Emergency Resection and Primary Anastamosis of Sigmoid Volvulus with Tube Caecostomy as a Temporary Decompression of Colon by Malecots Catheter

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Abstract

Sigmoid Volvulus is a very common cause of large bowel Obstruction. On review of 14 cases of Sigmoid Volvulus underwent Emergency resection and Primary Anastamosis with *Tube Caecostomy* as a Decompression of colon by *Malecots Catheter* alternate to Hartmanns or Paul-Mukulicz operations, to reduce the time & another surgery of colostomy closure.

The study has been done in a few hospitals where I worked, Coimbatore Medical college from June1987 to April1991, Erode Head Quarters hospital Erode from September 1991 to December 2000 & Perundurai Medical College Hospital, Perundurai from November 2002 to June 2004.

Keyword: Tube Caecostomy; Malecots Catheter, Sigmoid Volvulus.

Introduction

Sigmoid Volvulus is more common in males and old age with constipation. Always rotate in anticlockwise direction. All the patients presented with Enormous distention of Abdomen with the signs of large bowel obstruction..

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Materials & Methods

Confirmed the diagnosis with a Plain X-Ray Abdomen erect posture with coffee bean sign. Treated with IVfluids, RT aspiration, Bladder catheterization, Antibiotics, not deflated by flatus tube. Decided for a resection & primary Anastamosis of sigmoid Volvulus with Tube Caecostomy as a Temporary decompression of colon by Malecots catheter.

Out of 14 cases, 2 cases were gangrenous sigmoid, for all cases did resection & primary Anastamosis of colon with decompressive tube Caecostomy by Malecots catheter. The tube Caecostomy was removed after 5-6 days, the Caecostomy wound healed well with out any problem.

Discussion

All patients went on well, no leak from Caecostomy wound. By doing a tube Caecostomy as a decompressive technique, which avoided the another surgery of colostomy closure & time consumption were minimized.

For the Hartmanns or Paul-Mukulicz operations, colostomy fashioning will take time & another surgery after 6- 12 of colostomy closure will be avoided by this simple procedure.

Conclusion

By this study, we can quickly do the emergency sigmoid Volvulus resection & primary Anastamosis with tube Caecostomy as a decompression of colon by Malecots catheter, by which saving the time & colostomy closure of another surgery with out any complications for the patients.

References

- Rosenburg L, Gordon PH. Tube cecostomy revisited. Can J Surg 1986; 29:38–40.PubMed
- 2. Goldberg SM, Meese DL. Tube cecostomy. Can J Surg 1986; 29:228–9.
- 3. Maynard AD, Turell R. Acute left colon obstruction

- with special reference to cecostomyversus transversostomy. Surg Gynecol Obstet 1955; 100:667–74.PubMed
- 4. Hughes ES. Cecostomy: a part of an efficient method of decompressing the colon obstructed by cancer. Dis Colon Rectum 1963; 53:454–6.
- 5. Gerber A, Thompson RJ. Use of tube cecostomy to lower the mortality in acute large intestinal obstruction due to carcinoma. Am J Surg 1965; 110:893–6.CrossRefPubMed.