Gastro intestinal anastomosis

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Despite the development of suture materials and advancesin medical technology. gastro intestinal anastomoses continueto represent a challenge to the general surgeons.The two layer technique is still the method used by the majorityof surgeona for anastomosis in esophagus. stomach. duodenumand small intestine. Leakage rates was considerablygreater when a two layer technique was used for low colorectalanastomoses. It is undoubtedly true that it is much easierto perform an anastomoses in the pelvis with single layertechnique and when the suture line is extremely low such asingle layer is the only feasible technique. It is evidentthat there is no significant difference in the incidence ofanastomotic breakdown with either two layer or one layer techniques.when the anastomoses was performed above the pelvicperitoneal reflection. for anastomoses low in the pelvis.the single layer interrupted technique is made with lesstissue trauma. less disturbance of circulation and is simple,safer and effective. Various stapling instruments are nowwidely used for gastrointestinal anastomoses. All staplesare inserted by single application, Circular stapling devicesespecially the American EEA stapling gun are particularlyuseful when performing low colorectal anastomoses in men withnarrow pelvis. This study has answered some but not all ofour questions about this technique. We are resonably satisfiedthat the stapled suture line is a secure in all respectsas the hand sewn anastomoses. We are not sure however, thatthe stapled line is more secure. Mechanical stapling instrumentsdo not absolve the surgeon from respecting the goldenrules of operative surgery such .~ clean, sharp, atrumaticdissection, careful haemostasis, respect for tissue viabilityand blood supply, use of healthy, disease free tissue in sutures,and anastomoses placed without tension. So that theteaching and learning of principlas and clearer understandingof the differences between the principals and methods of anastomoses,-should be facilitated and highlighted by an opportunityto use staples in addition to thread early in the residencyexperience. The instruments will not permit the safeperformance of operative maneuvers by untrained or unskilledpersonnell. nor do they eliminate the necessity for rigoroussurgical training. due regard for tissues. and of coursetraining in the various manual techniques of resection andanastomoses.Recently there has been some interest in the use oftissue adhesives for the performance of ” non suture ” anastomoses.One of the supposed advantages of the adhesive techniqueis its greater speed. In view of the known safety ofsuture anastomoses of any type. it would seem that the adhesiveanastomoses should not be employed untill better adhesiveshave been evolved. Despite the good results obtained in esophagojejenostomy after total

gastrectomy and in the treatmentof bleeding esophageal varices by application of magneticrings. the proceudre was never generally applied. It appearsthat type and incidence of complications. rate of anastomoticfailure. and mortality rates are usually determined by faotorsother than the method or materials used in sewing the bowel.Doutless. surgeons will continue to tie knots. butjust .$,Ifoogmusic has entered the classical concert hall. sothe staple will have its place in the operating theatre.