comparatively rarely in persons who have been asymptomatic for long periods; and that it occurs more frequently in those with universal ulcerative colitis than in others.

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REFERENCES


Methods and techniques

The application of the Holter valve to the treatment of resistant ascites

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An operative procedure has been devised for the drainage of resistant ascites (Smith, 1962; Smith, Preshaw, and Bisset, 1962): the method derives from the principle of the Spitz-Holter procedure for hydrocephalus, in which cerebrospinal fluid drains from the lateral ventricles via a catheter, passes through the Holter valve, and enters the circulation through another catheter. In the management of resistant ascites the ‘ventricular’ catheter is inserted over a stylet into the peritoneum exposed through a low paramedian incision. The catheter is connected to the upper end of the Holter valve, which has multiple chambers with reed valves, works at the low pressure of 15 mm. H2O, is unidirectional and is specially siliconed, as is the catheter tubing used in the entire procedure. To the other end of the Holter valve is attached the venous catheter, which is inserted into any suitable adjacent systemic vein.

Ascitic fluid is in a state of dynamic turnover and the use of this procedure merely speeds the return to the circulation of excess fluid and protein in the peritoneal cavity. Most cases so treated have required maintenance diuretic therapy. There are certain disadvantages in the procedure: infection must not be introduced to the drainage system or a bacteraemia will result. The system may become occluded by fibrin or thrombus, and may occasionally drain a loculus rather than the main peritoneal cavity. It is not suitable for cases of ascites associated with cardiac lesions.

Advantages are that it is a simple operation in unfit subjects and loss of protein from the body is avoided. Liver function has been shown to improve following this procedure and no serious encephalopathic signs have been observed. An occluded valve may be replaced by another. In some instances the method may serve to prepare a patient with both portal hypertension and ascites for a more complicated procedure.

REFERENCES
