Benign strictures in the colon can arise as a result of a number of disease processes, and some of these can lead to obstruction. Benign colonic strictures are caused most commonly by Crohn’s disease, surgical anastomoses, or diverticulitis. Typically, acute decompression is not necessary for patients with benign strictures. These strictures tend to cause partial obstructions and gradually decompress themselves with conservative management, including bowel rest, nasogastric suctioning as necessary, and treatment of the underlying disease process with steroids or antibiotics if indicated. Once these measures have been applied, endoscopic intervention can be accomplished more safely, with better endoscopic visualization of the causative source and less risk of causing a perforation.

In cases of acute edema from Crohn’s disease or acute diverticulitis, endoscopic management is frequently not required. For fibrotic strictures from these illnesses, endoscopic balloon dilation can help prevent recurrent obstruction. However, on occasion...