ABSTRACT

Background/Introduction:

Sigmoid volvulus is an abdominal surgical emergency in regions of the world the volvulus belt-- South America, Africa, the Middle East, India, and Russia. It causes morbidity and mortality. When sigmoid colon twists about its mesentery it results in volvulus. Majority of colonic obstruction involves sigmoid colon in 90% of cases. It can present as acute type or sub-acute type or chronic form. Surgery is the treatment in acute sigmoid volvulus. Many methods are used in the surgical management. The purpose is to STUDY the “COMPARISON OF PRIMARY RESECTION ANASTOMOSIS WITH HARTMANN'S PROCEDURE IN THE MANAGEMENT ACUTE SIGMOID VOLVULUS”

Methods:

This prospective study was conducted in 60 patients, admitted in govt. Rajaji Hospital ward, Madurai Medical College, Madurai under the department of general surgery, with acute sigmoid volvulus. Then laparotomy done in 60 patients, primary resection & anastomosis were done in half-30 patients and the Hartmann's procedure in half-30 patients. All patients diagnosed as sigmoid volvulus with features of intestinal obstruction are taken after excluding Patients with gangrenous bowel and Previous major abdominal surgeries.
Outcome of these two procedures evaluated in our hospital by using comparison of mortality, wound infection, gaping, duration of surgery, colostomy complications, and hospital stay.

**Results:**

Primary resection and anastomosis is a single stage operation and was most suitable in all cases with uncomplicated viable bowel. It is superior to other procedures and safer with satisfactory results. Mean age at presentation is 52.9 years. Male:female ratio is 2:1

Our result showed that there is significant difference between two groups in terms of lesser hospital stay, wound infection, duration of surgery in Resection anastomosis group with significant P value < 0.05, compared to the Hartmann’s procedure group. P value are as follows: duration of surgery - 0.03, hospital stay - 0.007 and wound infection - 0.04. There was no difference in wound gaping, pelvic abscess and re-surgery.

So primary resection and anastomosis holds good in uncomplicated acute volvulus.

**Keywords:** Hartmann’s procedure, colonic volvulus, Resection anastomosis, Sigmoid volvulus