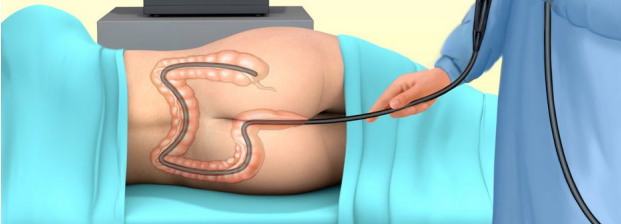
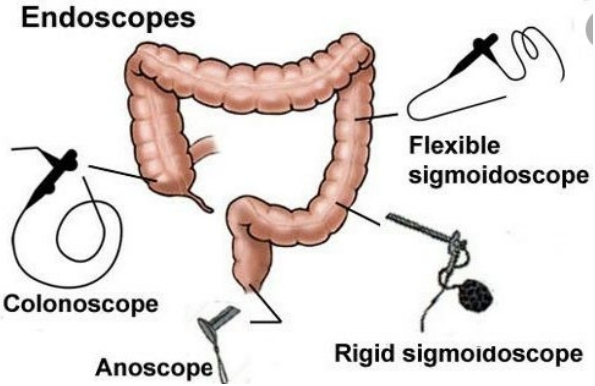


## Flexible Endoscopic Assessment of Left Sided Colonic Anastomoses for Diagnosis and Treatment of Anastomotic Bleeding

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OBJECTIVE	METHODS	STUDY PROGRESS
<p>The primary goal of this study is to evaluate anastomotic complication rates following end to end, stapled, left sided colonic resection comparing the use of intra-operative flexible endoscopy versus intra-operative rigid endoscopy in our own patient population.</p>	<p>This study will be an analysis of surgical and post-surgical data collected prospectively in patients with end to end, left sided, stapled colonic anastomosis for benign or malignant disease.</p> <p>Information will be collected from the ERAS Interactive Audit System (EIAS ®) database as well as from Epic chart review.</p>	<p>This research study is open and accruing patients.</p> <p><b>136 patients have been captured as of September 2023.</b></p>
INTRODUCTION	 <p><b>Data collection will include:</b></p> <ul style="list-style-type: none"> <li>• <b>Surgical Details</b> i.e., surgeon, OR time, type of evaluation (flex or rigid scope), intra-operative presence or absence of anastomotic bleeding or leak.</li> <li>• <b>Hospitalization Details</b> i.e., disposition, ICU LOS, hospital LOS, post-operative hematocrit/hemoglobin levels.</li> <li>• <b>Complications</b> i.e., post-operative presence or absence of an anastomotic bleeding or leak, post-operative blood transfusion, readmission, reoperation, repeat endoscopy &lt; 30 days, rate of anastomotic failure.</li> </ul>	
<p>About 60% of patients undergoing colon surgery for benign and malignant diagnoses have surgery including the left or descending colon and the sigmoid colon.</p> <p>After the creation of an anastomosis, it is standard practice to examine the site intraoperatively with a sigmoidoscope to assess anastomotic integrity.</p> <p>There are two types of sigmoidoscopes in use. One is rigid and the other is flexible.</p> <p>Both scopes facilitate identification of anastomotic leakage, however, recent literature suggests that the flexible scope may afford better visualization and evaluation of the anastomotic site.</p> <p>We hypothesize that more anastomotic bleeding will be identified using the flexible endoscope when compared to the rigid scope given the improved visualization.</p> <p>In addition, we will be able to treat anastomotic bleeding with the flexible scope, a step which is not possible with the rigid scope. This may lead to a decrease in postoperative transfusions, reoperation, repeat endoscopic evaluations, length of hospital stay and anastomotic leak.</p>	ACKNOWLEDGEMENT	
		<p><b>REFERENCES</b></p> <p>Sigmoidoscope graphic by s-media-cache-ak0.pinimg.com Colonoscopy graphic by Thunder Bay General Surgeons</p>