

## Chapter 1:

# *Common pathologies and indications for a stoma in neonates and children*

It is important to familiarise yourself with the common pathologies and indications for a stoma in neonates and children, as these are different than in adults. "There has been a decrease in the number of stoma performed in childhood with advances in surgical techniques and single-stage procedures..." (McIltrout, K.,

2016. p 174). The majority of the stoma surgeries performed in neonates and children are reversed, and the length of time with the stoma varies from a few months to a few years, depending on the diagnosis, the situation and the physician's practice.

Indications for faecal stoma in neonates and children. For further information see glossary.

Congenital		
 <p>Anorectal malformation Imperforate anus</p>	 <p>Cloacal exstrophy</p>	 <p>Laparoschisis</p>
 <p>Familial adenomatous polyposis</p>	 <p>Intestinal atresia: duodenal, jejunal, colonic</p>	<p>Read more in the glossary</p> <p>Hirschsprung's disease</p>

Acquired		
 <p>Enterocolitis</p>	 <p>Necrotising enterocolitis</p>	 <p>Necrotising enterocolitis</p>
 <p>Inflammatory bowel disease: Crohn's, ulcerative colitis</p>	 <p>Malrotation with midgut volvulus</p>	

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Acquired		
<p>Read more in the glossary</p> <p>Meconium ileus</p>	<p>Read more in the glossary</p> <p>Tumour</p>	<p>Read more in the glossary</p> <p>A temporary diversion (colostomy) may be required in cases of severe perianal disease or trauma/wounds in the perianal area.</p>
<p>Read more in the glossary</p> <p>Complications of gastrointestinal surgery: Fistulae, abscesses, stenosis</p>		

Motility		
<p>Read more in the glossary</p> <p>Intestinal pseudo obstruction</p>		

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Congenital



Cloacal exstrophy



Prune Belly syndrome



Bladder exstrophy



Spina bifida

Acquired



Hydronephrosis

Read more in the glossary

Trauma