



International Medical Sciences Academy
 Associate Member of Council for International Organizations of Medical Sciences - CIOMS, Geneva
 Registered under Societies Registration Act XXI of 1860 No S/11630-March 28, 1981
 IMSA World Head Quarters Secretariat: 2nd Floor, National Medical Library Building, Ansari
 Nagar, Ring Road, New Delhi 110029 INDIA Tel: 91 11 26589660, 26588226
 E mail: imsawhq06@gmail.com, www.imsaonline.com



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Announces its Annual Conference

IMSACON 2012

to be held at

Gulf Medical University, Ajman, United Arab Emirates

On Saturday Oct. 6, & Sunday Oct. 7, 2012

Chairman: **Dr. Moideen Thumbay,**
President, Gulf Medical University, Ajman

Theme:

EVIDENCE BASED MEDICINE – SCOPE AND CHALLENGES

Sub Themes:

EBM in Medicine, EBM in Surgery, EBM in Maternal & Child health, EBM Lab Medicine &
 Medicine Education

For Registration: Contact

Prof. Gita Ashok Raj, Provost, GMU

P.O. Box 4184

Ajman, UAE

Tel. : 00971 6 7431333

Fax : 00971 6 7430313

E-mail : provost@gmu.ac.ae

Website: www.gmu.ac.ae

Or

Secretary General, IMSA, imsawhq06@gmail.com

It is important to differentiate gangrenous vs. non-gangrenous bowel in the preoperative setting by the short duration of symptoms, more tender abdomen, association with nausea and vomiting, tachycardia, dehydration, passage of blood in stools and higher leucocyte count². In 60 patients of Bhatnagar¹⁵, 44 (73%) had gangrene confined to the area of constriction while in 16 (26%) it extended beyond the confines of constriction. In 11 of these 16 cases, the gangrene extended to the upper rectum and in 5 cases it extended into the adjoining descending colon. The importance of it is when doing the resection and primary anastomosis because of the very high chance of leak in case of compromised vascular supply.

Several authors are of the opinion that in the first instance sigmoid volvulus should be treated by decompression and resection and anastomosis should be treated as an elective procedure. Though this approach looks sound, the problem with patients of the 'volvulus belt' of India and Pakistan is that they do not want any further surgery if their symptoms are relieved, and they return to hospital only when there is a recurrence of volvulus. It is therefore advisable to have a definitive operation at the first instance. One has to choose between fixation of the colon and resection of the colon. As these patients usually present late and the bowel is not prepared for emergency resection, it is better to avoid resection. In such circumstances, fixation is the alternative. Fixation itself may be associated with a high rate of recurrence. If one gets the chance to re-explore the abdomen after a previous fixation operation then often the sutures which have been used for fixation in the first instance are not visible. Even if the fixation is in place, the redundant colon may twist causing recurrence. In order to prevent recurrence, one has to carry out fixation such that the whole of the colon is fixed. Whatever material is used for the fixation, ultimately it becomes ineffective; the best plan is to put the whole of the colon extraperitoneal. With this concept, Bhatnagar in 1970 described the operation of extraperitonealization of the sigmoid colon in cases of non-gangrenous sigmoid volvulus.¹² The advantage of the technique is that is an easy operation, does not require opening of the bowel and does not require any resection. As the whole of the sigmoid colon is brought out into a closed space, there is no chance of rotation of colon. Furthermore, because of the large raw area the colon develops adhesions further reducing the chance of rotation. As the operation does not require any resection the mortality rate is reduced, and as the whole of the colon is in extraperitoneal compartment there is minimal chance of recurrence of the disease¹⁴.

For any operation to be considered good for sigmoid volvulus, it

should be easy, less time consuming, have low morbidity and mortality, and no recurrence rate. Resection and anastomosis in the elective situation has an acceptable mortality, but in the emergency situation where the general condition of the patient is not good and the bowel is not prepared, the complications of resection are tremendously high and unacceptable.

Hugely distended sigmoid colon may herald the proper vision so role of laparoscopy is mainly limited in elective setting where one can do sigmoid resection, sigmoidopexy and even extraperitonealization¹⁶.

CONCLUSION

We are of the opinion that extraperitonealization of the sigmoid colon for sigmoid volvulus is an easy operation associated with minimal complications and is free of recurrence. The only drawback of the operation is sometimes the bulge in the lower abdomen and if a reoperation has to be performed then the surgeon has to be careful to avoid injury to the colon.

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Conference News

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For Advance Complimentary Registration: Please Contact:

drhkchopra@yahoo.com

3dhealthcare@gmail.com

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