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Summary

Using vacuum therapy in the management of anastomotic leaks

Wytze Lameris

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Endoscopy | Surgery

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The speaker presented an active management approach for extraperitoneal anastomotic leaks after colorectal surgery, combining endoscopic vacuum therapy with surgical closure to achieve a reported 90% success rate when implemented early.

KEY POINTS

- The speaker reported that anastomotic leak rates in TME and pouch surgery vary from 5 to 30% in the literature, with true incidence best measured at one year rather than 30 or 90 days due to reporting bias and timing differences
- Early leak detection is critical, using CRP at days 3-4 to guide CT scanning in non-defunctioned anastomoses and routine endoscopy within two weeks for defunctioned anastomoses to identify silent leaks
- The speaker's active management protocol involves endo-sponge vacuum therapy with sponge exchanges every 3-4 days to clean the cavity, followed by surgical closure using transanal suturing techniques, typically completed within two weeks
- In the speaker's series, all actively managed pouch leaks healed at six months compared to only half of conventionally managed leaks, with long-term function equivalent to patients who never leaked
- The speaker stated that for TME surgery leaks, endo-sponge assisted closure now achieves 90% success but requires early diagnosis and immediate salvage protocol initiation
- A newer VAC stent system combining stent and vacuum therapy is being used for higher anastomotic leaks with the goal of avoiding temporary stoma creation, though the speaker noted it is not yet broadly applicable and showed 50% success in a 16-patient Amsterdam series

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