



AAST Acute Care Surgery Didactic Curriculum

Colon Obstruction

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Highlights:

- Sigmoid volvulus is managed with endoscopic detorsion followed by resection (prohibitively high recurrence rates). Urgent resection is required in the setting of unsuccessful endoscopic detorsion, or concern for ischemia/perforation.
- Cecal volvulus is generally treated with segmental resection, as endoscopic detorsion is much less successful. Cecopexy is a less-commonly performed alternative with higher recurrence rates but decreased post-operative morbidity.
- Obstructing right-sided colon cancer is treated with segmental resection and primary anastomosis. Anastomotic leak rates are close to the rates of elective cases. Stenting is not recommended.
- Obstructing left-sided colon cancer has multiple treatment options available, including resection with anastomosis, Hartmann's procedure, or self-expanding metal stents (SEMS). SEMS can be used as a bridge to surgery or for palliation, but perforation rates are variable (10-50%).
- Obstructing rectal cancer is best treated with proximal diversion to allow for neoadjuvant chemoradiation prior to definitive resection.