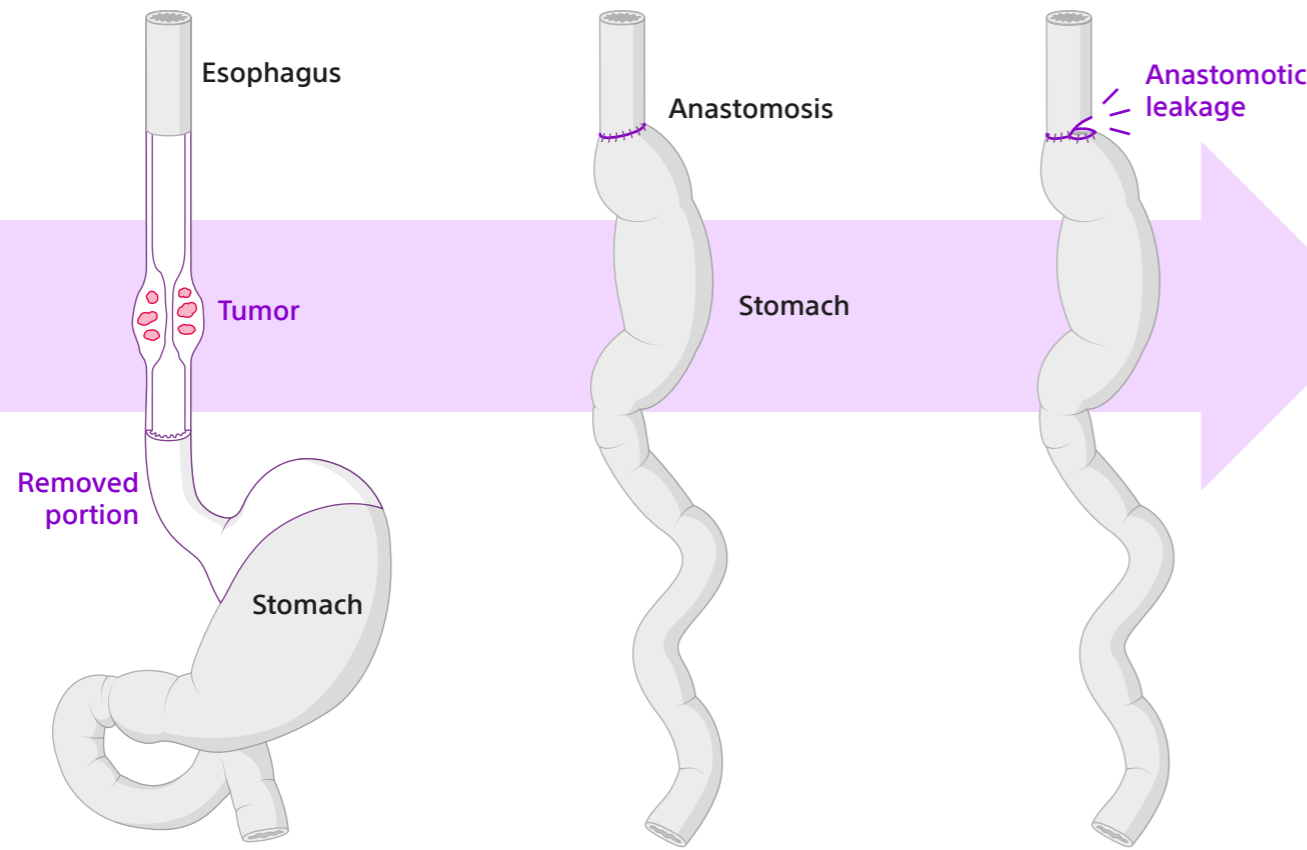




Anastomotic leakages

A1. Esophagectomy

After removal of an esophageal tumor, an anastomosis is created.

