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Summary

END-TO-END ANASTOMOSIS FOLLOWING TOTAL MESORECTAL EXCISION IS NOT INFERIOR TO OTHER TYPES OF RECONSTRUCTIVE TECHNIQUES: SYSTEMATIC REVIEW AND META-ANALYSIS

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Colorectal

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A meta-analysis of 29 randomized controlled trials found that end-to-end anastomosis (EEA) after total mesorectal excision for rectal cancer shows comparable early morbidity and mortality to colonic J pouch and side-to-end anastomosis techniques.

KEY POINTS

- No significant difference was found in anastomotic leakage rates comparing EEA to colonic J pouch (RR: 1.03; CI: 0.84-1.26) or to side-to-end anastomosis (RR: 1.19; CI: 0.60-2.35) at 30 days postoperatively.
- No significant difference in early mortality was observed between EEA and colonic J pouch (RR: 0.77; CI: 0.30-1.98).
- EEA patients had slightly higher daily bowel movements than colonic J pouch patients at 6 months (MD: 1.89; CI: 0.39-3.39), but this difference became statistically non-significant by one year (MD: 1.59; CI: -0.66-3.84).
- The quality of evidence was moderate for anastomotic leakage and mortality, and low for bowel movement outcomes due to high risk of bias from unblinded surgeons and imprecision.
- This analysis is relevant for surgeons and gastroenterologists managing patients undergoing total mesorectal excision for rectal cancer.

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