Varying degrees of magnification provided by the laparoscope/camera combination and the aspect ratio of the display can distort the image viewed by the surgeon making intra-operative measurements difficult.

References

1. Sajid MS, Bokhari SA, Mallick AS, Cheek E, Baig MK. Laparoscopic versus open repair of incisional/ventral hernia: a meta-analysis. *Am J Surg* 2009; **198**: 64–72
2. Eriksen JR, Gögenur I, Rosenberg J. Choice of mesh for laparoscopic ventral hernia repair. *Hernia* 2007; **11**: 481–92.

Large bowel enema through colostomy with a Foley catheter: a simple and effective technique

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BACKGROUND

Constipation in patients with colostomy is common. Large bowel enema through a colostomy is a real challenge. As there is no sphincter activity around the colostomy, spillage during instillation and ineffective occlusion of lumen following it are two major

Figure 1 Lubricated Foley catheter tip is guided through the stoma beyond the parietal wall.

Figure 2 Inflated balloon should snugly fit to parietal wall before instillation.

difficulties faced. A simple and cost-effective technique is described here to resolve these problems.

TECHNIQUE

We use a well lubricated Foley catheter (14–16-Fr) for delivering phosphate enema through the colostomy to cleanse constipated colon. The tip of the catheter is passed beyond the parietal wall into the colon, under the guidance of little finger through the stoma (Fig. 1). The balloon is inflated below the fingertip. Then, the catheter is pulled up slowly until the balloon snugly fits against the parietal wall (Fig. 2). The enema is delivered into the bowel through the catheter and the outlet is clamped. The catheter is taken out by deflating the balloon after 10 min. Stoma bag should be placed immediately as the effect is instantaneous.

DISCUSSION

‘Colostomy tips’ which are available for delivering enema may cause inadvertent injury or perforation during intubation.^{1,2} Lubricated Foley catheter tip under digital guidance prevents this situation. This is readily available and does not demand special expertise. This method stops spillage of enema fluid and holds the fluid inside the bowel like a ball valve. In our experience, it is a useful method.

References

1. Williams JT, Scott RL. New universal colostomy tip for barium enemas of the colon. *AJR Am J Roentgenol* 2003; **180**: 1330–1.
2. Hoffman E, Macht A. Traumatic perforations of colostomies. *Am J Surg* 1954; **87**: 140–2.