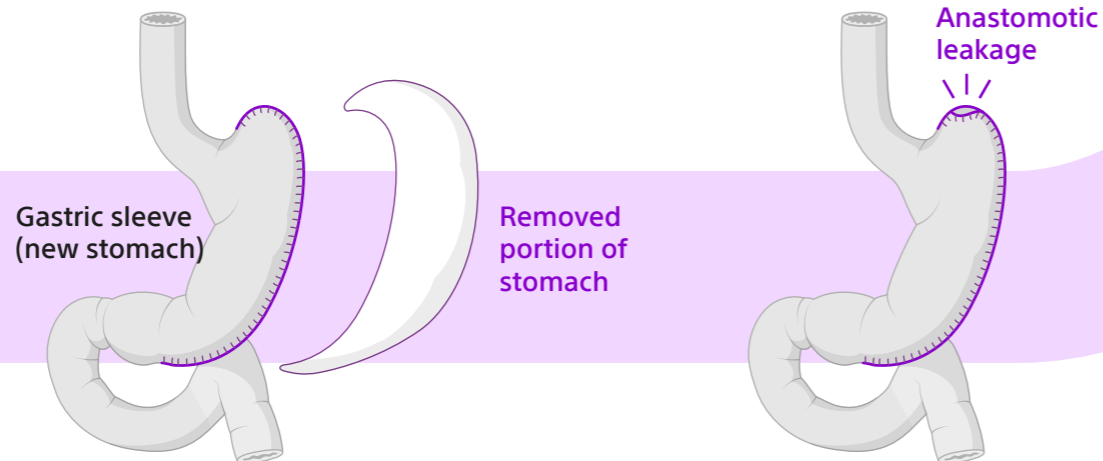


A2. Anastomotic leakage

Tension on the anastomosis can lead to a leak. Food escapes and the area becomes infected.

