

GPS- Gallese proctological swab

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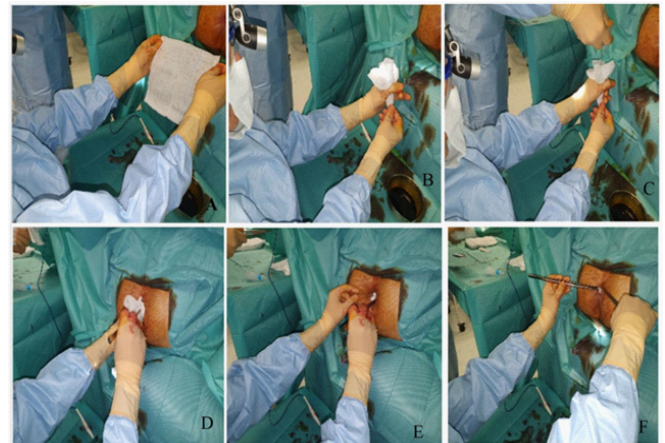
Clinical Image

Objectives: The author has devised and perfected an effective postoperative ano-rectal tamponade system, very easy, extremely economical and well tolerated by the patient.

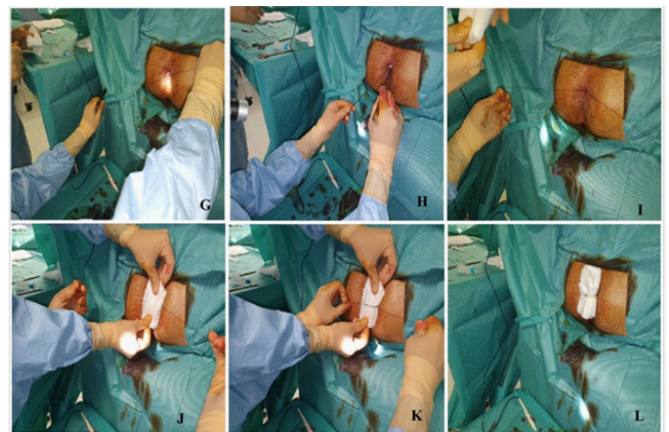
Material/Method: 2 hemmed sterile gauzes 10x20 cm, 1/0 gauge silk suture, lubricating cream preparation of the "squid" (internal ano-rectal swab); lubrication of the fringed tail of the swab (tentacles of the squid) and gentle introduction into the anal canal up to the rectal ampulla (where the fringes of the tail open), taking care not to damage the surgical work just performed; finish the introduction leaving 1 cm of the tip of the internal swab (body of the squid) protruding from the anal margin, anchoring the tip of the gauze with a stitch in silk and completely internal introduction also of the tip of the swab beyond the margin anal. Preparation of a cylindrical roll of gauze (external tampon) which is placed lengthwise on the posterior perineum, from the anterior to the posterior perianal region (terminal intergluteal sulcus); wrapping of the external tampon with the protruding threads of the internal tampon which are tied tight on the roll with conjunction of the two tampons and creation of an internal/external hemostatic tamponade; in particular cases, the ano-rectal tamponade maneuver can be completed with external compressive dressing, using "flat" gauze on the roll, anchored with plaster stretched to the skin of the right and left buttocks.

Generally the GPS is left with the anchor wire uncut and left long to facilitate the extraction of the internal swab; the removal of the tampon takes place after about 2 hours, when the effects of the subarachnoid anesthesia begin to wear off and the patient feels intolerance from the rectum-anal foreign body; the removal manoeuvre, very simple, is easily performed by the nursing staff with delicate traction on the anchor wires which causes the removal en bloc of the external swab (roll) and the internal one (squid) joined together; in the event of significant bleeding, the swab can be kept in place

beyond the limit of 2 hours, even for the entire first postoperative night and removed in the morning under the supervision of the Operating Surgeon: in this case the patient is protected with adequate analgesic therapy.



A- gauze B- squid C- lubrication D- initial introduction of the squid's tail into the anal canal E- subtotal introduction of the squid F- passing the needle



G- knotting H- complete introduction of the swab I- opening of the 2 suture threads J- external gauze roll for countertraction K- binding on the outer roll for stable countertraction L- end of work

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Conflict of Interest: The Author declare that he has not conflict of interest.

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