

WHY DO ANASTOMOSES LEAK?

IS IT PREDICTABLE?

- The acceptable anastomotic leak rate following colon resection is 3-6%.
- Leak rate is not higher when the resection involves bowel proximal to the peritoneal reflection.
- It is higher for anterior resections:2.9-15.3%.
- Clinical expression is evident only in part of the cases.

Risk factors

- Patient related:
 - Malnutrition.
 - Weight loss prior to surgery.
 - Smoking.
 - Alcohol.
 - Pre-op irradiation.
 - CV disease.
 - Steroids.
- Operative related:
 - Intra-op blood transfusions.
 - Emergent vs. scheduled.
 - Contamination.
 - >2 hours.
 - Male> Female.
 - Morbid obesity.

“Healing remains a process depending more on the patient than on any aspect of the surgical technique.”

- No role for bowel prep.
- covering the anastomosis has been proved.
- Drains however are questionable in the pelvis.

Outcome:

- Sepsis
- re-operation
- ostomy
- fistulae
- stricture
- recurrent cancer

When should we perform protective diversion?

Proposed use of different growth factors: IGF-1, KGF

References

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