Introduction

- Intussusception is the invagination of the bowel into itself. This is one of the most common causes of intestinal obstruction in young children. It occurs usually after an upper respiratory tract infection (like coughs and colds) and the enlarged lymphoid tissue at the terminal ileum may cause the invagination of the terminal ileum into the caecum and colon (ileo-colic intussusception). Occasionally it may be secondary to an underlying bowel pathology such as Meckel’s diverticulum, polyps, etc.

- Intussusception typically occurs in infants and young children with about 75% occurring in the first 2 years and the peak incidence at around 5-9 months of age. Patients typically present with colicky abdominal pain (intermittent irritability) and vomiting. Some may have blood and mucus in stool (red currant jelly stool).

- It is an emergency condition that early diagnosis and treatment is required. Delay in diagnosis and treatment may lead to morbidity and even death.

Preparation

- A written consent is required

Procedure

- Urgent reduction of the intussuscepted bowel is required to prevent ischaemia and necrosis of the bowel. Urgent non-operative enema reduction is the treatment of choice if there is no contra-indication.

- Contra-indication for enema reduction
  - Peritonitis, Bowel perforation

- Relative contra-indication for enema reduction
  - Shock
  - Recurrent intussusception (> 3 times)
  - Suspicious of pathological lead point

- Enema reduction
  - The reduction is usually performed in the radiology department. Either air or liquid enema may be used to reduce the intussusception. The progress is either monitored by fluoroscopy or ultrasonography. The overall success rate is around 80%.
  - With successful reduction, the patient shall continue clinical observation, and feeding shall be started when appropriate. If the enema fails to reduce the intussusception, an urgent operation may be required though, in selected patients, a repeat enema reduction may be worthwhile.

Patient’s Label

*C01*
Potential Complications

- Bowel perforation
- Septicaemia
- Incomplete reduction
- Recurrence
- Mortality

Remarks

This is general information is extracted by Hospital Authority and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.