



AB035. SOH23ABS_103. End-to-side vs. end-to-end colorectal anastomosis: a single centre experience

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Background: Stapled anastomotic techniques in colorectal surgery are varied. Data comparing the short-term efficacy of end-to-side (ETS) versus end-to-end (ETE) colorectal anastomosis are limited. This single centre cohort study aimed to compare outcomes between ETS and ETE techniques in patients undergoing colorectal anastomosis. The primary endpoint was anastomotic leak.

Methods: A retrospective, cohort study of patients undergoing elective left-sided colorectal surgery was performed in University Hospital Limerick. Consecutive cases using ETS and ETE anastomotic techniques were retrospectively assessed in chronological order. Data were extracted from chart reviews, NIMIS and theatre logbooks.

Results: Seventy-five consecutive cases from each cohort were analysed retrospectively. Comparing ETS with ETE, there were no differences in age (mean 64.8 *vs.* 63.3 years, $P=0.506$), sex (male: 41% *vs.* 55%, $P=0.102$) and surgical approach (minimally invasive 70.6% *vs.* 93.3%, $P=0.071$) between the patient groups. More radiologically-proven anastomotic leaks were encountered in the ETE group (0% *vs.* 6.7%, $P=0.022$).

Conclusions: Anastomotic leak rates were significantly

higher using an ETE technique after left-sided colorectal surgery. Adequately powered, prospective is required to validate these findings.

Keywords: Anastomosis; dehiscence; end-to-end (ETE); end-to-side (ETS); leak

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Footnote

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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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