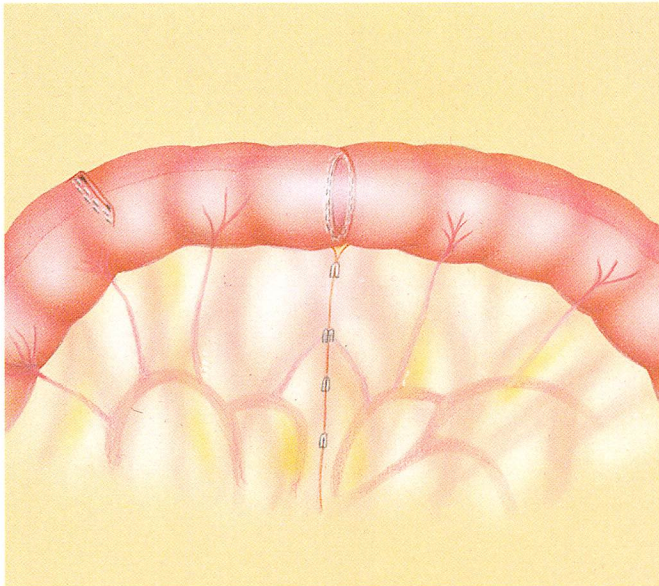


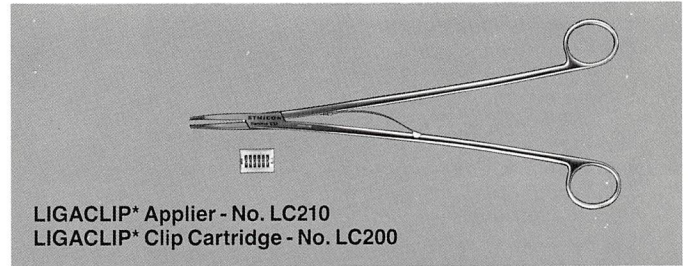
End-to-End Anastomosis Through Colotomy

In this section, the technique for creating an end-to-end anastomosis through a colotomy is described and illustrated.

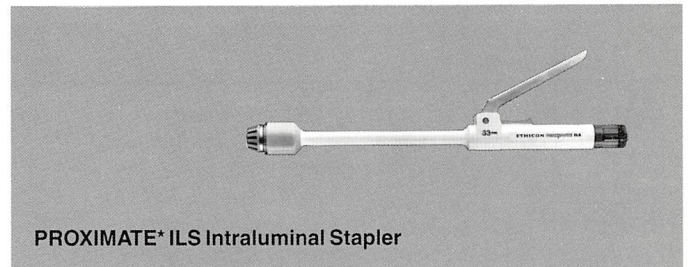


With this technique the anastomosis is created with one application of a PROXIMATE* ILS Intraluminal Stapler of the appropriate size, and the colotomy is closed with one application of the PROXIMATE* Linear Stapler (RL60).

Instruments commonly used in this procedure



LIGACLIP* Applier - No. LC210
LIGACLIP* Clip Cartridge - No. LC200



PROXIMATE* ILS Intraluminal Stapler



PROXIMATE* Reloadable Linear Stapler - RL60

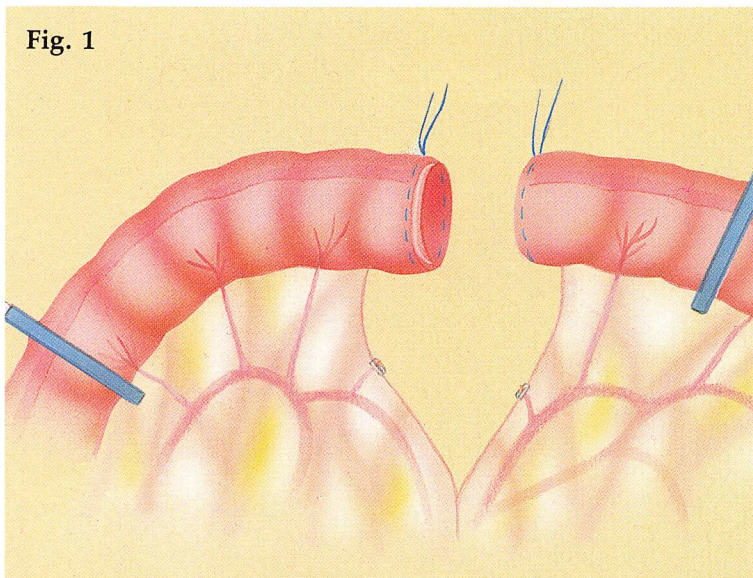


PROXIMATE* Plus Disposable Skin Stapler - PPW35

SEE PACKAGE INSERT FOR FULL PRODUCT INFORMATION.

