

G.I. Ostomy Comparison:

Ostomy	Purpose	Type of DX	Output	MD*
Gastrostomy Sometimes done w/ Nissen	Administering feedings, fluids, meds; decompression	FTT, Neuro-devestated, CP, Cranio-facial,, Aspiration, CF, DI	Acidic, clear; tube usually required	GS, GI, IR
Jejunostomy	Administering feedings-bypass stomach	Gastroparesis, aspiration	Alkaline, potential for highest output, very caustic, water, green; tube usually required	GS, GI. IR
Cecostomy	Administering fluids/ laxatives	Spina bifida, Encopresis, h/o impactions, paralysis	Alkaline, Liquid, brown, tube usually required	GS,GI,IR, UR
Ileostomy	Diversion to allow colon to heal after surgery; scope access for intestinal transplant	IBD (u.c.), FAP, NEC, gastroschisis, pseudo- obstruction, total colonic HD, intestinal transplant	Alkaline, High output, Very caustic; liquid to pasty; requires a pouch	GS
Colostomy	Diversion to allow colon to heal after surgery, end point	HD, Imperforate anus, colon ca, trauma	liquid/pasty to firm - depends on the section removed; doesn't always require a pouch	GS

* GS: general surgeon; GI: Gastroenterologist; IR: Interventional radiologist; UR: urologist