

UNCUT OVERLAP ANASTOMOSIS FOR RIGHT-SIDED COLON CANCER

Authors Yoshinori Hirasaki, Toshiharu Aotake, Yoshiyuki Kawakami, Koji Doi, Hidemaro Yoshiba, Shigeru Kato, Yoshinobu Ikeno, Jyunya Kobayasi, Masaaki Ito

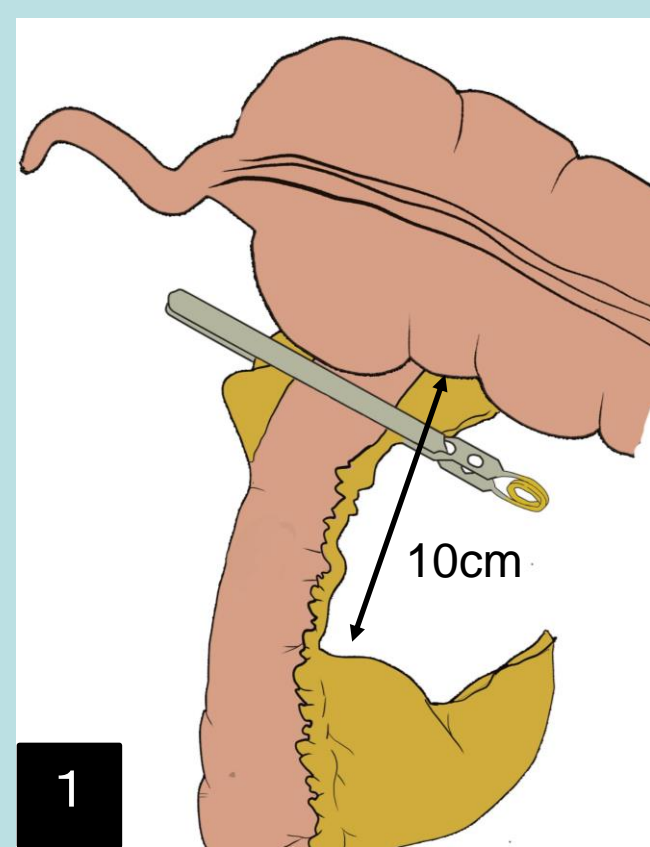
Institution: Fukui red cross hospital, Fukui, Japan

In recent years, intracorporeal anastomosis for colon cancer has been increasingly adopted in many facilities.

Although the use of four staplers is common for overlap anastomosis, we devised and started performing uncut overlap anastomosis, which uses three staplers, in November 2022.