Resecting the Bowel

After the appropriate segment of colon is mobilized and the mesentery dissected back at least 2cm beyond the proximal and distal points of transection, the colon is resected in the usual manner. Purse-string sutures are then placed (see Technical Detail A) on each end of the transected bowel using PROLENE* (polypropylene) suture, size 2/0 (Figure 1).



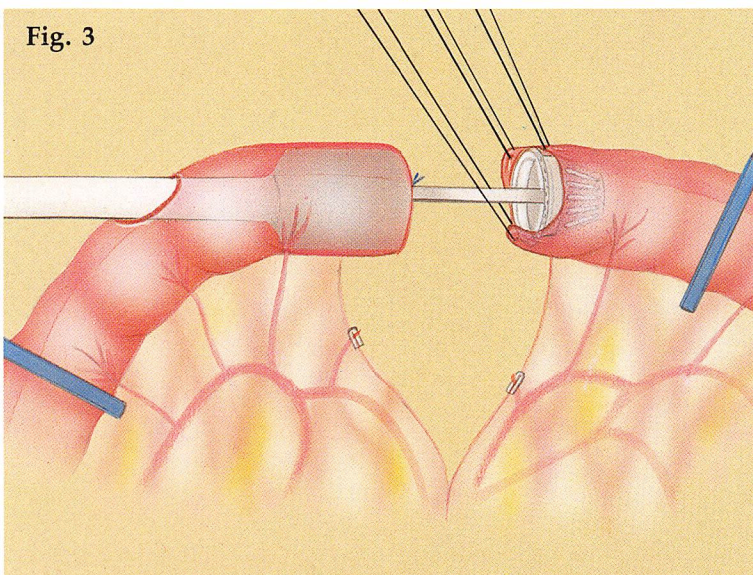
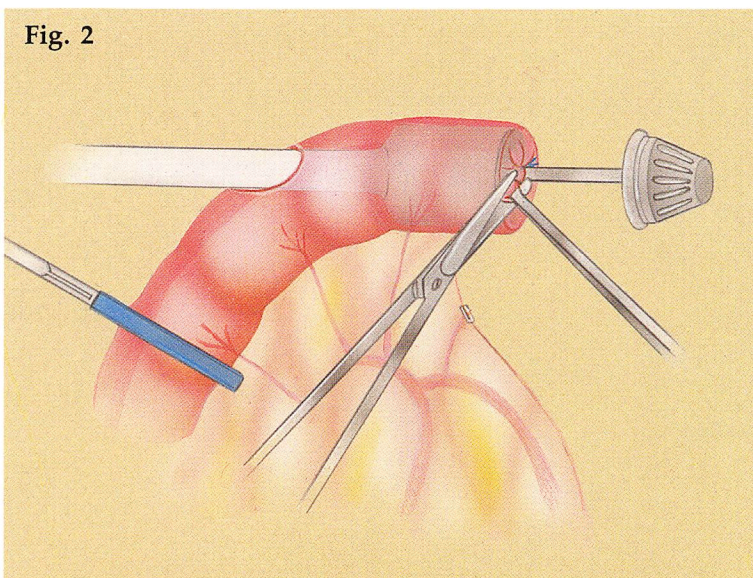
Inserting the ILS Stapler

With an electrocautery or scalpel, make an opening into the bowel on the antimesenteric side approximately 6-8cm from one transected end. The colotomy, which should be large enough to admit the anvil and staple head of the ILS instrument, may be on either the proximal or distal side of the anastomosis.

An appropriately sized ILS instrument (determined by the surgeon's experience or with the aid of dilators or sizers), with the anvil and staple head in the closed position, is inserted into the bowel lumen through the colotomy until the anvil protrudes through the open end of the bowel (Figure 2).

Open the instrument 4-6cm by turning the adjusting knob counterclockwise and position the instrument so that the purse-string suture can be snugged down securely against the center rod of the ILS Stapler. Using a standard synthetic suture technique, tie down the purse-string firmly and trim excess suture. Being careful not to cut the purse-string, use pickups and scissors to trim away redundant tissue gathered around the center rod.

To facilitate insertion of the ILS anvil, the posterior wall of the bowel should be placed first over the anvil, with the aid of traction sutures or Allis clamps (Figure 3).

