SAME-ADMISSION COLECTOMY AFTER SIGMOID VOLVULUS DETORSION: CURRENT EVIDENCE FOR OPTIMAL TIMING

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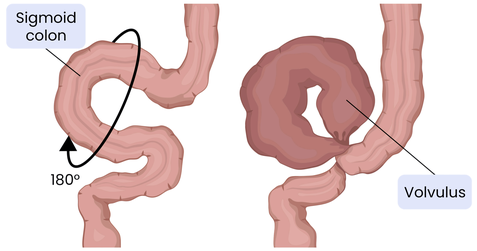
Introduction:

Sigmoid volvulus is a frequent cause of large bowel obstruction in elderly patients.

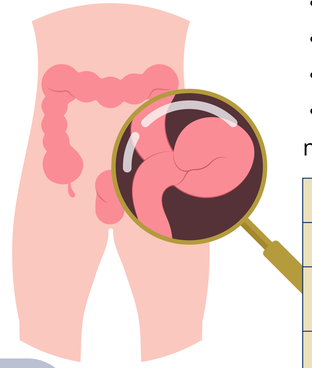


TREATMENT PATHWAY

Endoscopic Detorsion
(first-line treatment)
↓
Risk of recurrence and ischemia
↓
Sigmoid Colectomy

Research Question:

DOES THE TIMING OF COLECTOMY AFTER DETORSION AFFECT OUTCOMES?



Methods and Techniques:

INCLUSION CRITERIA

- Sigmoid volvulus
- Successful endoscopic detorsion
- Colectomy during the same admission
- Timing reported as days or early vs delayed

DATA EXTRACTION

Two reviewers extracted:
- Study design
- Patient characteristics
- Surgical timing
- Outcomes: ostomy, complications, mortality, length of stay

PUBMED SEARCH STRATEGY

("sigmoid volvulus") AND ("sigmoid colectomy" OR "sigmoid resection" OR "surgical timing" OR "semi-elective colectomy")

↓

Records Identified
n = 232

↓

Title / Abstract Screening

↓

Full Text Assessed

↓

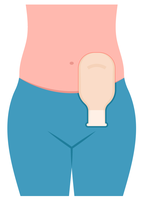
Studies Included
n = 3

Study	Data Source	Sample Size
Arnold et al.	NRD database	842
Chu et al.	Medicare database	1,916
Tsai et al.	Single-center study	25

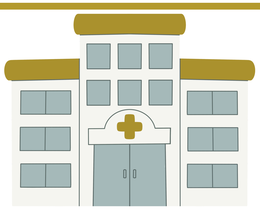
Results:

Study	Key Findings	Outcomes
Arnold et al. (n=842)	Surgery >2 days	↓ Ostomy rate (29.4% vs 38.3%, p=0.013) ↓ Cardiac events (0.0% vs 1.1%, p=0.045) No difference in 30-day mortality, readmission, or postoperative LOS Longer hospital stay
Tsai et al. (n=25)	≤2 vs >2 days	No difference in complications
Chu et al. (n=1,916)	Timing distribution	Same day 12.5% 1–3 days 54.7% ≥4 days 32.7%
Mortality (Chu)	90-day mortality	**5.0%

Conclusion:



Ostomy rates lower with delayed surgery (>2 days)



No increase in complications or mortality