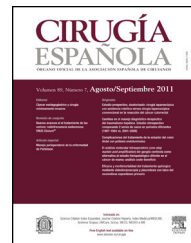


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## Letters to the Editor

### Effectiveness of Afferent Loop Stimulation Prior to Ileostomy Closure

### Eficacia de la estimulación del asa eferente previa al cierre de ileostomía

Dear Editor:

We have read with great interest the article by Abrisqueta,<sup>1</sup> entitled *Afferent loop stimulation prior to ileostomy closure*.

We report the case of a 55-year-old female patient who, during the diagnostic process of rectal tenesmus and bleeding, was diagnosed with a rectal adenocarcinoma measuring 3 cm, located 5 cm from the anal margin with concentric involvement, and 3 nodules in the mesorectal fat (UT3N1-2). After neoadjuvant treatment (radiotherapy to 50.4 Gy with concurrent capecitabine), a low anterior resection was performed in July 2012 with protective ileostomy in the right flank.

During adjuvant treatment, a barium enema was used to confirm the integrity of the anastomosis; after chemotherapy, an extension study was performed to rule out the presence of tumor disease.

In the month of November, treatment with efferent stimulation was begun. In our case, we began with 300 cm<sup>3</sup> of warm saline introduced through a Foley catheter. We repeated the process each week, increasing the stimulation to 500 cm<sup>3</sup>. After the online publication of the Abrisqueta article, we continued by including a thickener in the saline solution (Resource Thickener<sup>®</sup>, Nestlé Healthcare Nutrition, Vevey, Switzerland). One week before surgery for the reconstruction of the intestinal tract, stimulation was done daily, while including in the solution the contents of a container of sodium lauryl sulfoacetate and trisodium citrate

for antegrade preparation of the excluded segment. Throughout the process, the patient was asymptomatic except for the need for anal evacuation. We proceeded with the stoma closure, finding an efferent loop with a size similar to the afferent loop and performing a mechanical side-to-side anastomosis. The patient progressed satisfactorily, initiating peristalsis 24 h after surgery, and was discharged on the fourth day post-op.

We believe that stimulation of the efferent loop is essential to prevent atrophy of the excluded intestinal segment and, therefore, postoperative ileus while also preventing complications. In our case, despite having used an osmotic laxative, there was evidence of contrast enema on a plain abdominal radiograph after 72 h. We concur with Abrisqueta about reeducating patients for sphincter control; in our case, we also recommended Kegel exercises for this patient.<sup>2</sup>

The future demonstration of the usefulness of this procedure using comparative prospective studies to analyze the benefits of intestinal stimulation prior to ileostomy closure would require establishing protocols for patients to do each day at home to stimulate the excluded segment.

#### REFERENCES

1. Abrisqueta J, Abellán I, Frutos MD, Luján J, Parrilla P. Estimulación del asa eferente previa al cierre de ileostomía. *Cir Esp.* 2013;91:50-2.

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2. Ehrenpreis ED, Chang D, Eichenwald E. Pharmacotherapy for fecal incontinence: a review. *Dis Colon Rectum*. 2007;50:641-9.

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## Reply to: How can we Increase the Number of Scientific Publications in General and Gastrointestinal Surgery?★

### Respuesta a: ¿Cómo podemos aumentar el número de publicaciones científicas en cirugía general y digestiva?

I thank you for your invitation to respond to this letter, which mentions the problem of the limited number of scientific papers written by surgical residents that are published.

In the results of our article<sup>1</sup> about the activity of residents in a multicenter study, there was notable bias since the participating hospitals were centers especially dedicated to teaching. Therefore, it is quite probable that the actual number of publications during residency is even lower.

I share the idea that the incentive to improve these results should be aimed at 2 factors in particular:

- The first of these is the centers where medical residents receive their training. Structured bibliographic sessions should be organized continuously so that residents become used to reviewing relevant articles. The center should be in the habit of publishing the studies performed in the departments. Tutors of residents are essential, and they should design the resident training program depending on the characteristics of each centre and based on the national program for our specialty.<sup>2</sup> It is important for the hospital to reward the effort involved in the publication of an article in an indexed journal.
- On the other hand, it is important for the Spanish Association of Surgeons to continue with the organization of pre-congress courses and workshops dealing with the design, development and review of articles.

But as previously commented, more important than the number of articles is their quality. Therefore, great relevance should be given to training residents in study design, starting with the description of relevant clinical cases, then observational and analytical studies, and finally introducing the residents to prospective, controlled and randomized study design. Such training should include: (a) how to present studies

to Ethics and Research Committees and, depending on the study, whether it should be submitted and approved by the National Medicine Agency; (b) how to get funding (different types of grants, how to apply); (c) whether insurance is necessary for the study; and finally (d) how to register this type of study in international clinical trial registers, such as ClinicalTrials.gov.

We must give future surgeons solid, balanced surgical training with proper teaching and research training that will lead to the creation of publications with high scientific evidence.

#### REFERENCES

1. Serra Aracil X, Navarro Soto S, Hermoso Bosch J, Miguelena JM, Ramos JL, Martín Pérez E, et al. Estudio prospectivo multicéntrico sobre la actividad de los residentes de Cirugía General y del Aparato Digestivo en España a través del libro informático del residente. *Cir Esp*. 2012;90:518-24.
2. Programa Formativo de la Especialidad de Cirugía General y del Aparato Digestivo. Orden SCO/1260/2007, de 13 de abril, por la que se aprueba y publica el programa formativo de la especialidad de Cirugía General y del Aparato Digestivo. (BOE número 110, de 8-5-2007. pp.19864-19873 [accessed 2 Sep 2011]. Available from: [http://www.boe.es/aeboe/consultas/bases\\_datos/doc.php?id=BOE-A-2007-9409.9409](http://www.boe.es/aeboe/consultas/bases_datos/doc.php?id=BOE-A-2007-9409.9409)

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