

Stop the Bleeding – Endoscopic Management of Postoperative Stapled Anastomotic Site Hemorrhage in Minimal Invasive Colorectal Surgery

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Abstract

Background: Early anastomotic bleeding is a relatively understated complication of colorectal surgery. Despite intraoperative preventing protocols aiming to limit postoperative anastomotic hemorrhage, in some cases it can be dramatic. Therefore, we have decided to find out if our protocol of prompt emergency endoscopic management (“Stop-the-Bleeding” Protocol) is feasible, effective and safe.

Methods: Between January, 1st 2017 and July 1st 2024, we run a prospective single-center study including all the patients who underwent colorectal resection with stapled anastomosis and experienced significant per rectum bleeding within the first 30 postoperative days. Primary outcomes were feasibility and efficacy of the endoscopic approach, related complications and mortality.

Results: 599 patients underwent colorectal resections with mechanical anastomosis in our Center, of whom 48 patients (8%) experienced per rectum bleeding. Bleeding was encountered after all types of stapled anastomosis: recto-colic anastomoses (28 patients, 10.1%), side-to-side colo-colic anastomoses (5 patients, 3.7%) and side-to-side ileocolic anastomoses (15 patients, 8%). Hemostasis was obtained endoscopically in all the cases, mostly by only one session. No anastomotic dehiscence/leakage or fatality related to the hemorrhagic complication, or the endoscopic procedure were encountered in these series.

Conclusions: Emergency endoscopic hemostasis for postoperative bleeding after colorectal stapled anastomosis is feasible, effective and safe.

Keywords: colorectal surgery complications, anastomotic bleeding, endoscopic hemostasis