



Bowel preparation before colorectal cancer surgery

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Comment on: Yu H, Xu L, Yin S, *et al.* A Chinese survey of current practice patterns of preoperative bowel preparation in colorectal surgery. *Dig Med Res* 2022;5:22.

Received: 15 June 2022; Accepted: 27 July 2022; Published: 30 September 2022.

doi: 10.21037/dmr-22-44

View this article at: <https://dx.doi.org/10.21037/dmr-22-44>

Understanding the current status is essential to moving in the right direction. Until now, preoperative bowel preparation has been widely used in patients undergoing colorectal cancer surgery, but a discrepancy in practice patterns exists among surgeons. Accordingly, this survey data is essential to know the current clinical practice of colorectal surgeons (1). Main purpose of using bowel preparation is to reduce anastomotic leakage and surgical site infection. But we still don't have a single consensus as there are many clinical factors intermingled before and after surgery. In this Chinese survey (1), 74.2% Chinese surgeons believed bowel preparation could avoid anastomotic leakage. Mechanical bowel preparation can reduce the fecal burden but many studies did not show any benefits in terms of reducing anastomotic leakage (2). The spectrum of anastomosis is diverse after colorectal cancer resection (3). After right hemicolectomy, ileocolic anastomosis is performed and colocolic, colorectal, or coloanal anastomosis can be made after left-sided colon cancer or rectal cancer surgery. Traditionally, small bowel to colon anastomosis is relatively safe than colocolic or colorectal anastomosis. The risk of anastomotic failure is related to various clinical factors such as tumor location, blood supply, tension and meticulous surgical technique. Therefore, to understand the impact of bowel preparation on anastomotic leakage, we need more well-designed clinical studies focusing on rectal cancer patients. In this survey, the most common reason for choosing bowel preparation was preventing surgical site infection (1). The use of antibiotics has not been evaluated sufficiently in clinical trials. Theoretically, elective colorectal surgery falls into a clean-contaminated

category accordingly, reducing the gut flora before surgery could be beneficial. Indeed, some studies have shown that the addition of preoperative antibiotics to mechanical bowel preparation reduced the rate of surgical site infection after surgery (4). When considering the concern for surgical site infection, adding antibiotics to mechanical bowel preparation would be one of the potential solutions. However, one study did not observe the benefit of adding preoperative antibiotics (5). Therefore, we have to hasten well-designed clinical trials to evaluate the effect of mechanical and chemical bowel preparations.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Digestive Medicine Research*. The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at <https://dmr.amegroups.com/article/view/10.21037/dmr-22-44/coif>). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/dmr-22-44

Cite this article as: Kim B, Kim Y. Bowel preparation before colorectal cancer surgery. *Dig Med Res* 2022;5:41.