

AB153. 126. Sigmoid volvulus: early preventative surgery should be considered in all instances to reduce recurrence and improve outcomes

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Background: Acute sigmoid volvulus (ASV) is a well-recognised cause of bowel obstruction, especially in the elderly and co-morbid. We sought to compare outcomes of patients who were managed operatively or conservatively for ASV in our unit.

Methods: The Hospital Inpatient Enquiry (HIPE) data were used to identify all patients with ASV between 2005 and 2016. Patient notes were examined to record demographics, co-morbidities, procedures performed and outcomes.

Results: Thirty patients were treated for ASV between 2005 and 2016 (M:F—20:10). Average age at initial presentation was 72.4 years. Eleven patients underwent emergency surgery on index admission or at a planned later date following colonoscopic decompression. There were three mortalities

in this group however two of these were in patients with established bowel gangrene at time of presentation. Of those treated with initial decompression followed by semi-elective surgery, only one patient died from surgery related complications. Nineteen patients underwent colonic decompression alone on index admission, 14 of whom re-presented due to volvulus recurrence at a later date (73.7% re-admission rate). Three of these patients managed non-surgically ultimately died on a later admission from bowel gangrene. The mortality rate in those who did not undergo preventative surgery was 21.4% (3/14) due to the recurrence of volvulus and death from gangrene.

Conclusions: We propose that all patients should be strongly considered for early preventative surgery following initial presentation with ASV. Failure to operate has a high recurrence rate resulting in readmissions, reduced patient quality of life and, in some instances, death due to bowel gangrene.

Keywords: Sigmoid; volvulus; surgery; outcome

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