

# **Anastomotic leakage after laparoscopic resection of rectal cancer: The impact of fibrin glue.**

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## **Abstract:**

**Background:** The aim of this study was to evaluate whether the use of fibrin glue as a sealant over an anastomosis is a risk factor for anastomotic leakage after laparoscopic rectal cancer surgery.

**Methods:** Prospective data were collected from 223 patients with rectal cancer who underwent laparoscopic resection without defunctioning stoma. **Results:** A total of 104 patients underwent laparoscopic rectal resection, followed by the application of fibrin glue over the stapled anastomosis, while 119 underwent surgery alone. No difference in clinically significant leakage was observed between the fibrin and the nonfibrin groups (5.8% vs 10.9%,  $P = .169$ ). In multivariate analysis, extraperitoneal tumor location and operation duration >220 minutes were independently associated with anastomotic leakage. **Conclusions:** Significant predictors of anastomotic leakage include extraperitoneal tumor location and operation length >220 minutes. Fibrin glue application over the stapled anastomosis was not found to be significantly associated with anastomotic leakage. © 2010

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