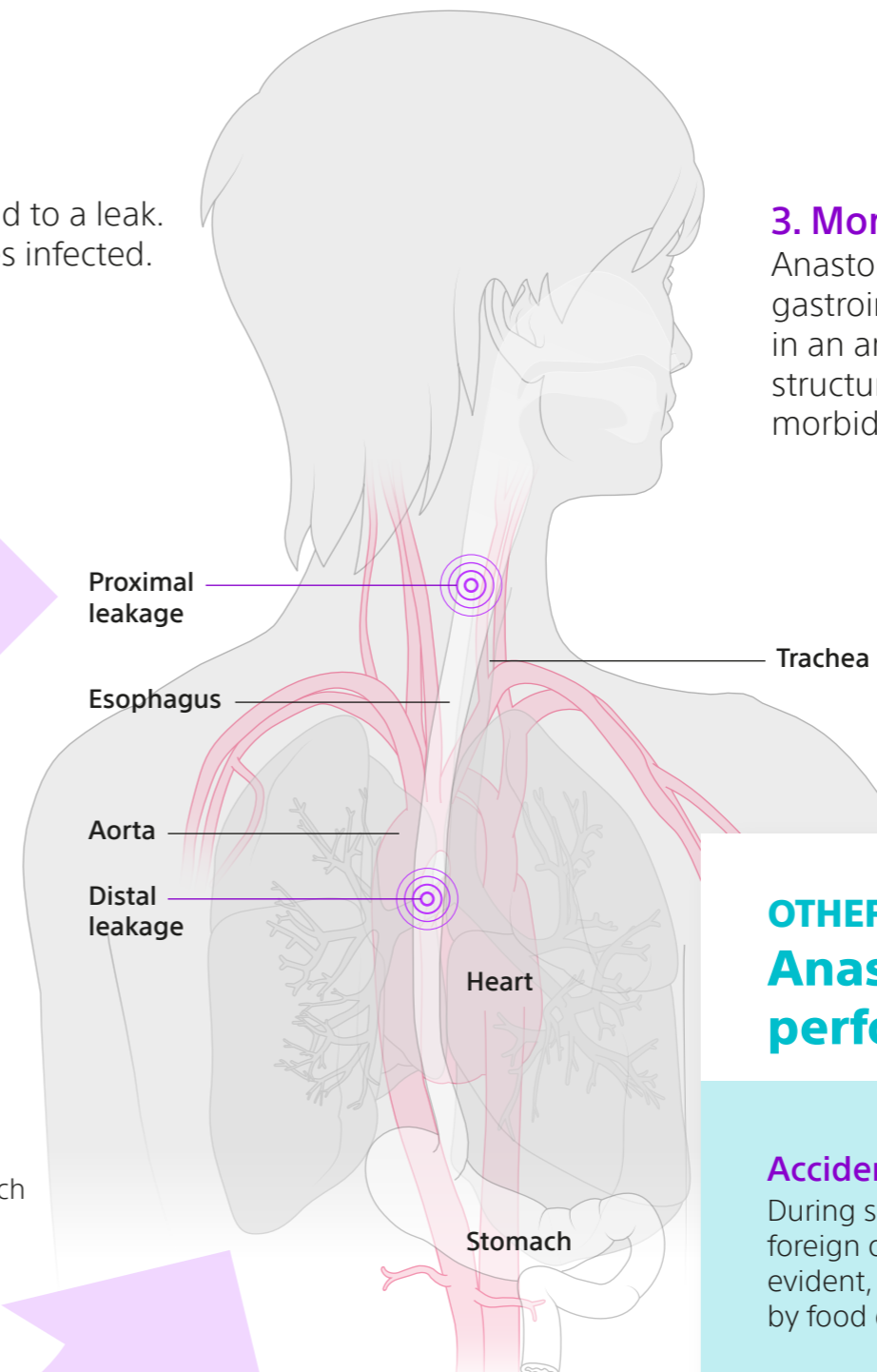
B1. Sleeve gastrectomy

Another reason to perform an anastomosis on the upper gastrointestinal tract is bariatric surgery (sleeve gastrectomy or gastric bypass).



B2. Anastomotic leakage

Leaks usually occur in the upper stomach area, where there is greater tension.



3. Morbidity and mortality

Anastomotic leakage in the upper gastrointestinal tract can cause sepsis in an area with sensitive anatomical structures, increasing patient morbidity and mortality.

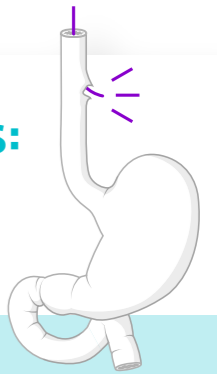
OTHER INDICATIONS: Anastomotic perforations

Accidental perforation

During surgery or by ingestion of foreign objects. Being immediately evident, it does not become infected by food debris.

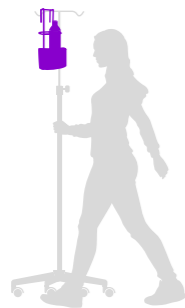
Boerhaave syndrome

Perforations due to changes in esophageal pressure (for example, vomiting) are often difficult to diagnose and have a high mortality rate.



