"AVOIDING THE TRIGGER" - ENDOSCOPIC MANAGEMENT OF POST -ANASTOMOTIC LEAK IN LOW RECTAL ANASTOMOSIS TO AVOID OPEN SURGERY AND FURTHER COMPLICATIONS

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1 WHAT HAPPENED...

ABSTRACT: IN MANAGING LOW-RECTAL ANASTOMOSIS LEAK, AN OPEN SURGERY APPROACH FOR COMPLICATIONS MAY DEEPEN THE PROBLEMS A PATIENT MAY EXPERIENCE DURING HOSPITALIZATION.

CASE: THIS IS A CASE OF A 41-YEAR-OLD MALE, KNOWN HEAVY SMOKER, WHO UNDERWENT LAPAROSCOPIC EXPLORATION, SIGMOIDECTOMY AND END COLOSTOMY PROCEDURE FOR A RUPTURED DIVERTICULA WITH PERITONITIS. THE PATIENT, IMPROVED AND DISCHARGED, WAS SUBSEQUENTLY ADVISED FOR LAPAROSCOPIC REVERSAL OF HARTMANN'S PROCEDURE. THE PATIENT WAS PLANNED TO UNDERGO AN ELECTIVE LAPAROSCOPIC REVERSAL, AND TOLERATED THE PROCEDURE WELL. ON THE POST-OPERATIVE PERIOD, THERE WERE SEVERAL EPISODES OF TACHYCARDIA, FEVER AND HEMATOCHEZIA EARLY ON BUT PATIENT GRADUALLY IMPROVED UNTO DISCHARGE ON DAY 5 WITH MEDICAL MANAGEMENT. THE CLOSED SUCTION DRAINAGE APPLIED DURING SURGERY WAS MAINTAINED THROUGH DISCHARGE. SIX (6) DAYS HAD GONE BY AFTER DISCHARGE TO WHICH THE PATIENT THEN PRESENTED WITH SIGNS OF SEPSIS WITH PERITONITIS, AND THE DRAIN WAS NOTED TO HAVE FECALOID OUTPUT. ON WHOLE ABDOMINAL CT SCAN DONE IN THE ER, THE PATIENT WAS NOTED TO HAVE ABSCESS LOCALIZATION IN THE PELVIC AREA. THE PATIENT WAS ANXIOUS ABOUT THE RECREATION OF A COLOSTOMY.

2 WHAT DO WE DO?

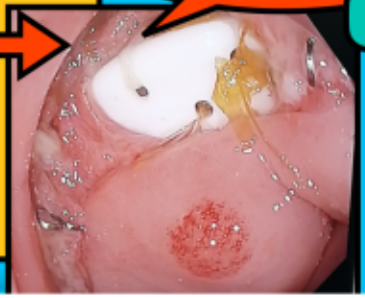
- **DO WE DO DIAGNOSTIC LAPAROSCOPY AND RE-ANASTOMOSE???**
- **DO OPEN EXPLORATION???**
- **DIVERT AND DRAIN???**

EDDEN AT AL SUGGESTED IN "SURGICAL CONSIDERATIONS IN ANASTOMOTIC DEHISCENCE", 2013.
(1)MINIMIZING THE EXTENT OF SURGICAL INTERVENTION
(2)SHORTENING THE PROCEDURE AS MUCH AS FEASIBLY POSSIBLE

WHAT WE FOUND...

CT AORTOGRAM OF THE ABDOMEN:
NON-VISUALIZED IMA, SIGNIFICANT STENOSIS OF IMA
PERCUTANEOUS DRAINAGE DONE:
50 CC PURULENT MATERIAL

IMPRESSION: SEPSIS WITH PERITONITIS SECONDARY TO ANASTOMOTIC LEAK SECONDARY TO DEHISCENCE
S/P LAPAROSCOPIC REVERSAL OF HARTMANN'S



THIS..

"RECOGNIZING THE MORBIDITY OF PERFORMING OPEN SURGERY AND THE WINDOW OF ENDOSCOPIC MANAGEMENT"

ENDOSCOPIC MANAGEMENT IN ANASTOMOTIC LEAK:
- **SEMS / CLINICAL SUCCESS - 80 TO 100%**
- **OVESCO/ CLINICAL SUCCESS - 93 TO 94%**

SURGICAL TREATMENT OPTION:
COLONOSCOPY WITH OVESCO CLIPPING + SELF EXPANDING METALLIC STENT INSERTION

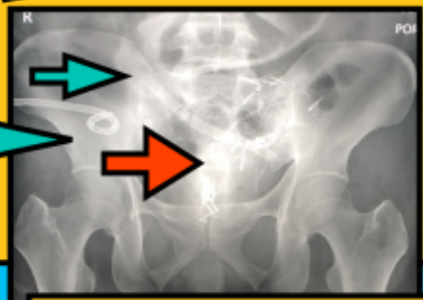
THE OVER-THE-SCOPE CLIP (OTSC, OVESCO ENDOSCOPY GMBH) IS AN INNOVATIVE CLIPPING DEVICE THAT PROVIDES A STRONG TISSUE GRASP AND COMPRESSION WITHOUT INDUCING ISCHEMIA OR LACERATION.

UNIQUE FEATURES:
- **LARGER VOLUME OF TISSUE SECURED**
- **MINIMAL STRAIN ON SURROUNDING TISSUE**
- **EFFICIENCY IN FULL THICKNESS WALL CLOSURE**
- **COMPRESSION AS WELL AS APPROXIMATION OF TISSUE**





3 WHAT WE DID...



IN CONCLUSION:
- **OVESCO CLAMPING FULL THICKNESS WITH INSERTION OF SELF-EXPANDING METALLIC STENT ENDOSCOPICALLY**
- **DRAINS WERE MAINTAINED AND REMOVED SUCCESSIVELY ON FOLLOW-UP**
- **PATINES DISCHARGED AFTER 10 DAYS SINCE BEING ADMITTED**
- **OPEN SURGERY AVERTED**
- **MORBIDITY AND MORTALITY FROM OPEN SURGERY AVOIDED**