery. This summary discusses a few specific problems related to ostomy surgery and stoma management in obese patients.

## Scope of the obesity problem

The global obesity epidemic is getting worse. The 2022 obesity prevalence maps show all states in the United States of America now have at least 20% obesity (defined as Body Mass Index  $>30$  kg/m<sup>2</sup>), while several states have over 40% [1]. Colorectal diseases such as diverticulitis, inflammatory bowel disease, and colorectal cancer are linked to obesity [2-4]. Given these pathologies are often the

creation of mesenteric 'windows' and even dividing additional, named, mesenteric vessels. Division of additional mesenteric vascular supply places the stoma at risk for ischemia. While the ileum has robust vascular arcades, the commonly created left-sided end-colostomy for perforated diverticulitis usually relies heavily on the more tenuous marginal artery for perfusion as ligation of the inferior mesenteric artery and/or the left colic artery is often needed to obtain adequate reach through the abdominal wall.

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