

Colostomy is surgically fashioned colo-cutaneous fistula for the diversion of the feces and flatus away from distal pathology or a surgical site either temporary or permanent type, indication of colostomies in our study were ARM.

Identify the most common complication of colostomy in patient with ARM and how to be avoided, and which colostomy type carries a low risk of complication.

Prospective study of 100 cases ARM that underwent colostomy was conducted at Medical City Children Welfare Teaching Hospital of department of pediatric surgery between January 2014 – November 2015.

Most of colostomies (75%) were done in the neonatal period and mainly for recto urethral fistula in male (45%), the most common type of colostomy was a loop sigmoid colostomy (69%) this may be due to simplicity in creation and closure, in addition to surgeon's preference.

Divided colostomy was done in 26 patients, and mainly for male patients. Seventy patients (70%) develop different complications and the most common were prolapsed (39%). others were skin excoriation, UTI, wound sepsis, parastomal hernia and bleeding.

Prolapsed and skin excoriation were most in loop colostomies, while skin dehiscence was commonly seen in divided types. Associated anomalies were seen to be related to increase incidence of colostomy related complication. Mortality rate was (5%); the causes of death were septicemia, associated congenital anomaly and complex malformation.

To decrease the incidence of prolapsed, it better to created divide rather than loop sigmoid colostomy for complete diversion of faces. We recommend divided proximal sigmoid colostomy for complete diversion of feces for protect definitive PSARP.