

A Different Technique for Placement of the Anvil in Very Low Anterior Resections

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Complications of very low anterior resections are anastomotic leak, stenosis and incontinence. Anastomotic leak is the most common and serious complication and the incidence increases with technical problems such as stump leak or insufficient purse string suture. Stenosis is more common after anastomotic leak. Various techniques have been determined for prevention of these complications. A method of replacement of the anvil in very low anterior resections is described. We had no complication in 15 patients that were operated by this technique. [Journal of Turgut Özal Medical Center 1997;4(2):259-260]

Key Words: anterior resection, stapler, complication

Çok aşağı anterior rezeksiyonlarda anvilin daha kolay yerleştirilmesi için değişik bir yöntem

Çok aşağı anterior rezeksiyonlarda karşılaşılan komplikasyonlar anastomoz kaçağı, stenoz ve inkontinensdir. Anastomoz kaçağı en sık ve en ciddi komplikasyondur, insidansı stump yırtılması veya purse string yetmezliği gibi intraoperatif teknik problemlerle artar. Stenoz ise anastomoz kaçaklarından sonra daha sık görülür. Çok aşağı anterior rezeksiyonlarda yukarıda belirtilen komplikasyonların önlenmesi için çeşitli yöntemler tanımlanmıştır. Biz kliniğimizde değişik bir yöntem uygulamaktayız, ve bu teknikle komplikasyonsuz 15 hastamızı opere ettik. [Turgut Özal Tıp Merkezi Dergisi 1997;4(2):259-260]

Anahtar Kelimeler: Anterior rezeksiyon, stapler, komplikasyon

TECHNIQUE

After complete mobilization of the rectum as shown in figure 1, the perineum may be further elevated by a second assistant placing a gas sponge between ischial tuberosities and pushing upward and anteriorly. One or two centimeters elevation of the anorectum in the pelvis is achieved by this maneuver and this can be easily seen from the pelvis by the surgeon and it facilitates the placement of distal purse string suture by hand or TA-55 stapler. After the stapler is passed transanally, anorectum is pushed upward and anterior with a gas sponge around the stapler and the distal pursestring suture

is securely tied. Maintaining elevation of anorectum via a gas sponge around the stapler facilitates the secure placement of the anvil. The aforementioned technique has the advantage of checking the anastomosis easily and preventing the complications.

RESULTS

We have successfully performed this technique in 15 patients. We did not face any intraoperative technical problems and none of the patients developed anastomotic leakage. The patients were

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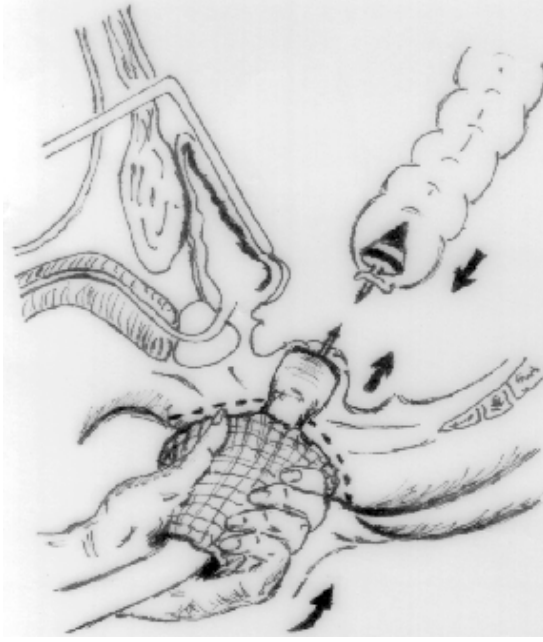


Figure 1. A technique to manage the placement of the anvil in very low anterior resections.

followed-up for two years and we have observed no stenosis or incontinence.

COMMENTS

Various stapling techniques such as double-staple technique, BAR or eversion of distal stump (anorectal remnant) have been described in very low

anterior resections. With our technique, rectal purse string suture will be securely tied, placement of the anvil and performing the anastomosis will be easy by elevation of the anorectum with the help of a gas sponge around the stapler.

LİTERATURE

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