
Surgical emergencies at night — thinking on your feet may prevent morbidity

Madam, the treatment of sigmoid volvulus especially in relation to flatus tube insertion needs to be prompt and is often left to junior colleagues which during the night can lead to some limitations requiring quick thinking and innovation. We recently admitted an acutely ill 75-year-old gentleman. The patient had a grossly distended abdomen and severe abdominal pain. Clinical examination and imaging revealed a sigmoid volvulus at imminent risk of perforation. The management was for immediate decompression of the volvulus. The patient required a rigid sigmoidoscope for flatus tube insertion. Unfortunately, there were no flatus tubes in casualty or accessible in the hospital at that time of night. As trainee surgeons, we improvised with a suction tube with one end filed down

with a nail file to smooth and prevent perforation. We then cut side holes to prevent blockage of the tube. Insertion was smooth and had the additional advantage of being able to be placed higher than other standardised flatus tubes. This was successful at decompressing the patient and subsequently prevented the need for an immediate operation which meant that he was able to be optimised physiologically before any definitive treatment was undertaken. This note is a reminder to the aspiring surgeon, that innovation should go hand in hand whenever dealing with acutely ill patients in challenging working conditions.

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