

MEDICAL AND HEALTH SCIENCES











Stoma-Output Reinfusion Device for Ileostomy Patients: A Feasibility Study

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Introduction

lleostomy patients suffer considerable morbidity prior to reversal. Dehydration is common and prolonged post-operative ileus after reversal occurs in up to 20%. Chyme reinfusion and pre-operative bowel stimulation are potential solutions. Widespread clinical use has yet to gain traction because existing methods are labour intensive, purpose-built equipment is lacking, and patient acceptance is poor. We report the clinical findings and technological advances from a feasibility study using a novel chyme reinfusion device in a cohort of ileostomy patients.

The Device: The Insides System



How It Works

The pump is connected to the enteral feeding tube which is inserted into the distal ileal limb. To activate the pump, the driver is held adjacent but external to the stoma appliance to achieve magnetic coupling.

Five speed settings facilitates bolus chyme reinfusion targeted to viscosity and comfort.

Advantages Over Previous Systems

- Components small and portable
- No manual handling of stoma effluent
- Can be used at home
- No drastic dietary changes required
- Customisable length of enteral feeding tube allowing comfortable accommodation within any stoma appliance

Method

Adult patients with a defunctioning ileostomy created at least 2 weeks prior, and with a reversal date at least 3 days after enrolment were eligible. Anastomotic leak was first excluded via radiological examination. Primary outcomes: The differences in patient user-experience feedback scores between the first 7 patients who used the off-the-shelf gastrostomy tubes (Group 1) and the final 5 patients who used a final iteration of the new custom enteral feeding tube (Group 2). Secondary outcomes: Pre-op stoma-related and device-related outcomes, post-op recovery outcomes and adverse events.

Results

Study Patients



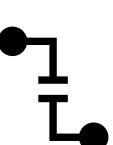
April 2019 – 19 Patients 14 Reversals







549 patient days of device-use



Median time between stoma La formation to enrolment:121 days

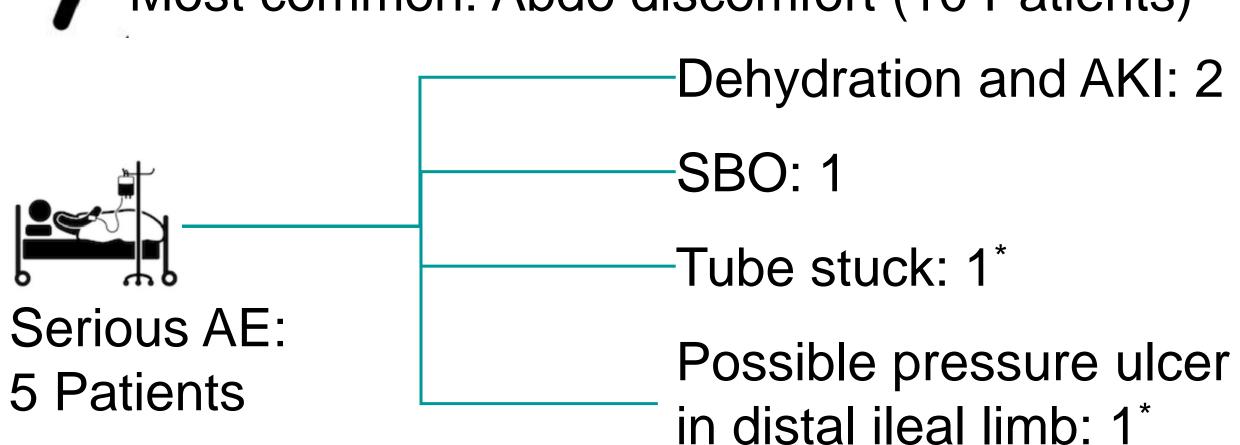
Primary Outcomes Median Score (1-10) Group 1 Group 2 Ease of Use (1 = Easy) Preference (10 = Prefer using device over discarding output) **Perceived Health Benefit** 6 (10 = high benefit)

Adverse Events (AE)



Minor AE: 13 Patients

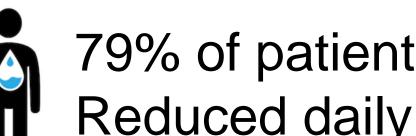
Most common: Abdo discomfort (10 Patients)

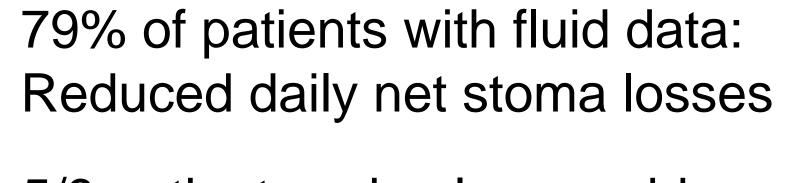


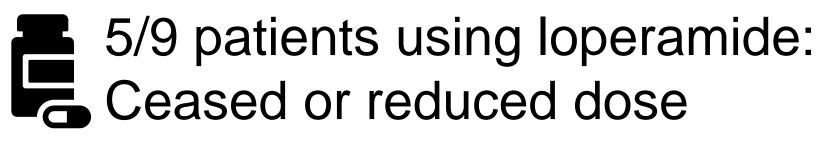
*: Device-related serious AE

Secondary Outcomes

Stoma-Related Outcomes







Post-Reversal Outcomes

Median LOS: 3.5 Days



Post-op lleus:

Device-Related Outcomes



71% of Group 1: Complaints about offthe-shelf gastrostomy tubes Group 2: Few tuberelated issues. Zero complaints about poor device fit.

Conclusion

The present feasibility study suggests our novel chyme reinfusion device is easy to use, effective, and acceptable to ileostomates in the community. The minor adverse events were often transient and the serious adverse events were either non-device related or led to design changes to prevent future events. A multi-centre randomised controlled trial is currently underway to assess the device's impact on bowel recovery following ileostomy reversal.