

Treatment of sigmoid volvulus

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Flexible sigmoidoscopy or rigid sigmoidoscopy and insertion of a flatus tube should be carried out to allow deflation of the gut. The tube should be secured in place with tape for 24 hours and a repeat radiograph taken to ensure that decompression has occurred. Success, as long as ischaemic bowel is excluded, will resolve the acute problem. In fit patients, an elective sigmoid colectomy is required. It may not be reasonable to offer any further treatment following successful endoscopic decompression in elderly or unfit patients; however, if there are recurrent episodes of volvulus, the options are resection or two-point fixation with combined endoscopic/percutaneous tube insertion (gastrostomy tubes are frequently used for this purpose). When the bowel is viable, fixation of the sigmoid colon to the posterior abdominal wall may be a safer manoeuvre in inexperienced hands. Resection is preferable if it can be achieved safely. A Paul-Mikulicz procedure is useful, particularly if there is suspicion of impending gangrene (Figure 78.20); an alternative procedure is a sigmoid colectomy and, when anastomosis is considered unwise, a Hartmann's procedure with subsequent reanastomosis can be carried out.

Revision #1

Created 2025-12-31 15:28:19 UTC by Omar Ayman

Updated 2025-12-31 15:28:19 UTC by Omar Ayman