

around the anastomotic site, in addition to a conventional abdominal drain, serves to actively decompress the rectal pressure around the inside of anastomosis.

The systematic approach outlined here dramatically reduced our patients' leakage rates from 7.4% (14/189) in 2006, 2.9% (3/103) in 2007–2008, and to 1.0% (1/101) in 2009–2010, or 1.3% (1/78) if NACRT/stoma treatments are not counted. Safe anastomosis can be obtained by following our approach during laparoscopic low anterior resection. However, only a small number of patients (78 patients) did not have a diverting stoma. Therefore, we must review more patients to determine the efficacy of our technique.

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