

Resection and Primary Anastomosis with Modified Blow-Hole Colostomy or Hartmann's Procedure. Which Method should be Performed for Gangrenous Sigmoid Volvulus?

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Abstract

Aim: To evaluate the efficacy of Hartmann's procedure and RPA with modified blow-hole colostomy for gangrenous sigmoid volvulus.

Methods: Sixty-one patients operated on between January 2004 to September 2010 were reviewed retrospectively. The demographic data of the patients, clinical features, type of surgical procedure performed, postoperative complications, mortality and duration of hospital stay (DHS) after surgery were reviewed.

Results: The mean hospital stay, wound infection and mortality did not differ significantly between the groups. Superficial wound infection rate was higher in group A (32% vs15%). Development of leaks secondary to stoma closure was not observed in any patient. During hospitalisation period; the postoperative complications were wound infection in four patients, intraabdominal abscess in two, evisceration and wound dehiscence in two, arrhythmia in six, pneumonia in eight. Medical and surgical complication rates of the groups were not different ($p>0.05$). When compared, the durations of intensive care unit (ICU) stay were not statistically different ($p>0.05$), but mean duration of hospital stay (DHS) was longer in group A than group B ($p<0.05$).

Conclusion: Sigmoidectomy should be the basic principle in the management of sigmoid volvulus. RPA with modified blow - hole colostomy provides satisfactory results. It is easy to perform in patients with sigmoid volvulus. RPA with modified blow - hole colostomy can be performed safely in selected patients without increasing morbidity and DHS.

Key words: colon, volvulus, surgical technique, intestinal obstruction

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