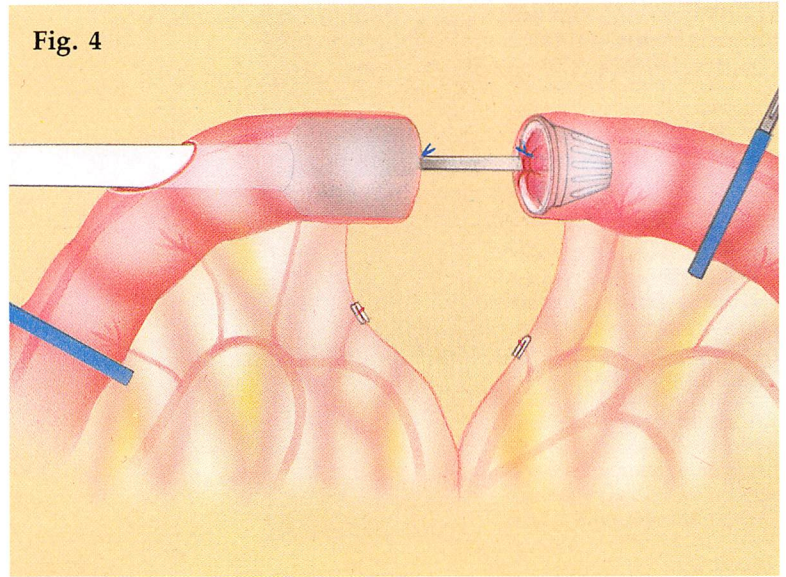


Inserting the ILS Stapler

(continued)

Once the anvil has been fully introduced into the bowel lumen, the purse-string suture is tied down firmly around the center rod (Figure 4). Excess suture and redundant tissue should be carefully trimmed, being certain that the purse-string remains intact.

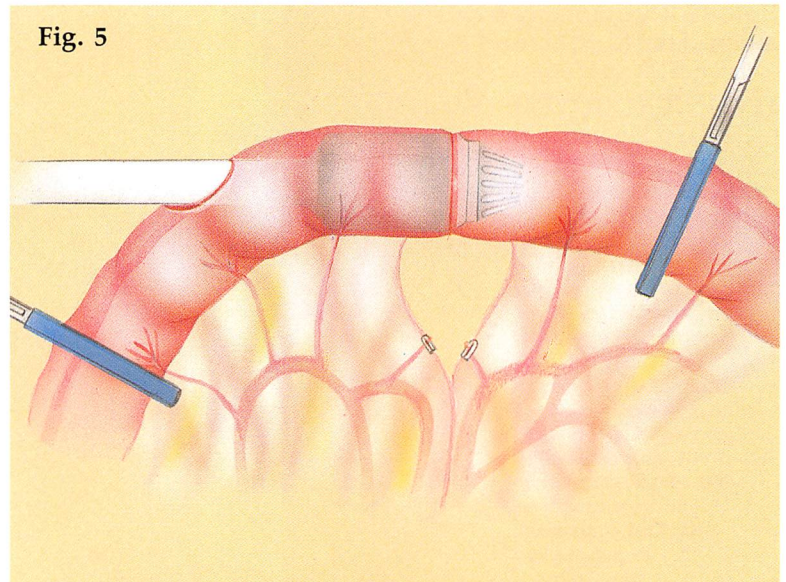
Fig. 4



Creating the Anastomosis

After properly aligning the two bowel segments, close the ILS and set the staple height by turning the adjusting knob clockwise. As the instrument is fired, staples are driven through the tissue and formed against the anvil; at the same time, a knife blade advances to cut a uniform stoma between the proximal and distal bowel segments (Figure 5).

