During the analysis the percentage of procedures performed, complications, length of hospitalization, tolerance of the treatment were assessed.

Results
1. Ghost-stoma technique was used more frequently - in 29% of cases vs. 9% of protective ileostomies.
2. The percentage of emergency stomas was: group A: 0% vs. 3% in group B.
3. Length of hospitalization measured in postoperative days: on average, 5.5 days in group A vs. 4.5 days in group B.
4. No complications resulting from the creation of a protective ileostomy were found compared to 1 case of a peritoneocutaneous fistula after removal of the ghost-stoma.

Conclusion
1. The use of ghost-stoma results in a longer hospitalization time but does not require invasive intervention - stoma removal.
2. In group A (ghost-stoma), not a single patient required emergency stoma was found - this requires further observation.
3. Potential complications resulting from the use of ghost-stoma (according to our experience, enterocutaneous fistula) do not pose a significant clinical problem.

Disclosures None