
Ideas and innovations

Diagnostic peritoneal lavage using a trocar-mounted chest tube

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Introduction

Diagnostic peritoneal lavage has revolutionized the management of blunt abdominal trauma since its first description in 1965 (Root et al., 1965). The traditionally described technique involves the use of a peritoneal dialysis catheter, which is expensive and has to be specially procured. In addition, on introduction into the peritoneal cavity, the stylet may damage viscera. The small size of the ports in the catheter limits the passage of fluid, adding time to the procedure and eventual interpretation of the result; an ill-affordable situation in an emergency.

Method

We substituted the use of the peritoneal dialysis catheter with an 8G chest tube mounted on a trocar. This drain is readily available in emergency departments and operating theatres and is cheaper than a dialysis catheter. The blunt tip of the chest tube virtually eliminates the risk of intraperitoneal visceral damage during blind introduction. The ports on the tube being larger than those on a dialysis catheter allow more rapid flow of fluid and the procedure takes, on average, 10–12 min less. This time saving may be important in the multiply-injured patient.

Conclusion

In view of these factors we have abandoned the use of the peritoneal dialysis catheter and have exclusively used the trocar-mounted chest tube. We have performed diagnostic peritoneal lavage in this manner in 20 cases and have not encountered any complications. Due to its safety and effectiveness we recommend its use to be more widely adopted.

Reference

Root H. D., Hauser C. W., McKinley C. R. et al. (1965) Diagnostic peritoneal lavage. *Surgery* 57, 633.

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