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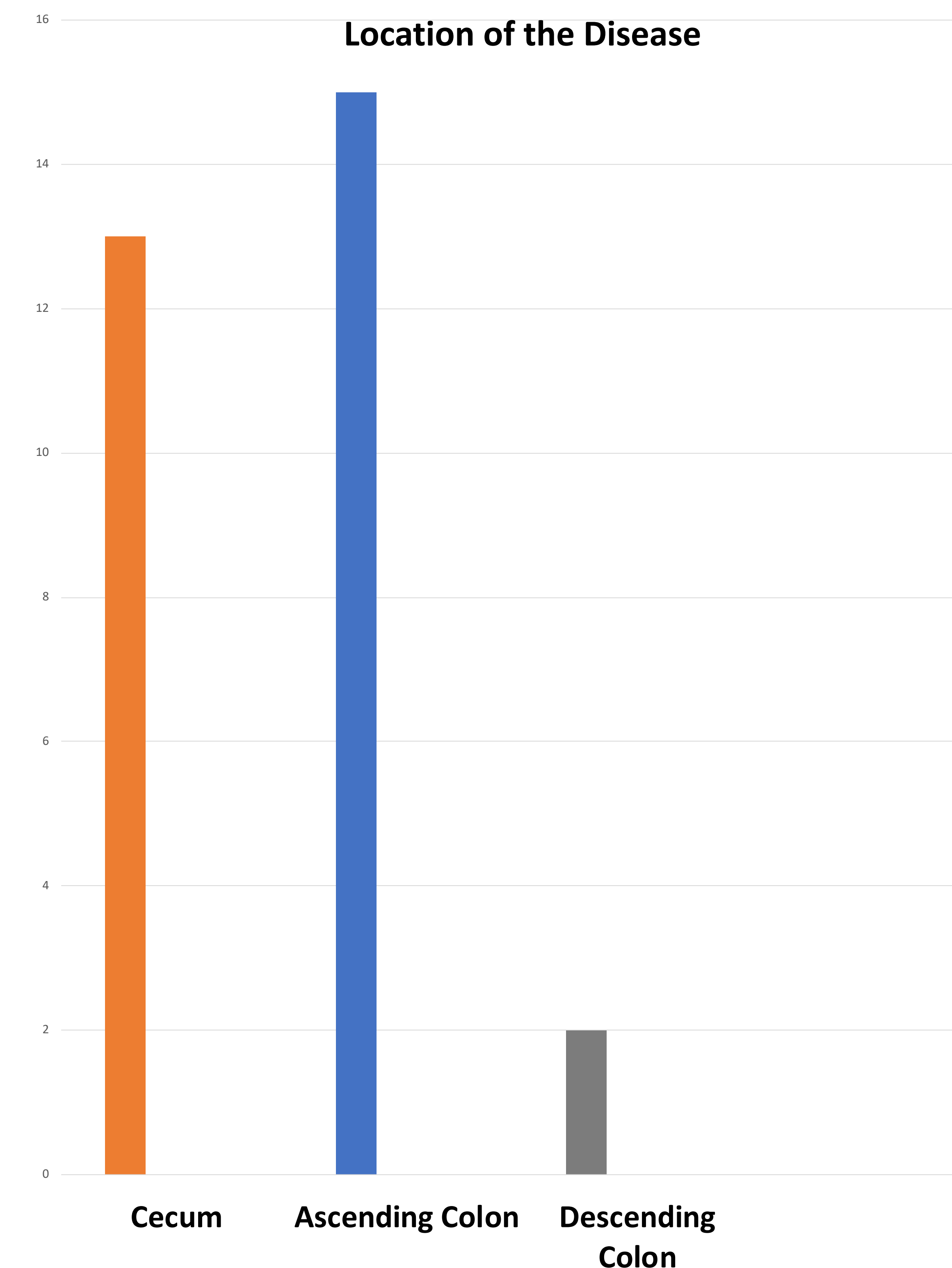
