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Comment on: "Safety of Small Circular Staplers in Double Stapling Technique Anastomosis for Sigmoid Colon and Rectal Surgery"

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LETTER

Comment on: “Safety of Small Circular Staplers in Double Stapling Technique Anastomosis for Sigmoid Colon and Rectal Surgery”

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ACCEPTED

We read with great interest the paper by Nagaoka et al,¹ showing the safety of using 25-mm circular staplers in the double stapling technique anastomosis.

In 2016, we² published a series of 37 patients who underwent restorative proctocolectomy with double-stapled ileal-pouch-anal anastomosis using 25-mm circular staplers. Functional results were good. Mean number of bowel movements was 4.5 during the day and 0.9 at night, 68% of patients were fully continent, and 32% had occasional soiling. No one reported incontinence: we ascribed those results to reduced sphincter injury and functional damage during transanal introduction of a smaller stapler.

Additional advantages are a reduced risk of entrapment of the vagina during stapler closure and, in the double stapling technique, a reduced risk of disruption of the linear staple line when the circular stapler is introduced in a very short anal stump.

That a smaller stapler could increase the risk of anastomotic stenosis is far from demonstrated; even if so, gentle digital dilatation in the office is usually effective, and it is straightforward in a very low anastomosis.

So, we agree with Nagaoka et al about the advantages of small-diameter circular staplers; in our opinion, the 25-mm circular stapler should be the stapler of choice for ileal-pouch anal anastomosis.

References

1. Nagaoka T, Yamaguchi T, Nagasaki T, et al. Safety of small circular staplers in double stapling technique anastomosis for sigmoid colon and rectal cancer. *Dis Colon Rectum*. 2021;64:937–945.
2. Resegotti A, Silvestri S, Astegiano M, et al. “Small is beautiful” A series of ileo-anal anastomoses performed with the 25 - mm circular stapler. *Ann Ital Chir*. 2016;87:186–191.

ACCEPTED