Jan. 4, 1949. R. W. SMOOT 2,458,308

COLOSTOMY RECEPTOR

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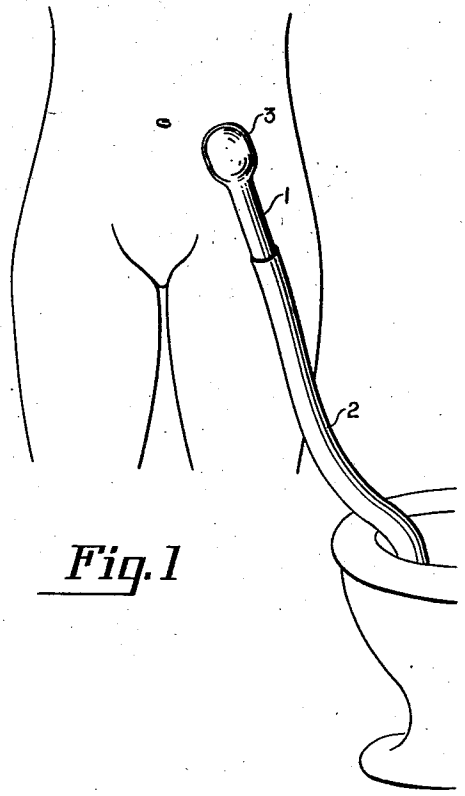


Fig. 1

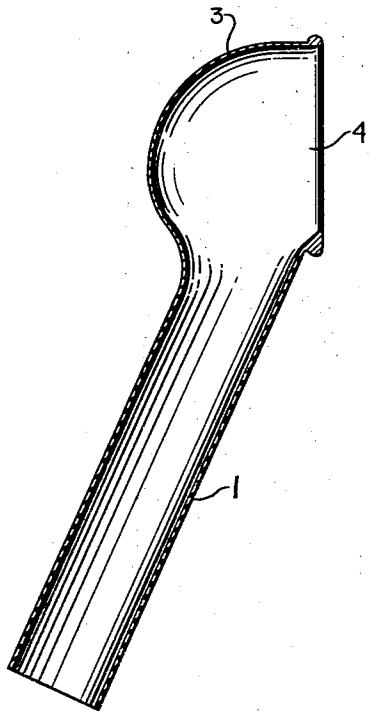


Fig. 2

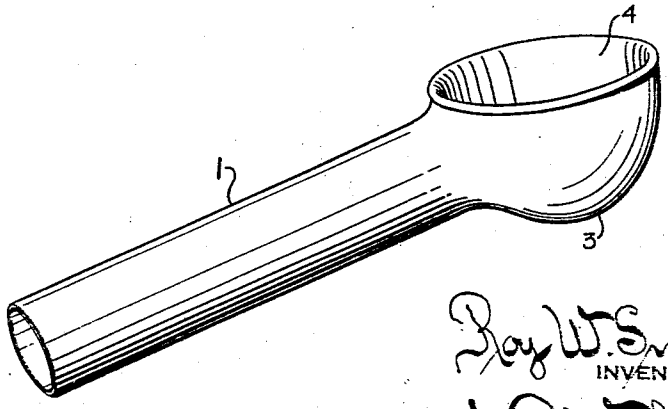


Fig. 3

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COLOSTOMY RECEPTOR

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1 Claim. (Cl. 128—283)

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This invention pertains to surgical appliances, and more particularly to a colostomy receptor.

Colostomy operations are performed to provide a fecal fistula, affording means of artificial communication between the colon or large intestine and the exterior of the body through which the current of fecal matter may be discharged outwardly into space, rather than permitted to follow its normal course downwardly through the lower portion of the bowel.

Such operations are most frequently indicated in cases of destructive diseases, such as carcinoma and sarcoma, whereby the normal functions of the rectum and anus are permanently impaired.

Such fecal fistulas are usually formed by an incision over the cecum, as for an appendicostomy, or elsewhere in the abdominal wall, preferably in the left inguinal region and suturing the peritoneal edge of the wound to the large bowel and uniting the cut edge of the latter to the fascia or to the skin. By suturing the bowel to the skin, a permanent mucocutaneous fistula is likely to be developed. In such cases, however, the patient loses all control of the bowel action, and more or less seepage is likely to occur.

Heretofore such patients have been compelled to wear constantly a colostomy pouch or rubber bag strapped over the fistula or artificial opening by means of a waist band or belt. Such devices are highly objectionable. They not only cause much irritation and chafing, but are quite unsanitary and malodorous, which objectionable features are almost unsurmountable.

