

Introduction	Results	Discussion and Conclusion																		
Anastomotic stricture is a significant long-term complication following low anterior resection (LAR) for colorectal cancer, with reported stricture rates in this population around 2.7-5.9%.^{1,2} Stricture prevention is important for maintaining quality of life and preventing further complications. Anastomotic stricture arises from multiple factors, including fibrosis, inflammation, leakage, radiotherapy, ischemia, and surgical technique.³ Dehydrated human amnion/chorion membrane (DHACM) allografts preserve cytokines, growth factors, and tissue inhibitors of metalloproteinases that support wound healing and tissue regeneration, while also providing an immune-privileged biologic matrix for cellular ingrowth.⁴ Animal studies in chemotherapy- and radiation-compromised models indicate amniotic membranes enhance anastomotic healing by strengthening tissue, promoting angiogenesis, stimulating fibroblast activity, supporting collagen deposition, and reducing inflammation and adhesions, thereby limiting fibrosis and stricture formation.⁵⁻⁷	 Clinical Outcomes (n=45) 2.2% (n=1) Anastomotic Stricture 2.2% (n=1) Anastomtic Leak 4.4% (n=2) 30-Day Readmissions <table><tr><th colspan="2">Patient Demographics (n=45)</th></tr><tr><td>Mean Age (Range)</td><td>62.5 years (40-86)</td></tr><tr><td>Sex: Male/ Female (n, %)</td><td>35 (77.8%) / 10 (22.2%)</td></tr><tr><td>Mean BMI (Range)</td><td>28.9 kg/m²</td></tr><tr><td>ASA Physical Status Classification II / III (n, %)</td><td>25 (55.6%) / 20 (44.4%)</td></tr><tr><td>Tumor Stage: T1 / T2 / T3 / T4 / Unknown (n, %)</td><td>7 (15.6%) / 10 (22.2%) / 21 (46.7%) / 5 (11.1%) / 2 (4.4%)</td></tr><tr><td>Adjuvant Chemotherapy (n, %)</td><td>16 (35.6%)</td></tr><tr><td>Surgical Method: Laparoscopic / Robotic / Open / Converted to Open (n, %)</td><td>19 (42.2%) / 16 (35.6%) / 3 (6.7%) / 7 (15.6%)</td></tr><tr><td>Stricture Assessment Method: Colonoscopy or Flex Sig / CT with Contrast / MRI / Barium Enema (n, %)</td><td>32 (71.1%) / 10 (22.2%) / 2 (4.4%) / 1 (2.2%)</td></tr></table>	Patient Demographics (n=45)		Mean Age (Range)	62.5 years (40-86)	Sex: Male/ Female (n, %)	35 (77.8%) / 10 (22.2%)	Mean BMI (Range)	28.9 kg/m²	ASA Physical Status Classification II / III (n, %)	25 (55.6%) / 20 (44.4%)	Tumor Stage: T1 / T2 / T3 / T4 / Unknown (n, %)	7 (15.6%) / 10 (22.2%) / 21 (46.7%) / 5 (11.1%) / 2 (4.4%)	Adjuvant Chemotherapy (n, %)	16 (35.6%)	Surgical Method: Laparoscopic / Robotic / Open / Converted to Open (n, %)	19 (42.2%) / 16 (35.6%) / 3 (6.7%) / 7 (15.6%)	Stricture Assessment Method: Colonoscopy or Flex Sig / CT with Contrast / MRI / Barium Enema (n, %)	32 (71.1%) / 10 (22.2%) / 2 (4.4%) / 1 (2.2%)	The observed anastomotic stricture rate of 2.2% in this cohort compares favorably with previously reported rates (2.7-5.9%) following LAR.^{1,2} The lone stricture was mild, occurred late (>18 months postoperatively), and was successfully managed endoscopically. The low incidence of both anastomotic leakage and stricture is notable given the well-established link between leak-driven inflammation and subsequent fibrotic stenosis.³ Use of DHACM may benefit anastomotic healing through the wound-healing cascade. Preclinical and translational data suggest amniotic membranes attenuate inflammation, regulate fibroblast activity, and balance matrix metalloproteinases and their inhibitors, limiting pathologic collagen deposition and scar contraction.³ Unlike technical variables such as circular stapler size, which has not been shown to independently influence stricture risk,^{1,2} biologic tissue targets mechanisms associated with anastomotic fibrosis. DHACM use in this cohort was associated with low rates of anastomotic stricture following LAR. The data suggest DHACM supports anastomotic integrity and colorectal healing. Animal studies indicate this benefit may stem from modulation of inflammation and immune response, promoting a healing environment and tempering the wound-healing cascade driving excessive fibrosis. Larger studies are needed to confirm these results and define the role of DHACM in stricture prevention.
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References																				
1. Jiang. <i>J Cancer Res Ther</i>, 2022;1936. 2. Nagaoka. <i>Dis Col Rect</i>, 2021;937. 3. Yavuz. <i>World J Gastrointest Pathophysiol</i>, 2025;107492. 4. Koob. <i>Int Wound J</i>, 2013;493. 5. Uludag. <i>Int J Colorectal Dis</i>, 2010;223. 6. Moslemi. <i>Iran J Med Sci</i>, 2016;501. 7. Tahamtan. <i>Comp Clin Pathol</i>, 2016;1121.																				