The floppy pouch: An emerging problem

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The speaker introduced floppy pouch syndrome, an emerging group of rotational pouch disorders linked to minimal-invasive surgery and lack of adhesions, now the leading cause of redo pouch surgery in a European collaborative series.

KEY POINTS

- Floppy pouch syndrome encompasses rotational disorders including efferent or afferent loop torsion, pouch volvulus, anterior wall intussusception, and pouch prolapse, presenting with intermittent bowel obstruction and defecatory problems.
- Risk factors include laparoscopic surgery that prevents adhesions, low BMI, and female gender due to wider pelvic space allowing the pouch to rotate freely.
- The speaker described a case of pouch volvulus complicated by ischemic perforation at the torsion point, managed surgically with ileostomy and subsequent fixation.
- A European multi-center review found that early rescue of anastomotic leaks reduced chronic pelvic sepsis, with most redo surgeries now performed for floppy pouch syndrome, particularly in women.
- The speaker developed a transabdominal fixation technique using non-resorbable sutures over a small mesh to anchor the pouch mesentery to the anterior abdominal wall, after finding that traditional pexy to the promontory loosens over time in patients without adhesions.
- Key diagnostic clue stated by the speaker is an endoscopically passable stenosis with dilated bowel above, indicating torsion rather than anatomic stricture and requiring surgical fixation.

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