# PROPHYLACTIC ENDOLUMINAL VACUUM THERAPY – TOWARDS AN ERA OF REDUCING LEAK RELATED MORBIDITY AFTER ELECTIVE OESOPHAGO-GASTRIC RESECTION

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**A case series of 27 patients reports the use of prophylactic endoluminal vacuum therapy placed across high-risk oesophago-gastric anastomoses or repair sites to prevent sepsis from anastomotic leaks.**

## KEY POINTS

- An ad-hoc EVT device was created using VAC granufoam and a nasogastric tube (16/18Fr), placed intraluminally across the high-risk site with continuous negative pressure of 75–125mmHg applied for a median of 7 days (range 4-14 days)
- Twenty-seven patients received prophylactic EVT (26 cancer resections, 1 benign surgery) based on preoperative factors (10 patients), intra-operative factors (16 patients), or both (1 patient)
- One patient developed a full-thickness microleak at endoscopic evaluation but remained clinically well without systemic sepsis and was managed with luminal EVT for a further 6 days in a ward-based environment
- No short-term complications were reported, with median length of stay 19.7 days (range 6-96 days)
- The authors conclude that prophylactic EVT may be a useful adjunct for high-risk patients and propose randomised controlled trials to standardise selection criteria and assess longer-term outcomes

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