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RETROGRADE INTRAOPERATIVE COLONIC IRRIGATION

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CASE HISTORY

An 81-year old lady presented with classical large bowel obstruction. A gastrograffin enema demonstrated an irregular stricture in the distal descending colon. At laparotomy the proximal colon was distended with faeces. The obstructing lesion was removed and the proximal bowel was attached to the irrigation apparatus (figure 1 end A). A flexible irrigation tube was passed through a port (B) and advanced in a retrograde manner into the bowel directing irrigation fluid to the most distal point of faecal blockage. The surgeon aided in faeces dispersion by gentle manipulation of the bowel, which then drained into the receptacle (C). Five litres of fluid was used and irrigation was stopped after 10 minutes when the effluent became clear. The part of the bowel attached to the apparatus was excised and an end-to-end anastomosis fashioned. The patient recovered uneventfully and was discharged home after 12 days.

This method of irrigation seems to avoid the risk of excessive colonic distension which can be a problem with antegrade lavage, which can take up to an hour [1] and requires the formation and closure of a proximal entry site. A randomised controlled study is necessary to assess if retrograde irrigation is better than antegrade techniques.

Reference

1. The Scotia Study Group. Single stage treatment for malignant left-sided colonic obstruction: a prospective randomised clinical trial comparing subtotal colectomy with segmental resection following intraoperative irrigation. *Br J of Surg* 1995; 82: 1622-1627