

Analysis of prospective data on anastomotic leaks reveals delayed diagnosis

Patients who suffer an anastomotic leak shortly after colorectal surgery often present with life-threatening symptoms that require fecal diversion and intensive care. Many anastomotic leaks, however, present with subtle symptoms: low-grade fever and failure to thrive. Hyman *et al.* hypothesized that dramatic variations in anastomotic leak incidence reported in retrospective studies resulted from a failure to capture this subtle presentation. To discover the true incidence and presentation of anastomotic leakage, these authors analyzed data from a comprehensive complications database.

The database included prospectively recorded information on postoperative complications in 1,223 patients who underwent intestinal resection without initial fecal diversion during 1995–2004. Anastomotic leaks occurred in 33 patients (range 27–88 years, 17 male), of whom 15 underwent fecal diversion. The overall incidence of anastomotic leak (2.7%) was consistent across all but one surgical site—a markedly high leak incidence after ileorectal anastomosis (23.3%) prompted the authors to review the stapling technique used.

In total, 12 leaks were diagnosed clinically at a mean of 7.0 days postoperatively, and the remainder were diagnosed by imaging, at a mean of 16.0 days postoperatively; CT performed better than contrast enema to diagnose the leaks. Many (14) leaks were only diagnosed after the patient was readmitted to hospital, and 4 leaks were diagnosed >30 days postoperatively (well after the typical hospital discharge time). In the light of these results, the authors stress the need for prospective recording of complications data and adequate patient follow-up, to ensure timely diagnosis and treatment of anastomotic leaks.

Original article Hyman N *et al.* (2007) Anastomotic leaks after intestinal anastomosis: it's later than you think. *Ann Surg* 245: 254–258

Early postoperative discharge is feasible for patients who undergo IPAA

Patients who undergo open ileal-pouch–anal anastomosis (IPAA) are normally hospitalized

for 8–15 days, because this procedure is complex. A new case–control study has shown, however, that use of a fast-track patient rehabilitation protocol characterized by early postoperative feeding and ambulation after IPAA substantially reduces the duration and costs of hospital stay, without increases in readmission and complication rates.

Kariv and colleagues retrospectively compared the perioperative results, direct costs of hospital care, 30-day and long-term complication rates of 97 patients who underwent primary open IPAA and were managed according to a fast-track rehabilitation protocol, with those of 97 controls (matched for age, sex, surgery and presence of diverting ileostomy) who were managed by traditional care.

Hospital costs were reduced by US\$980 for fast-tracked patients, principally because their hospital stay was shorter than that of traditionally managed patients (median 4 versus 5 days). Substantially more fast-tracked than traditionally managed patients were discharged within 3, 4 or 5 days after IPAA. Readmission and complication rates within 10 days and 30 days of surgery, and patient outcomes over a median follow-up of 20 months, were similar for both groups.

The 24 fast-tracked patients who required >5 days hospitalization were predominantly male, and had increased rates of anastomotic complications and reoperations. Kariv and colleagues suggest that successful discharge within 5 days might predict a favorable outcome and benign postoperative course after IPAA.

Original article Kariv Y *et al.* (2007) Clinical outcomes and cost analysis of a “fast track” postoperative care pathway for ileal pouch–anal anastomosis. A case control study. *Dis Colon Rectum* 50: 137–146

Etoricoxib causes fewer upper gastrointestinal adverse events than diclofenac

Whether selective cyclo-oxygenase 2 inhibitors cause fewer gastrointestinal adverse events than traditional NSAIDs in patients who are also taking PPIs or cardioprotective aspirin remains unclear. Laine and colleagues, therefore, assessed the effects of the traditional NSAID diclofenac and the selective cyclo-oxygenase 2 inhibitor etoricoxib on gastrointestinal adverse events in participants from the Multinational