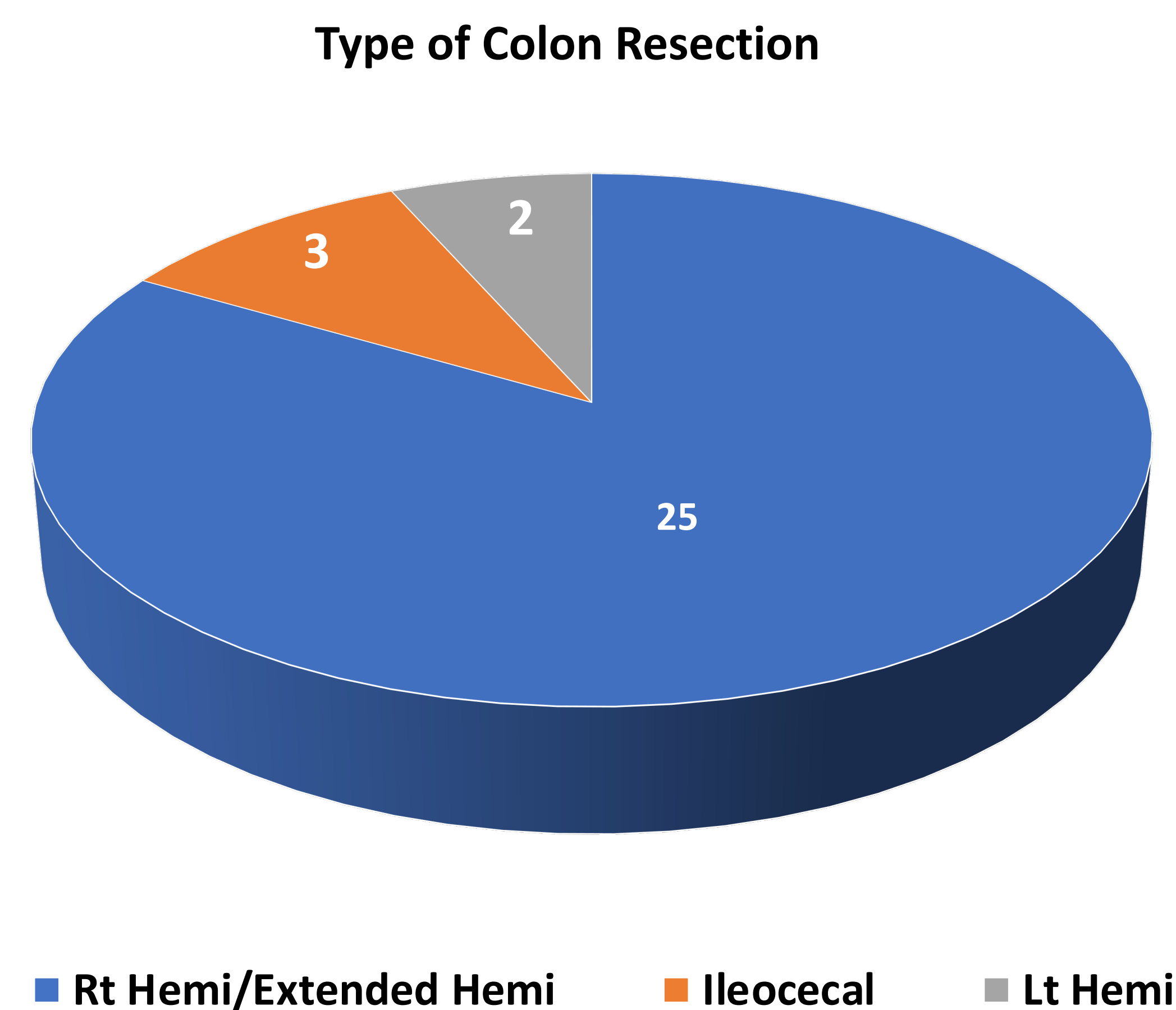
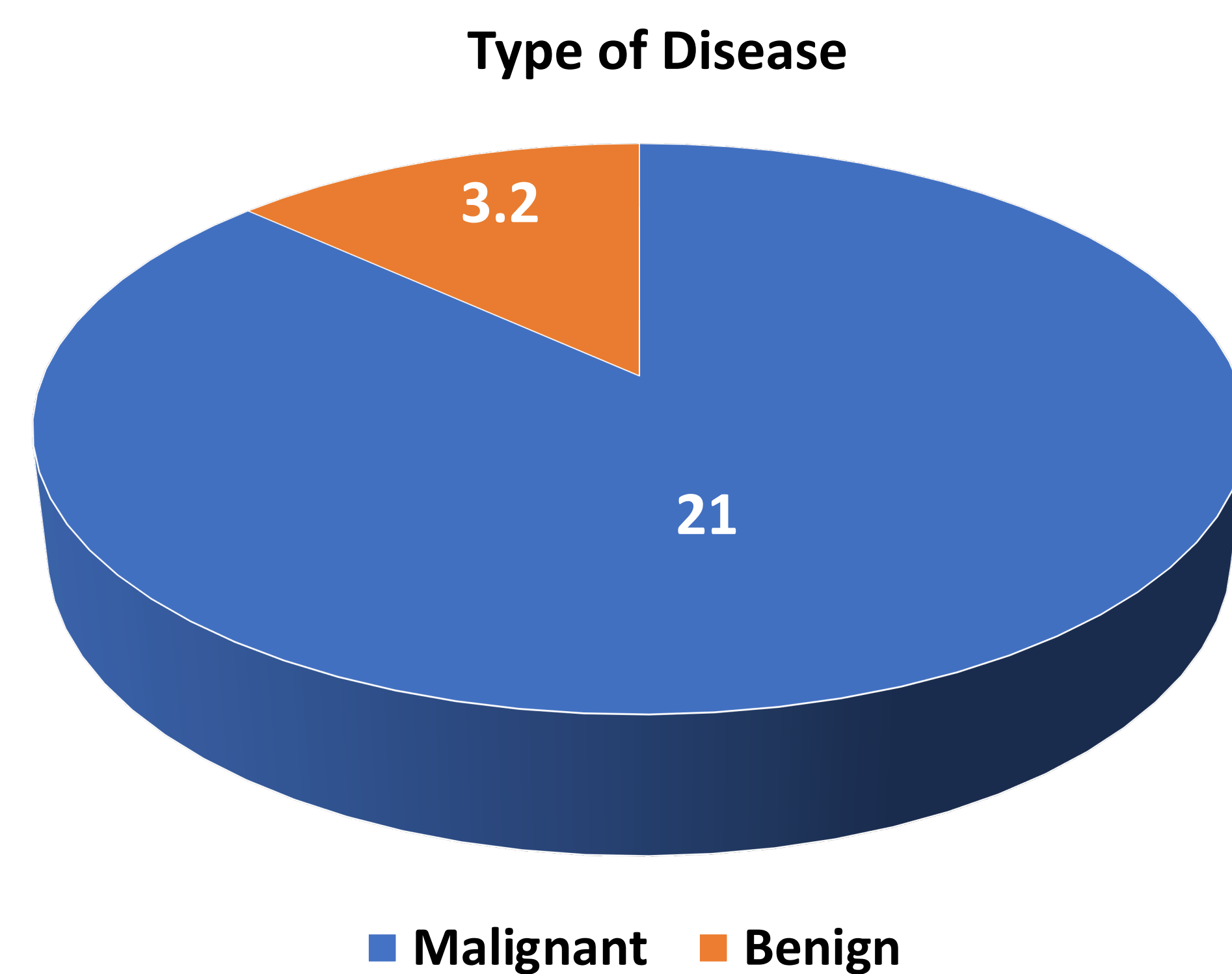
Background