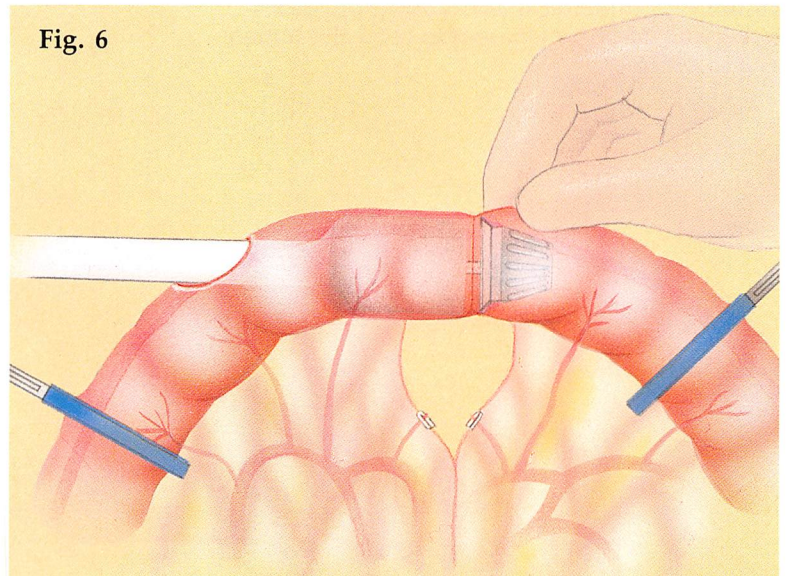
Fig. 5



Removing the ILS Stapler

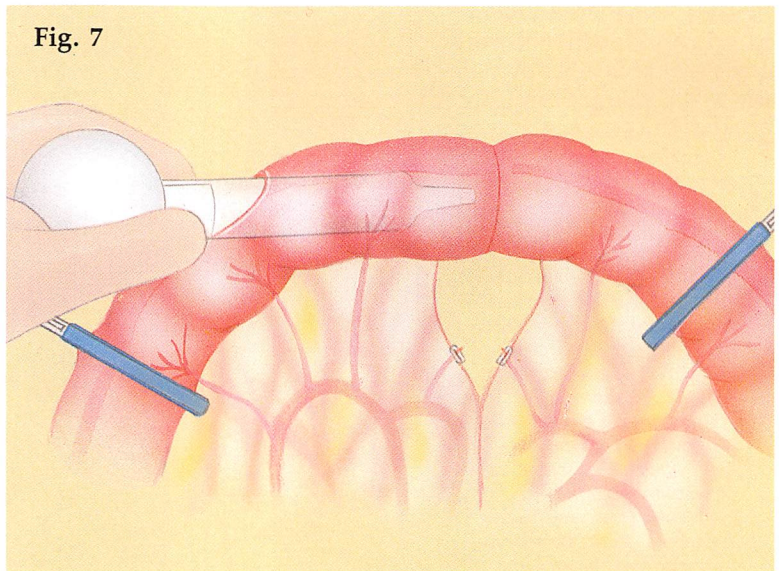
Before attempting removal of the ILS, open the instrument slightly by turning the adjusting knob counterclockwise approximately 1/2 to 3/4 turn, and rotate the ILS 180° in either direction to insure tissue release. Then gently lift the anastomotic staple line over the lip of the anvil by hand or with a traction suture. Remove the instrument while slightly rotating or rocking it (Figure 6).

Fig. 6



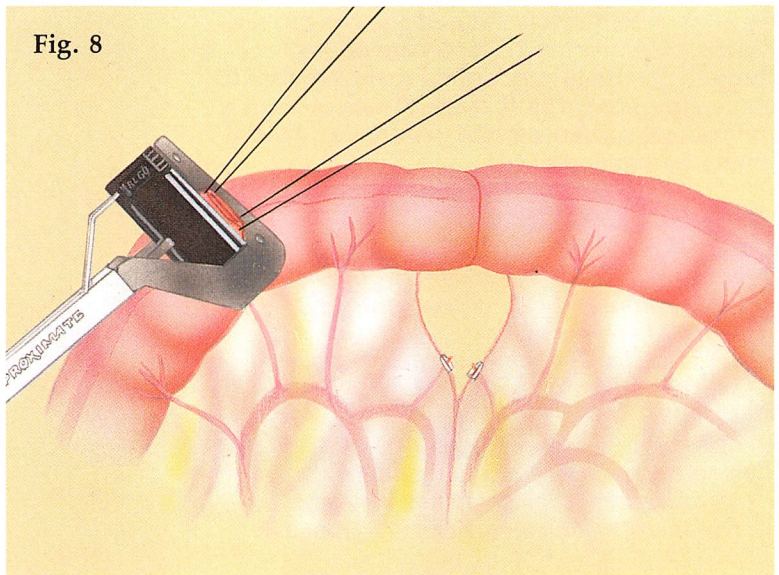
Checking the Anastomosis for Integrity

After the ILS has been removed from the bowel lumen, the integrity of the anastomosis may be checked by introducing fluid via a syringe (Figure 7) or a catheter inserted through the colotomy.



Closing the Colotomy

The colotomy is closed with one application of the RL60 Linear Stapler (Figure 8). Align the tissue edges in an everted manner with traction sutures or clamps. Slip the opened jaws of the RL60 around the approximated tissue, making sure all tissue layers are incorporated within the jaws. Push the retaining pin into place, close the jaws, release the safety and fire the stapler. Prior to removing the stapler, use the cutting guide on the edge of the stapler to excise the redundant tissue protruding through the jaws.



Completed Reconstruction

The completed anastomosis is illustrated in Figure 9, with the anterior wall made transparent to illustrate the completed anastomosis.

