

January 24, 2017

TIPS FOR INTUSSUSCEPTION REDUCTION

Here are some tips that may be helpful if you are on call and are asked to attempt to reduce an intussusception.

1. Always obtain a cross table lateral or decubitus film to exclude free air. If free air is present, no enema.
2. No sedation. Sedation results in the child not increasing their intra-abdominal pressure as much during the procedure which increases the trans mural pressure gradient across the colon and theoretically increases the likelihood of perforation.
3. Use the Shield's intussusception kit which is in flouro. It comes with two sizes of rectal tubes, a smaller size blue one and a larger orange one. Under about a year, I use the blue one.
4. Tube insertion: I use only water to lubricate the rectal tube as kids are very good at pushing them out. Gently but firmly, insert the tube as far in as you can. The success of the procedure depends upon getting the gas to go forward and not back out and the farther the tube is in, the better the success you will have.
5. Taping the butt: Needs to be very tight. I take the first piece of tape and wrap it around the tubing and then onto the butt. I then pull the cheeks very tightly together and secure first with a strip of tape immediately above the tube and then one below the tube. I then go back and put a second piece both above and below. Really pull the cheeks together. They can't be too tight.
6. Place the child supine and slowly begin to pump in air until you visualize the intussusception. Then increase the rate of insufflation until it starts to reduce. If it stops, pump harder/faster. This is really a nothing to lose procedure. You are trying to avoid the need for surgical reduction.
7. If after a couple of minutes of hard insufflation , the intussusception has not fully reduced, release the pressure at the 3 way stop cock at the junction of the rectal tube and tubing connection and wait a couple of minutes. Try again x 2 or until you and Pediatric Surgery decide that it is not going to reduce.
8. If you were able to reduce the intussusception a pretty good distance i.e. improved it but have not fully reduced it, strongly consider waiting about an hour and trying again. Sometimes your first effort will improve the blood flow enough that some of the edema may go down and the intussusception loosens up enough to be successfully reduced if you give it that little bit of time.
9. If supine is not working, try prone.
10. If successful, get a cross table lateral post procedure.