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Summary

ISOPERISTALTIC ILEOCOLONIC ANASTOMOSIS AFTER ILEOCECAL RESECTION REDUCES COLONOSCOPIC ANASTOMOSIS-TO-SMALL-BOWEL TIME

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Retrospective single-center study of 143 Crohn's disease patients found isoperistaltic ileo-colonic anastomosis comparable to antiperistaltic anastomosis in safety and recurrence but with longer operative time and easier endoscopic small bowel intubation.

KEY POINTS

- 26 patients underwent isoperistaltic ileo-colonic anastomosis (IPICA) and 117 underwent antiperistaltic anastomosis (APICA) between 2012 and 2022 at a single tertiary center
- IPICA surgery duration was significantly longer than APICA (295.4±70.2 min vs 249.3±60.6 min, p<0.001)
- Clinically significant anastomotic disease recurrence (Rutgeerts score≥2b) was comparable between groups (38.5% IPICA vs 34.2% APICA, p=0.820)
- Small bowel intubation time was significantly shorter with IPICA (1.2±0.9 min) compared to APICA (3.0±3.0 min, p<0.001), with no intubation failures in IPICA versus 10.5% in APICA when excluding strictures
- Post-surgical complications, hospitalization duration, and 90-day re-admission rates were comparable between the two anastomotic techniques

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