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A simple technique to control faecal spillage during proctoscopic detorsion of sigmoid volvulus

Successful proctoscopic detorsion of sigmoid volvulus (1) is associated with a dramatic release of gas and liquid stool. To avoid spillage a 36–40F chest tube is attached to a Foley bag (2), lubricated, and inserted transanally, and under proctoscopic vision advanced through the volvulus. The colonic contents under high pressure are then released in a controlled fashion into the Foley bag (3). The tube is taped to the buttocks, and a postprocedure radiograph obtained to confirm proper placement (4).

1 Plain radiograph, upright abdomen, demonstrating classic “bent inner-tube” appearance of the sigmoid volvulus. **2** A Foley bag is attached to a 36–40F chest tube. Note the centimetre markings on the chest tube which allows precise placement. **3** The chest tube is gently inserted transanally under direct proctoscopic vision. Faecal spillage is controlled. The tube is then taped to the buttocks. **4** Postprocedure radiograph demonstrating proper rectal tube placement.