

Anastomotic leakage in the gut

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Presentation

Hepatobiliary

Pancreas

Surgery

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Management of anastomotic leak requires individualized approach combining early recognition, multidisciplinary intervention, and consideration of patient factors, with treatment options ranging from conservative management to surgical revision.

KEY POINTS

- The speaker emphasized that early detection of anastomotic leak is of paramount importance for salvage and avoiding catastrophic outcomes.
- Management must be tailored to each anastomotic leak, as every anastomosis and every leak is different, requiring assessment of the patient's overall condition.
- Treatment options include non-surgical management with antibiotics and percutaneous drainage for stable patients, endoscopic interventions such as endo-sponge for colorectal leaks or metallic stents for upper GI leaks, and surgical options including drainage, diversion, or reinforcement for critically unwell patients.
- The speaker presented fluorescence imaging with ICG as a tool that has improved objective assessment of bowel blood supply beyond subjective evaluation during anastomosis creation.
- The speaker stated that data comparing robotic to laparoscopic surgery in inflammatory bowel disease showed reduced overall complications with robotic surgery, though training and cost remain caveats.
- An 88-year-old patient with small extraluminal air after right hemicolectomy was successfully managed with IV antibiotics alone, illustrating the principle of individualized management for clinically stable patients.

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