Intracorporeal anastomosis following laparoscopic colon resection has gained popularity recent years. The purpose of this study is to present our experience with intracorporeal anastomosis following colon resection for both benign and malignant disease, and to determine our anastomotic leak rate

Methods

A retrospective review of prospectively collected data between October 20th, 2017 and September 5th, 2019, in a single institution at the Nova Scotia Health Authority, Western Zone, Nova Scotia, Canada. The study includes all the patients who received a laparoscopic colectomy with intracorporeal anastomosis for benign and malignant disease of the colon regardless of tumor stage. A linear stapler was used to create the side to side iso-peristaltic intracorporeal anastomosis, and the common enterotomy was closed with a running suture

Results



Results Continued

Over the 2 year study period, a total of thirty patients underwent laparoscopic segmental colectomy with iso-peristaltic intracorporeal anastomosis. Of these, sixteen were female and fourteen were male. The average age was 66 years. There were twenty-one malignant lesions and nine benign indications for colectomy. Location of disease included cecum (13), ascending colon (15), and descending colon (2). The procedures performed were twenty-three right hemi-colectomies, two extended right hemicolectomies, three ileocecal resection, and two left hemi-colectomies. There was no anastomotic leak among the thirty patients who underwent intracorporeal anastomosis

Conclusion

Our experience with intracorporeal anastomosis after segmental colonic resection for benign and malignant diseases of the colon suggests that this is a safe and feasible technique with minimal complications (in particular the rate of anastomotic leak) for appropriately selected patients