Preface

Anastomotic Leaks in Colorectal Surgery

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It is a real pleasure to be asked to write the introduction for this important issue of *Clinics in Colon and Rectal Surgery*, focusing on anastomotic leak. This is a critical topic for colorectal surgeons, and yet one to which, I think, many do not pay enough attention. I say this because we still see reports from different centers and countries with anastomotic leak rate percentages that range from the low single digits to the high teens. While many of us believe that we use optimal technique, there is often room for improvement, and ranges this extreme strongly suggest that there is variability in technique between centers and surgeons.

We have all been trained to understand the basics, a technically perfect, well-perfused anastomosis without any tension. Many of us know these principles are not fastidiously adhered to by all surgeons, and sometimes anastomoses are left under some tension, so as not to take the flexure down, or marginal vessels have not been checked for the presence of pulsatile flow by the simple technique of cutting and watching for active mesenteric bleeding. Equally, not all surgeons test left-sided anastomoses, and management of incomplete donuts and tiny air leaks is variable. Even less information and standardization exist in the management of leaks when they occur, truly a ripe space for clinical research. These are all critical points, as leaks cause our patients significant morbidity, sometimes mortality, possibly worsening oncologic outcome, and certainly and significantly increasing the use of hospital beds and other resources.

In this issue, Dr. Bhama has brought together a team of experts to discuss anastomotic leak. These articles of this issue cover definition and clinical relevance, risk factors, and methods of avoidance, drains and stomas, new technologies such as fluorescence and reinforcement, and the management of intraoperative challenges. The bulk of this work then discusses management, diagnosis, management of acute and chronic leaks, and what to do with leaks in specific circumstances such as after ileal pouch and rectal surgery. Finally, two innovative chapters discuss the role of the microbiome and new technologies that may help reduce the morbidity of a leak and accelerate time to healing.

All-in-all, this is a fantastic review of the subject and one I look forward to reviewing in detail. In addition, I believe this edition is something that will be reviewed by more than just colorectal surgeons, but in addition, many other surgeons who do gastrointestinal anastomoses are eager to stay up to date with the best practice and learn how new ideas may be incorporated into practice in the future.

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