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Technique for a Stapled Anastomosis Following Transanal Total Mesorectal Excision for Rectal Cancer

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Abstract

Aim: Transanal total mesorectal excision (taTME) is an emerging and exciting new technique in rectal cancer surgery. As with all novel techniques, new challenges arise, requiring small modifications of the technique. Here we present a simple technique that we have devised to facilitate a stapled anastomosis using standard circular staplers following a taTME.

Method: We describe the technique in a stepwise fashion with picture - and video illustration. Our experience with this anastomosis in a small cohort of patients is reported.

Results: No anastomotic leaks occurred in 12 consecutive patients using this technique following taTME. In one patient a small defect was noticed on direct visualisation of the anastomosis intra-operative, and was closed transanally. So far 8/12 patient had their protective ileostomy reversed with satisfactory function.

Conclusion: We believe that this technique for a transanal, stapled anastomosis after a transanal TME procedure is safe and reproducible. Objective assessment of longterm functional outcome is required and outcomes need to be compared to other stapled techniques and handsewn anastomoses.