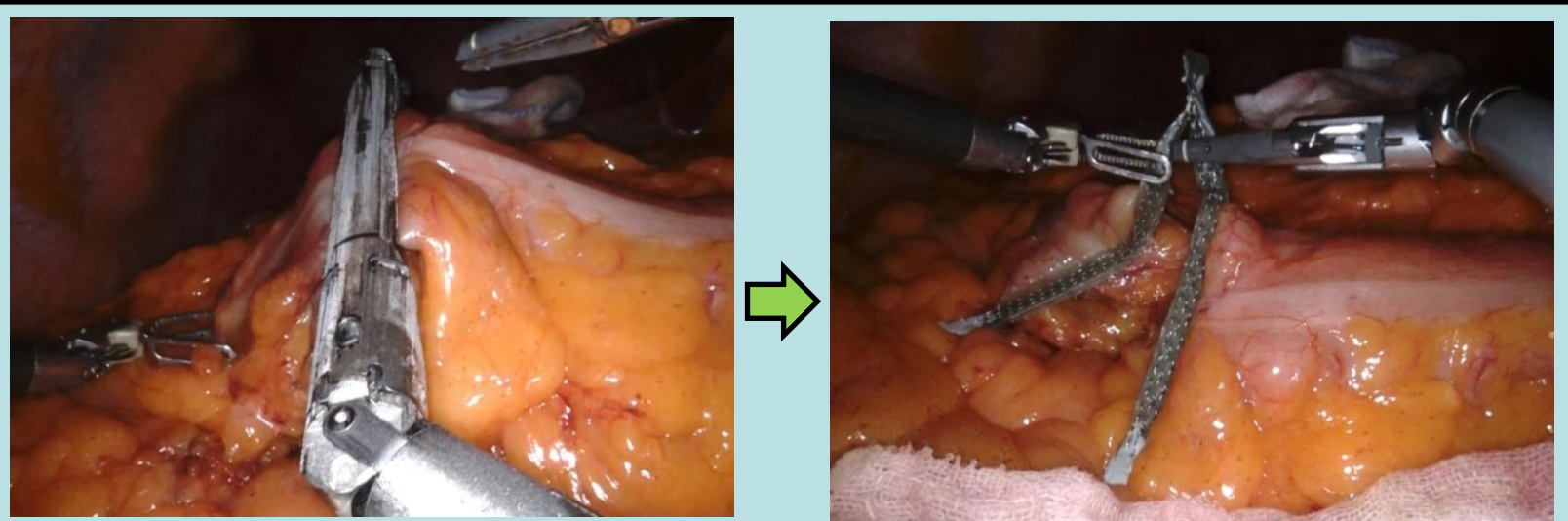
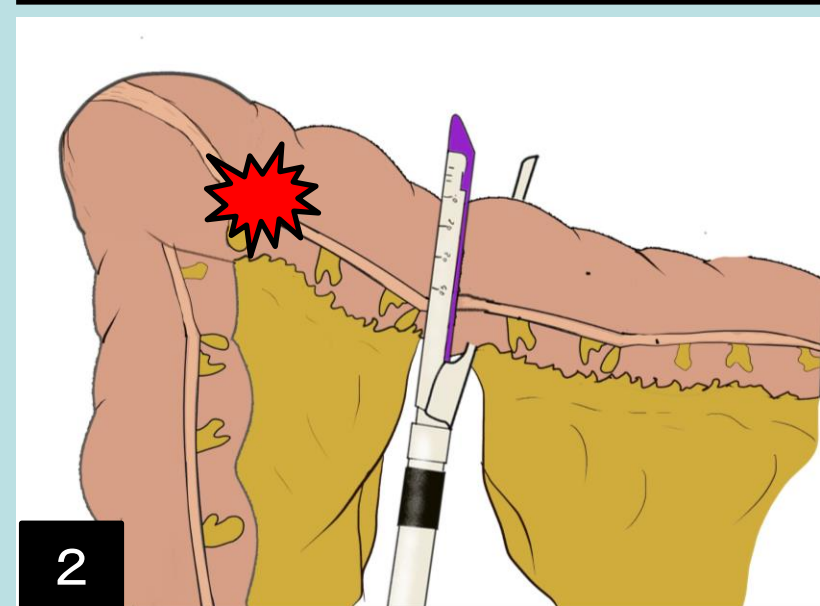
The uncut overlap anastomosis involves a side-to-side anastomosis for right-sided colon cancer. After resecting the colon on the anal side of the tumor, the side-to-side anastomosis is performed at the planned anastomotic line, followed by the simultaneous closure of the entry hole and the division of the small intestine.

This presentation will detail the procedure and key points of the technique.

