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Meta-analysis study of postoperative complications in patients undergoing early reversal of ileostomy compared to delayed reversal following bowel surgery

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Background & Aim: Diverting ileostomies (also termed as defunctionalizing ileostomies), have been used by surgeons to mitigate anastomotic leak and to minimize pelvic sepsis after bowel surgery. Gastrointestinal continuity is restored after a period of 6-12 weeks. The aim of this study was to evaluate the surgical outcomes and safety of early ileostomy closure, within 4 weeks of index surgery, in patients that have undergone colorectal surgery.

Method: Online research directory of Open Access Journals, CORE, Public Library of Science were searched from January 2000 up to June 2018 for studies that focused on comparing early (<4 weeks) and late (>4 weeks) closure of ileostomy following bowel surgery. Meta-analysis was conducted using Review Manager 5.3.

Result: Eight studies met the inclusion criteria, yielding 1,126 patients (506 in EC and 620 in LC group). Meta-analysis showed no significant statistical advantage of LC over EC of ileostomy in terms of over-all complication rate (OR of 2.32; 95% CI, 1.48-3.63, p=0.0002), rate of anastomotic leakage (OR of 0.96; 95% CI, 0.55-1.66, p=0.54) and over-all mortality (OR of 2.00; 95% CI, 0.18-22.29, p=0.57). EC had statistical advantage over LC in terms of occurrence of post-operative ileus/obstruction (OR of 0.36; 95% CI, 0.14-0.90, p=0.03). However, EC statistically was more likely to cause post-operative wound infection compared to LC (OR of 2.32; 95% CI, 1.48-3.63, p=0.0002).

Conclusion: This meta-analysis suggests that early closure of an ileostomy is safe in carefully selected patients without increasing overall postoperative complications.

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