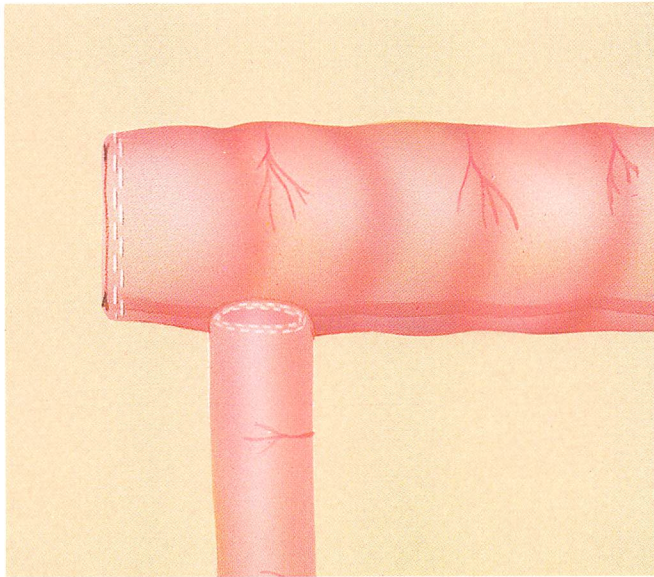


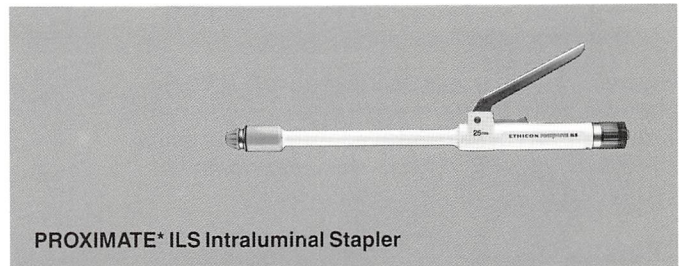
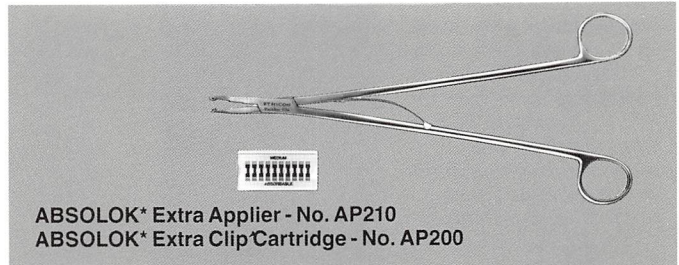
# End-to-Side Anastomosis Without Colotomy

In this section, the technique for creating an end-to-side anastomosis without a colotomy—a right hemicolectomy, for example—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 bowel is closed with one application of the PROXIMATE\* Linear Stapler (RL60).

## Instruments commonly used in this procedure



SEE PACKAGE INSERT FOR FULL PRODUCT INFORMATION.

## Inserting the ILS Stapler

After mobilizing and transecting the mesentery, the appropriate segments of the small and large bowel are resected, and the remaining ends are temporarily closed with atraumatic bowel clamps.

An appropriately sized ILS Intraluminal Stapler (determined by the surgeon's experience or with the aid of dilators or sizers) is opened 4-6cm by rotating the adjusting knob counterclockwise. Remove the anvil from the center rod. After repositioning the clamp on the large bowel to approximately 10cm distal to the resected edge, insert the instrument into the open end. Lightly press the end of the center rod against the antimesenteric wall, at least 4cm from the open end (Figure 1). Touch the slightly tented area with an electrocautery or scalpel to create an opening just large enough to allow passage of the center rod. Replace and tighten the anvil.

Place a purse-string suture, using PROLENE\* (polypropylene) suture, size 2/0, on the open lumen of the terminal ileum (see Technical Detail A). To facilitate insertion of the anvil, the posterior wall of the ileum should be placed over the anvil, with the aid of traction sutures or Allis clamps. Introduce the anvil into the lumen far enough to allow the purse-string suture to be tightened securely around the center rod of the ILS stapler (Figure 2).

Once the anvil is in position, tie down the purse-string suture snugly around the center rod of the ILS stapler. Being careful not to damage the purse-string, excise redundant tissue and suture from around the center rod.