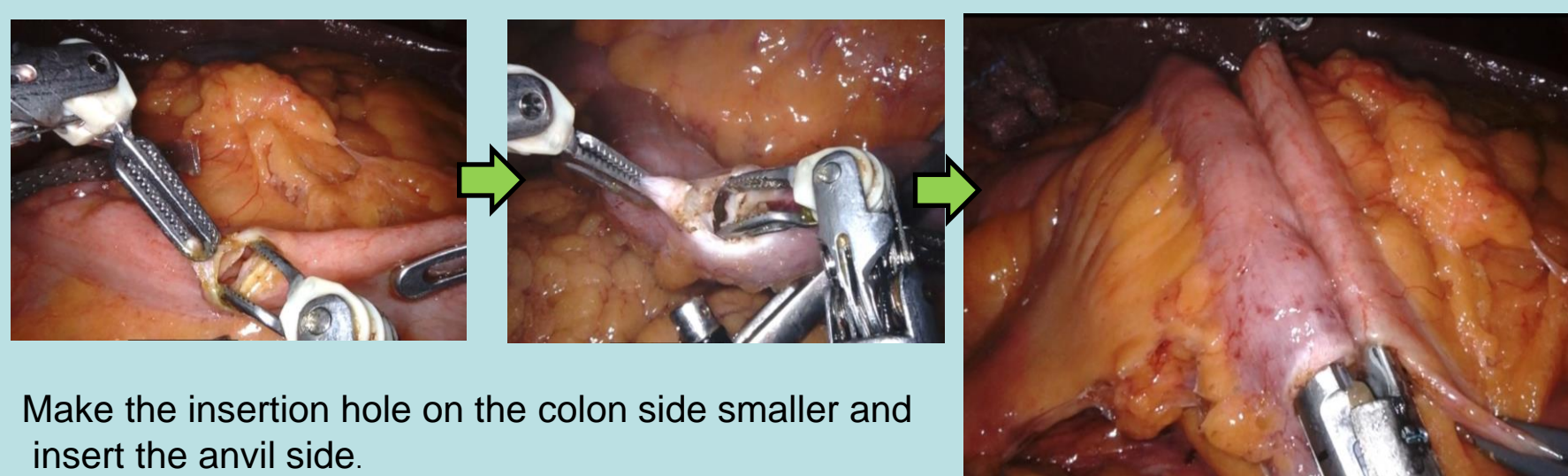
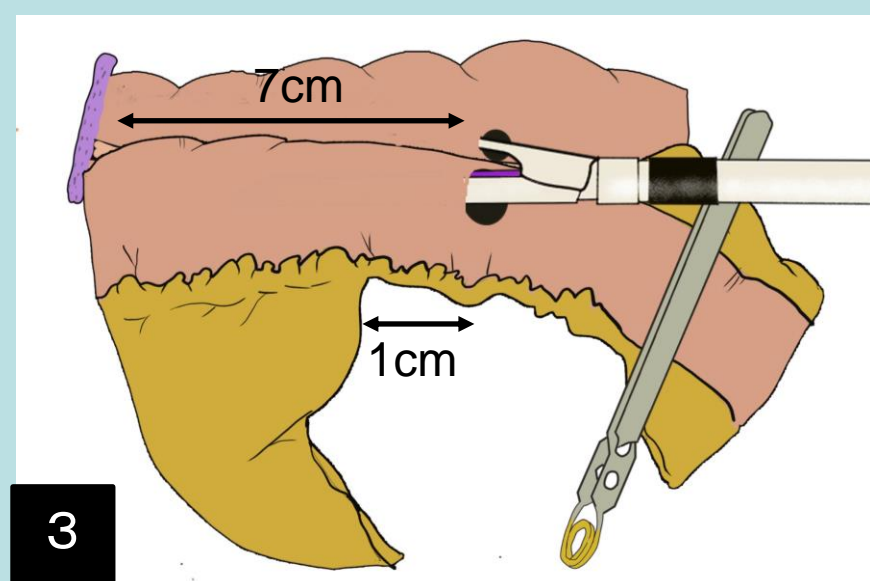


A,B Dissection of the small intestinal mesentery 10 cm from the terminal part of ileum.

