

# Straight and colonic J-Pouch reconstruction after low anterior resection.

Teleky B, Jech B, Karner- Hanusch J, Kuehrer I, Gotzinger P, Herbst F, Jakesz R

University Clinic of Surgery, General Hospital of Vienna

**PURPOSE:** A complication after restorative rectal surgery with a straight anastomosis is low-anterior resection syndrome with a postoperatively deteriorated anorectal function. The colonic J-reservoir is sometimes used with the purpose of reducing these symptoms. An alternative method is to use a simple side-to-end anastomosis or a coloplasty.

**MATERIAL AND METHODS:** Three-hundred fifty seven patients with rectal cancer undergoing total mesorectal excision (TME). Three-hundred (84.0%) received a low anterior resection with primary anastomosis and colo-rectal n = 194 (64.6%) or colo-anal anastomosis n = 106 (35.3%). A colonic pouch using the descending colon was created in 24 patients and in 75 patients respectively. Surgical results and complications were recorded. Patients were followed with a functional evaluation at 6 and 12 months postoperatively.

**RESULTS:** Patient characteristics in both groups were very similar regarding gender, age, tumor level, and Dukes' stages. A large proportion of the patients received short term preoperative radiotherapy (72%). There was no significant difference in surgical outcome between the 2 techniques with respect to anastomotic height, perioperative blood loss, postoperative complications, reoperations, hospital stay or pelvic sepsis rates except the anastomotic stricture rate in the colonic JPouch group after coloanal anastomosis ( $p < 0.02$ ).

**CONCLUSIONS:** These data show that either a colonic J-pouch or a straight anastomosis performed on the descending colon in low anterior resection with TME are methods that can be used with similar expected surgical and functional results