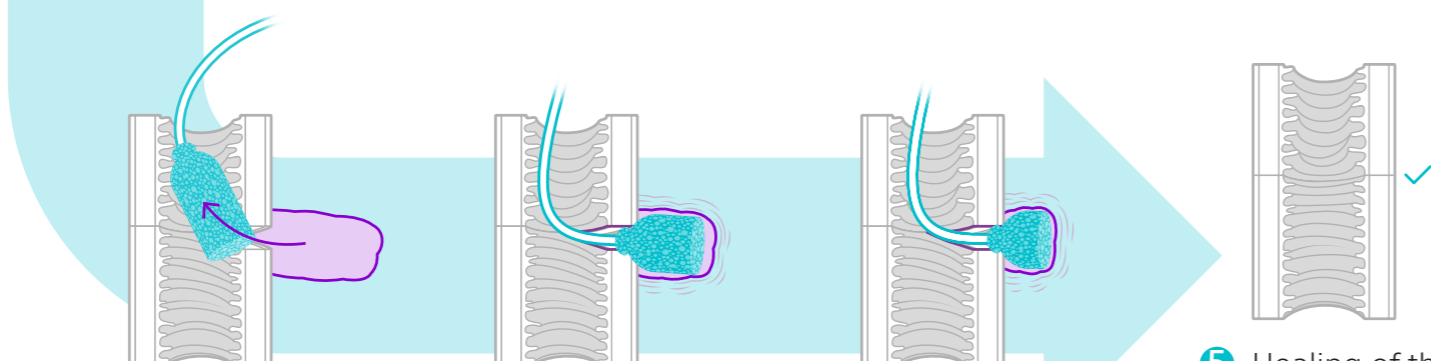
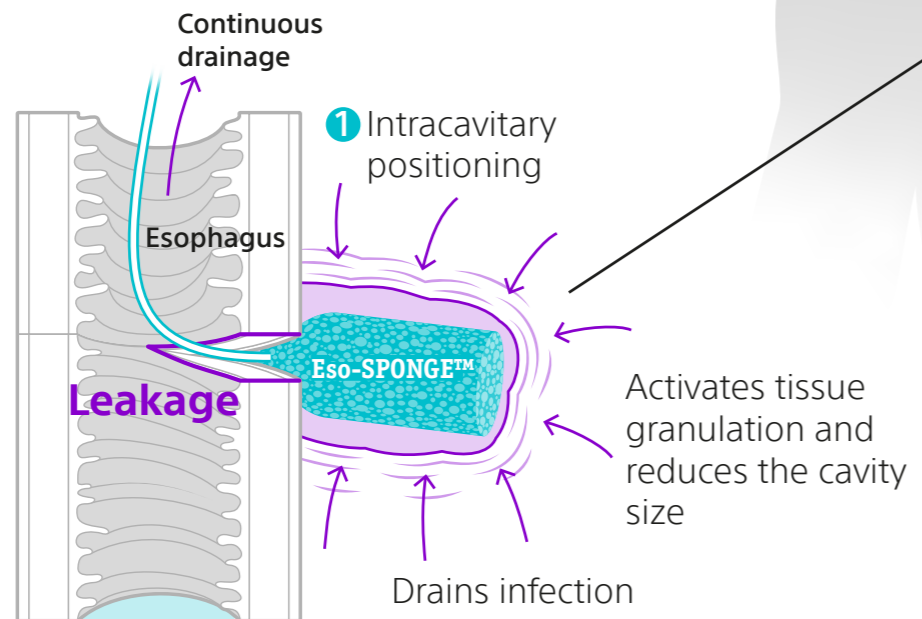
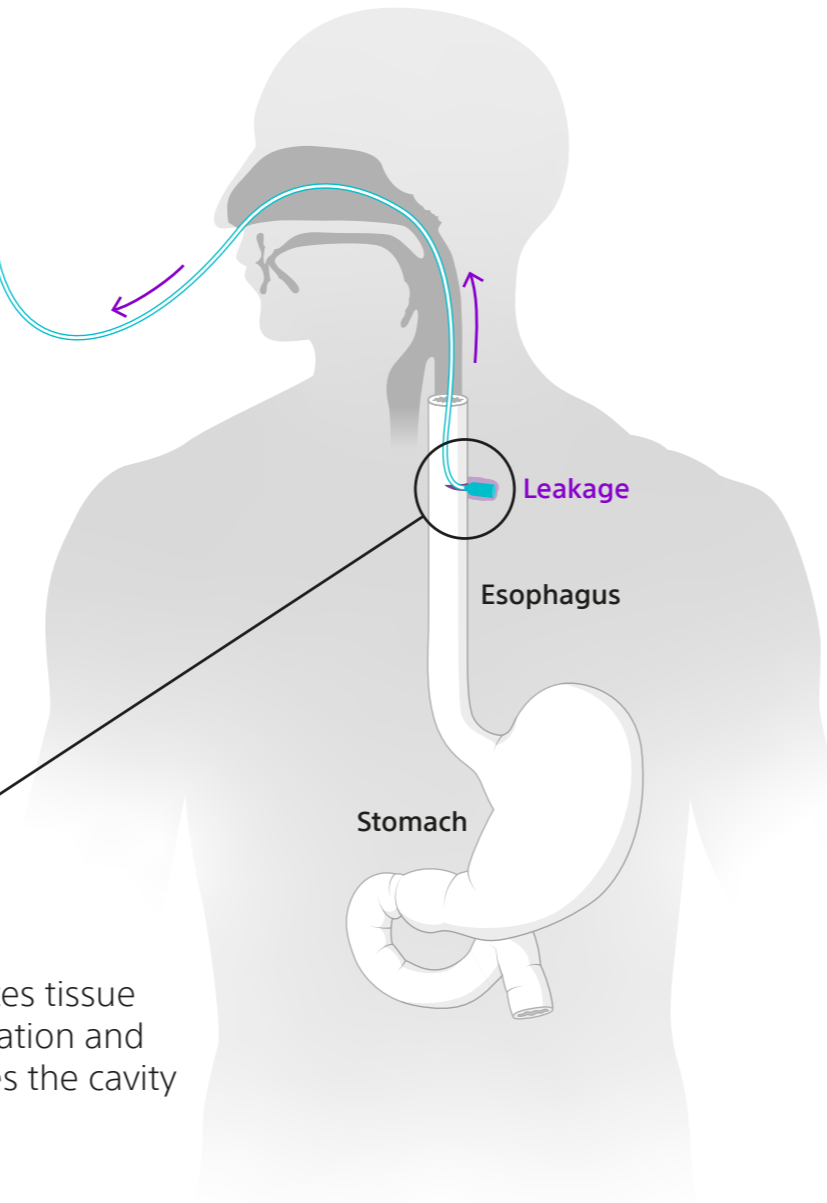
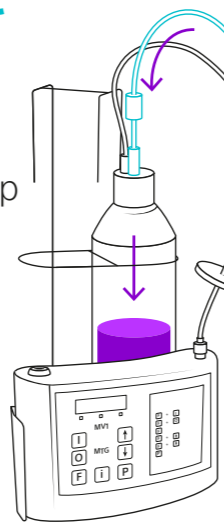


