Appendicostomy vs. Caecostomy: Which is better for Antegrade Continence Enemas?

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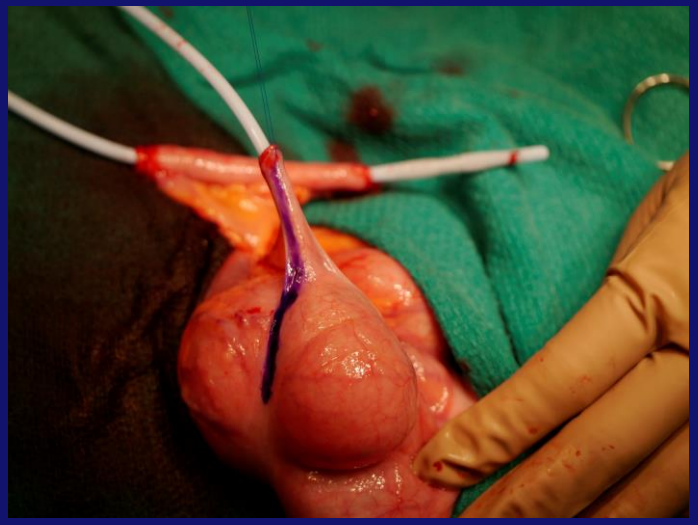

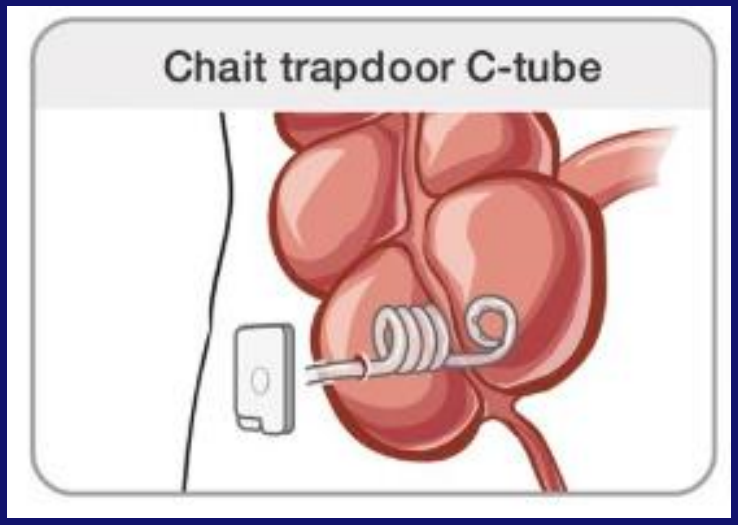

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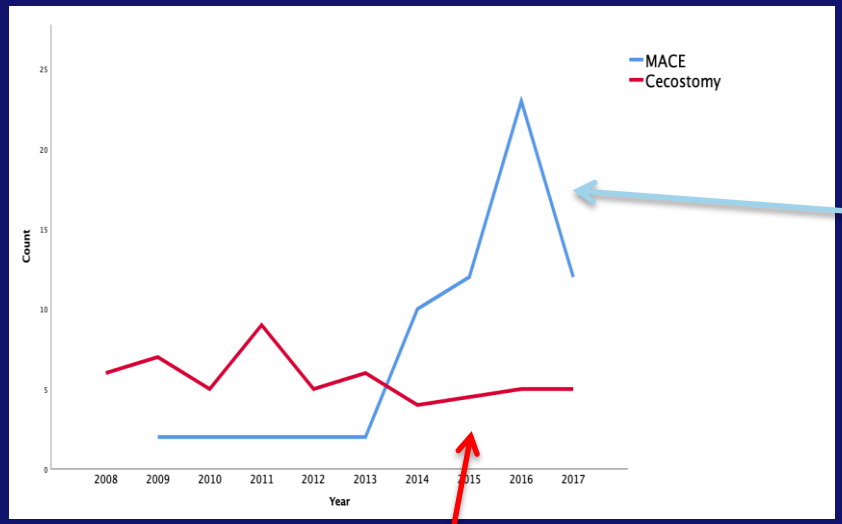
115 charts from 10 year period reviewed retrospectively



MACE
- 84% Urologist performed
- 94% Laparoscopic-assisted
- 40% with other procedure
- 59% Neurogenic bowel

Caecostomy
- 96% Interventional radiology
- 44% ARM
- 35% Neurogenic bowel
- Mean tube changes: 5 per patient

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Complications: Procedure Specific

Complications	Appendicostomy n=63 (%)	C-tube n=52 (%)	P
Infection	4 (6)	6 (12)	0.3441
Leakage	13 (21)	6 (12)	0.2169
Perforation	1 (2)	4 (8)	0.1739
Stomal stenosis	8 (13)	-	
False Passage	3 (5)	-	
Stricture	2 (3)	-	
Misplaced tube insertion	-	1 (2)	
Cecal detachment	-	1 (2)	
Need for further procedures	17 (27)	9 (17)	0.147

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Advantages: MACE vs Caecostomy

	Appendicostomy n=63 (%)	C-tube n=52 (%)	P
Length of stay (days)	2.8 ± 3	5 ± 5	**<0.01**
Length of IV antibiotic (days)	1.2 ± 1.3	4 ± 13	**0.02**
Compliance with flushes	60 (95)	46 (89)	0.30
Need for indwelling catheter	17 (27)	52 (100)	**<0.01**

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Conclusions

- Both effective at flush delivery
- Similar complication rates
- Caecostomy:
  - More tube changes
- MACE:
  - Shorter hospital stay
  - Fewer antibiotics

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Thank You

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