

Emergency management of left colon with stage I resection

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Abstract

AIM: Emergency resection of left colon with intra operative lavage and primary anastomosis.

METHODS: After the satisfactory exploration of abdominal cavity, the corresponding mesenteries, the splenic flexure and hepatic flexure were freed sufficiently. The proximal portion of the lesion was ligated, and placed outside the incision in case an extensive operation was needed, which was often the case in tumor patients. If a small lesion is to be removed, ligation and fixation of the proximal portion of the lesion can be performed through catheterization. Feces in shape were taken out of the bowel lumen, and a large-diameter tube was connected with it. A 22-Foley catheter was connected through the base of freshly amputated appendix or through an enterotomy of terminal ileum into cecum. Salure solution of body temperature was infused through the Foley catheter for lavage until the effluent

from the lavage was clear. Usually it took 3-8 liter saline solution on average. After completion of lavage the Foley catheter was removed, and appendectomy was performed or the enterotomy is closed. The diseased colon was removed, the bowel end-to-end anastomosis was carried out routinely. A drainage tube was positioned near the anastomosis site. After completing anastomosis, the fecal material in the distal colon was evacuated through a proctoscope. All the patients received broad-spectrum parental antibiotics.

RESULTS: In this study, left colectomy was performed in 10 cases. Segment resection of left colon and local anastomosis in 5 cases. Low anterior resection was in 3 cases. One patient died from MOF(multiorgan failure). Anastomosis occurred in one case. After drainage the leakage closed. Pelvic abscess in 1. Wound infection in 2. All but one patients ranged recovered. The duration of postoperative hospital stay ranged from 8-60 d, Mean 12 d.

CONCLUSION: Compared with traditional one or three-stage resection method, this technique is reliable and safe for patients who need urgent nonelective resection of left colon.

Key words: Colon/surgery; Enema; Colectomy

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