More recent medical practice has been to recommend daily irrigation of the bowel by a douche or enema, introducing through the fistula approximately a quart of water or other liquid. This is subsequently expelled through the fistula accompanied by the fecal content of the bowel. This treatment obviates the uncontrolled tendency of the bowel to partially evacuate at frequent intervals. Upon removal of the enema or douche tube from the patient lacking bowel control, the water and feces may be expelled under pressure with great velocity in an undirected stream, with more or less disastrous results.

To provide directive control of such discharge is a dominant purpose of the instant invention.

The object of the invention is to improve the construction as well as the means and operation of colostomy appliances or receptors, whereby they may not only be economically manufactured, but will be more efficient in use, safe, sanitary, non-irritating, and having minimum irregular

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surfaces or obstructions to interfere with free flow of fecal matter.

A further and important object of the invention is to provide a temporary appliance and thus obviate the necessity for constant wearing of the customary colostomy pouch, with its numerous objectionable features.

A further object of the invention is to facilitate control and disposal of the discharged matter.

A further object of the invention is to provide an appliance for the purpose designated which will be light in weight and conveniently shaped for handling and use.

A further object of the invention is to provide a discharge device for an artificial fecal fistula of the human body, which the patient may conveniently use either standing, sitting, or lying down.

A further object of the invention is to provide a discharge device which will equally well accommodate a passive and weak discharge, or an active and forceful expulsion of fecal matter.

A further object of the invention is to provide a surgical appliance having the advantageous structural features, the inherent meritorious characteristics, and the mode of use herein set forth, or their equivalents.

With the above primary and other incidental objects in view as will more fully appear in the specification, the invention intended to be protected by Letters Patent consists of the features of construction, the parts and combinations thereof, and the mode of operation, as hereinafter described or illustrated in the accompanying drawings, or their equivalents.

In the drawings, wherein is shown the preferred but obviously not necessarily the only form of embodiment of the invention,

Fig. 1 is a front view of a portion of a human body illustrating the region to which a colostomy receptor embodying the present invention is applied.

Fig. 2 is a detail side view of the receptor.

Fig. 3 is a perspective view thereof, showing the inlet or applicator side thereof.

Like parts are indicated by similar characters of reference throughout the several views.

The instant appliance is of relatively small size and light weight. It is ordinarily of approximately ten inches in length, and is molded from initially plastic or synthetic resinous materials, aluminum, glass or other material capable of being thoroughly sterilized.

It comprises an elongated rigid tube 1, to which may be attached a continuing flexible hose or conduit 2 through which the expelled fecal mat-

ter may be discharged into a commode or toilet. Surmounting the upper end of the tube 1 is an integral bulbous head 3 of a generally truncated spherical form, having in one side thereof an enlarged opening 4, the margins of which are rounded or beaded and smooth to prevent irritation. The tube 1 extends at a slight angle to the plane of the open face 4. The interior surfaces of the tube 1 and head 3 are uniform and smooth throughout, having no offsets, shoulders or obstructions which might interfere with free flow of the discharge. To such end, the surfaces merge one with another upon curves of rather long radii.

In use the appliance or receptor is manually held over the fecal fistula, with the smooth beaded margin of the opening 4 in tight contact with the surface of the body thereabout. It is found that after having taken an enema or douche for irrigation of the bowel, the patient can ordinarily hold the water charge for a sufficient period to enable the instant appliance to be grasped and adjusted to proper position, where it is then held.

Not being necessary to be worn beneath the clothing, this appliance is much more convenient, with less irritation or chafing of the body, yet much better serves the purpose of the customary colostomy pouch. If so desired, the device may be temporarily supported by a belt, bandage or sling instead of being manually held.

From the above description it will be apparent that there is thus provided a device of the character described possessing the particular features of advantage before enumerated as desirable, but which obviously is susceptible of modification in its form, proportions, detail construction and arrangement of parts without departing from the

principle involved or sacrificing any of its advantages.

While in order to comply with the statute the invention has been described in language more or less specific as to structural features, it is to be understood that the invention is not limited to the specific features shown, but that the means and construction herein disclosed comprise the preferred form of several modes of putting the invention into effect, and the invention is therefore claimed in any of its forms or modifications within the legitimate and valid scope of the appended claim.

Having thus described my invention, I claim:

A colostomy receptor, comprising a rigid one piece tubular element formed with an elongated stem providing a handle portion and a means of attachment of a flexible conduit thereto, and further formed with a bulbous head of substantially truncated spherical shape, said stem extending from said head at an inclination to the open face of the head and coincident with the lower margin of said open face.

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