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Review of Risk Factors for Anastomotic Leakage in Colorectal Surgery

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Abstract
Anastomotic leakage after colorectal surgery is a serious complication leading to increased morbidity and mortality. Multiple studies have found as risk factors for anastomotic leakage: male gender, obesity, preoperative steroid and non-steroidal anti-inflammatory drug use, longer duration of operation, surgical experience and preoperative blood transfusion. The laparoscopic approach is not inferior to open surgery in terms of rate of anastomotic fistula. Several studies have also shown the ASA score and tumor distance from the anal verge as predictors for increased operative time and morbidity after laparoscopic total mesorectal excision. There is strong evidence that preoperative radiochemotherapy for rectal cancer increases the risk for anastomotic leakage. The preoperative bowel preparation does not reduce the incidence of postoperative leaks. The use of diversion stoma has not been shown to reduce leak rate, but mitigates the clinical effects of fistula.
Key words: anastomotic leakage, anastomotic fistula, colorectal surgery, risk factors, colorectal cancer

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