Closing anastomotic leakages



A vacuum pump removes the infectious fluid.

Patient mobility thanks to battery



2 The sponge must be removed every 3 days maximum to prevent tissue adhesion.

3 Each new sponge is adapted to the size of the cavity at that time.

4 The cavity shrinks.

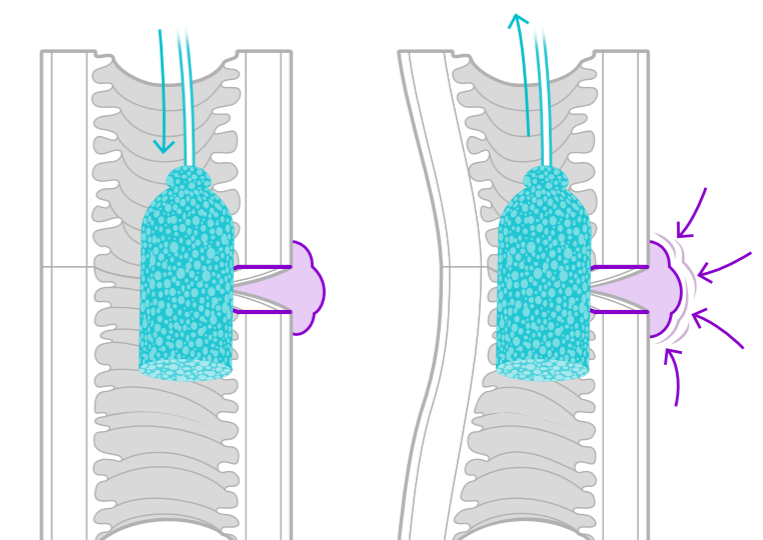
5 Healing of the anastomotic leak is reported to be less than 30 days* (mean treatment time).

Small leakages

Intraluminal positioning

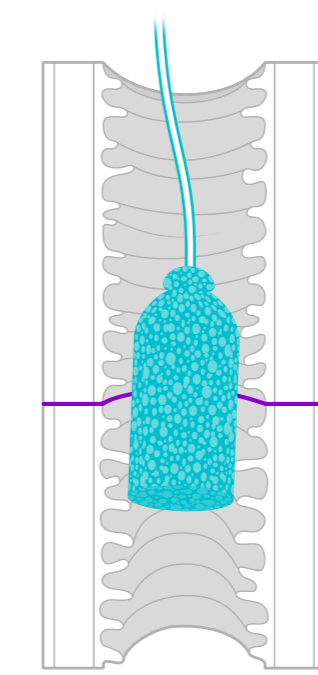
The sponge is placed in the lumen, in front of the defect.

Recommended only if intracavitary placement is challenging or not possible.



Preventive use

Placing a sponge for 4-6 days after anastomosis reduces the chances of a leak in patients at risk.



Patients with higher risk of developing an anastomosis leakage:

- Calcification of arteries
- Heart failure
- Hypertension
- Renal insufficiency
- Obesity
- Diabetes

*Kuehn F, Schiffmann L, Janisch F, Schwandner F, Alsfasser G, Gock M, Klar E. *Surgical Endoscopic Vacuum Therapy for Defects of the Upper Gastrointestinal Tract.* J Gastrointest Surg. 2016 Feb;20(2):237-43. Images provided courtesy of Fundamentium.com.

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