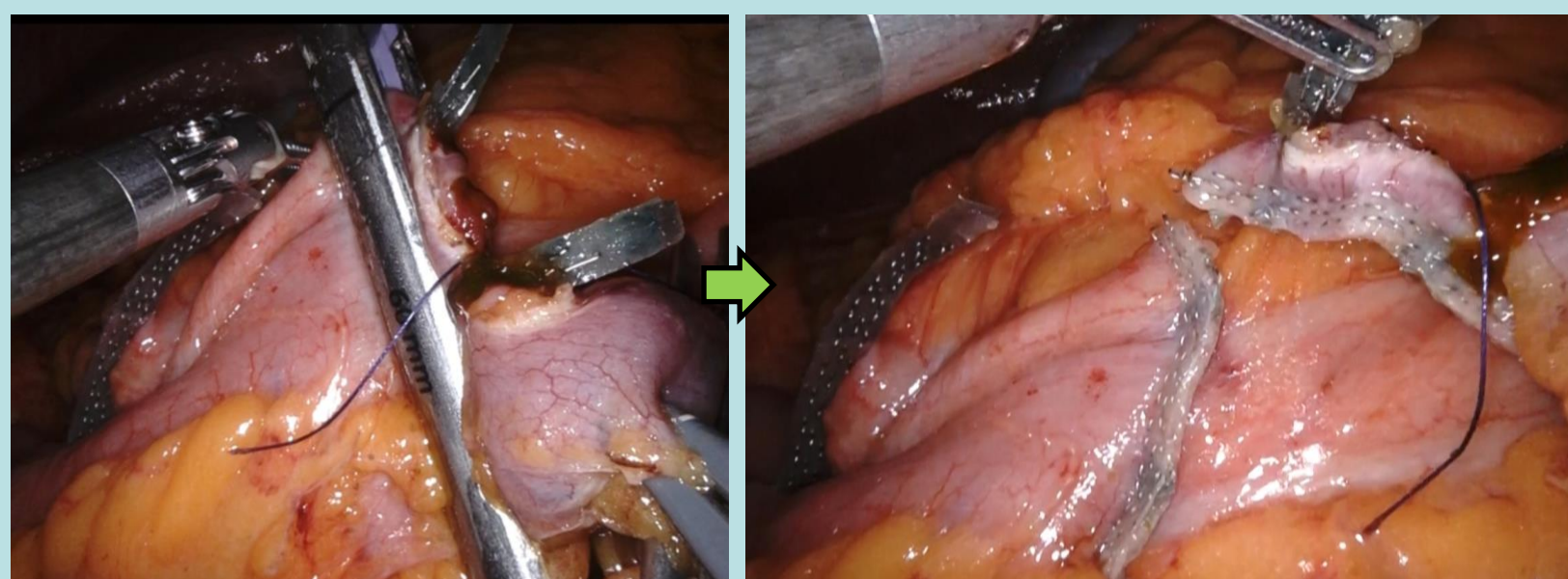
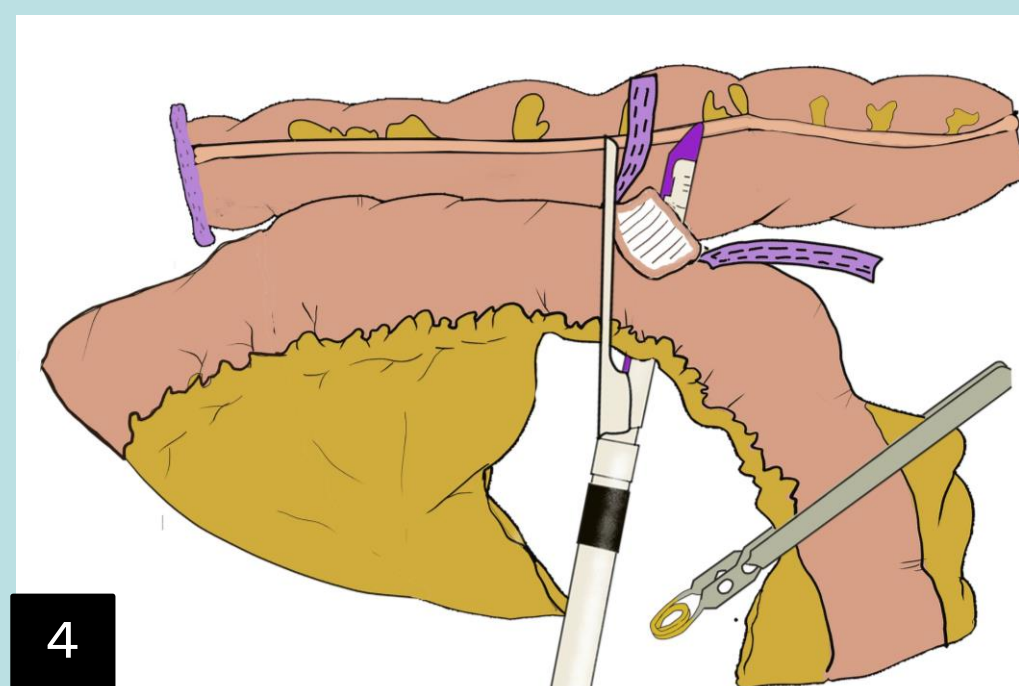
C To prevent the backflow of intestinal fluid and the twisting of the intestine, place a detachable intestinal clamp on the terminal ileum from the mesenteric side to the mesenteric opposite side.



To reduce bleeding, use the Tri-Staple™ 2.0 Reinforced 60mm Purple Cartridge®



Make the insertion hole on the colon side smaller and insert the anvil side.



Cut the small intestine vertically to the intestinal axis and simultaneously close the insertion hole.

Results

From November 2022 to April 2024, we performed Uncut Overlap anastomosis on 24 cases. The average time for intestinal opening from the creation of the insertion hole to the closure of the intestine was 14 minutes (11-33). Although there were no complications of Clavien-Dindo grade III or higher directly related to the anastomosis site itself, we did encounter one case of intestinal obstruction due to adhesion of the proximal small intestine to the retroperitoneum.

Conclusion

We introduced the technique and key points of the Uncut Overlap anastomosis for right-sided colon cancer. This anastomosis method is considered beneficial as it requires fewer uses of the stapler and has fewer staple crossing points. We plan to continue accumulating cases and evaluating outcomes in the future.