

Anastomosis Process

1. The 2 segments of intestine are reunited by end-to-end or side-to-side anastomosis with an absorbable suture material (USP 2-0 for adult, USP 3-0 to 4-0 for calves with polyglactin 910 or polydioxanone) using a single or 2-layer suture pattern
2. A simple full-thickness, continuous suture provides better apposition and less lumen diameter reduction
3. The anastomosis is performed in 2 to 3 overlapping simple continuous suture lines, each placed in one-half of one-third of the circumference, so that a purse-string effect is not created.
4. A 2-layer technique consists of a simple continuous suture involving the mucosa and submucosa, followed by a Cushing or Lembert pattern.
5. The initial suture line should be placed at the mesenteric attachment because this is the most likely site for leakage to occur. Some surgeons prefer using a full-thickness, simple interrupted suture when segments to anastomose are of significantly different diameter
6. After the anastomosis, the mesentery is sutured in a continuous pattern with a USP 0 absorbable suture material
7. The affected intestine is thoroughly washed with sterile isotonic fluids, checked for the presence of leakage, and replaced into the abdomen.
8. Carboxymethylcellulose gel can be applied over the anastomosis site to prevent adhesions.