Fig. 1

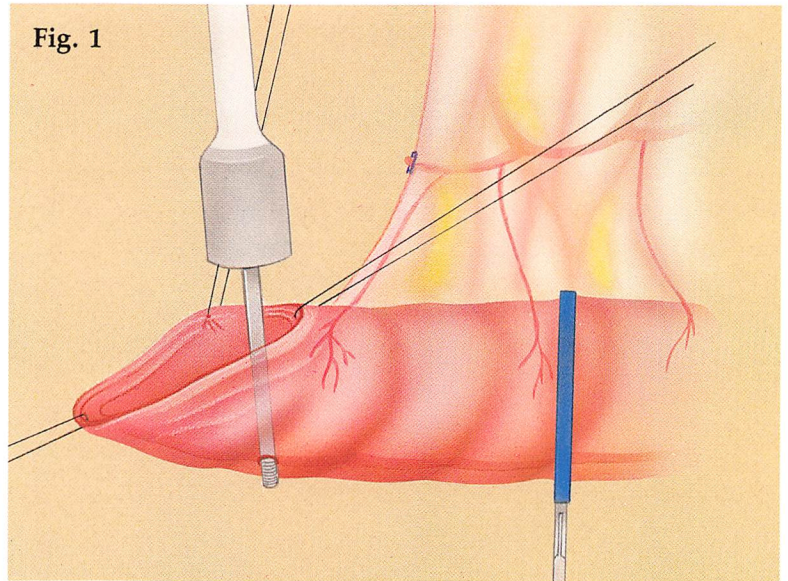
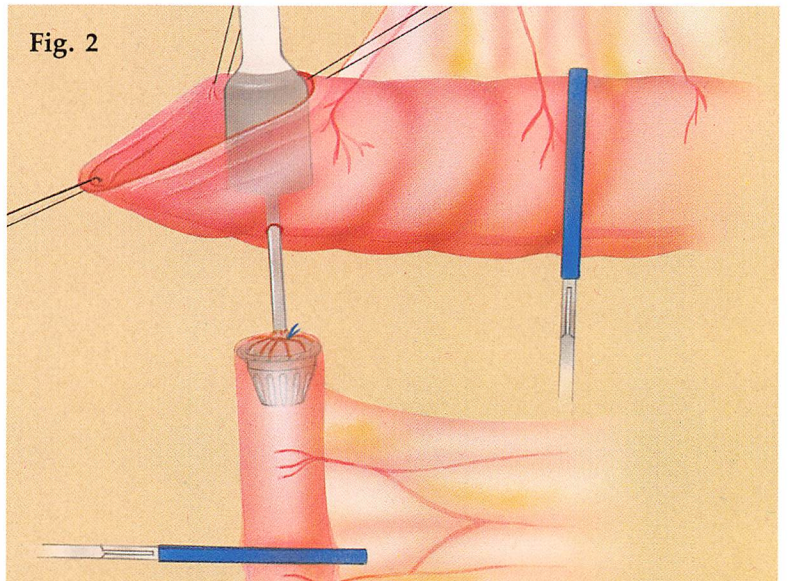


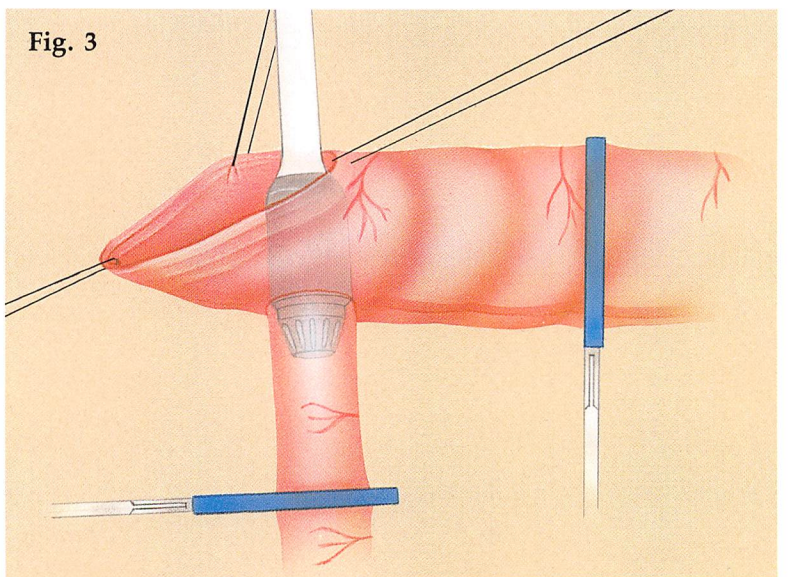
Fig. 2



## Creating the Anastomosis

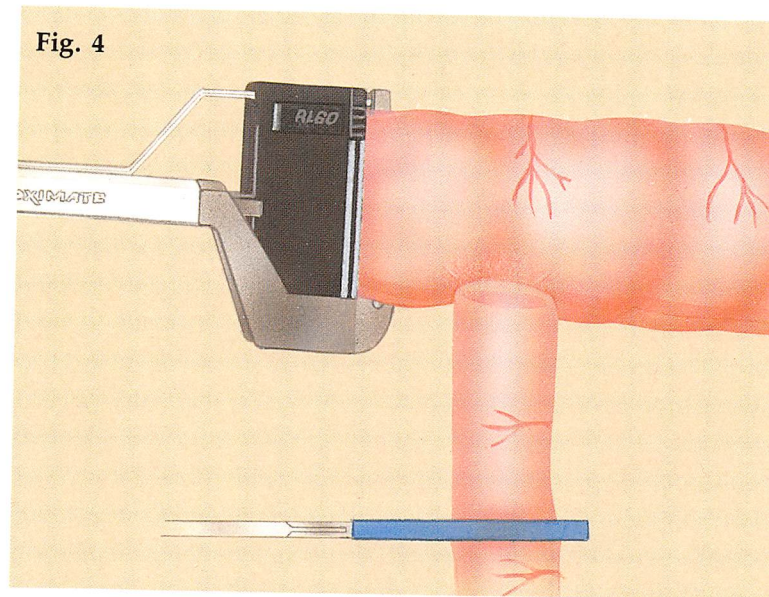
After aligning the bowel segments, close the ILS and set the staple height by turning the adjusting knob clockwise. As the instrument is fired, staples are driven through the enclosed tissue and formed against the anvil; at the same time, a knife blade advances to cut a uniform stoma between the two bowel segments (Figure 3).

Fig. 3



## Closing the Bowel

After the ILS is removed, and the anastomosis checked for completeness, integrity and hemostasis, the open lumen of the bowel is closed with one application of the RL60 Linear Stapler (Figure 4). Align the tissue edges in an everted manner with traction sutures or clamps. Slip the opened jaws of the RL60 stapler around the approximated tissue, 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 anvil as a guide to excise the redundant tissue protruding through the jaws.



## Completed Anastomosis

The completed anastomosis is illustrated in Figure 5, with the anterior wall rendered transparent to show the lumen and staple lines.

