Introduction

Introduction

The experience of bowel surgery until the late part of nineteenth century was limited for dealing with protruding intestine following abdominal injuries which sustained during wars ***(Yachia and Erlich, 1995).***

Anastomosis can be hand sewn either single layer or two layers anastomosis which are the two standard anastomotic techniques. The single layer technique is the recommended one. ***(Rosin, 1995).***

The use of staplers in the GIT anastomosis become more popular being widely distributed as its use shortens the time of operations, provides better and easy access and gives the same results with the same incidence of postoperative complications as sutured asastomosis.***(Rosin, 1995).***

The use of Bio-fragmentable Anastomotic Ring mentioned as a more recent procedure taking the advantage of the speed, simplicity of its technique and it has been used successfully in emergency setting when bowel preparation has not been possible ***(Bubrik et al., 1991).***

Laparoscopic assisted anastomosis whither intra-corporial or extra-corporial is the most recent technique being a minimally invasive, direct vision, shortens the time of operation and provide rapid postoperative recovery ***(John 1994).***

Leakage in colorectal surgery is still the most common cause of morbidity and mortality in colorectal surgery even in the best and most expert hands despite the development of new surgical techniques, suture materials, devices and stapling instruments, ***(Biagio, 1988).***

In recent years, an intracolonic bypass procedures have been developed as an alternative to faecal diversion by colostomy or ileostomy for protection of left sided anastomosis or difficult low colorectal anastomosis ***(Thomas, 1993).***