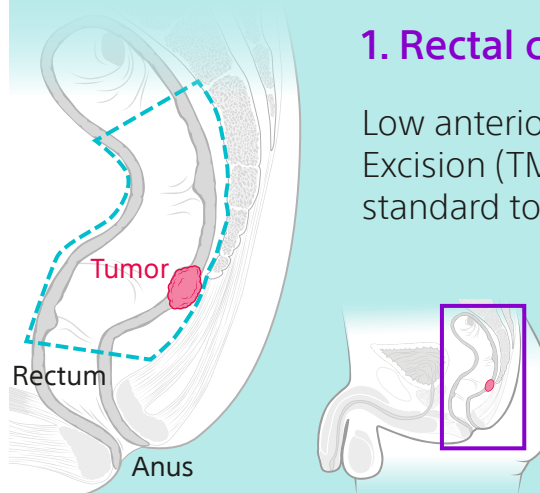




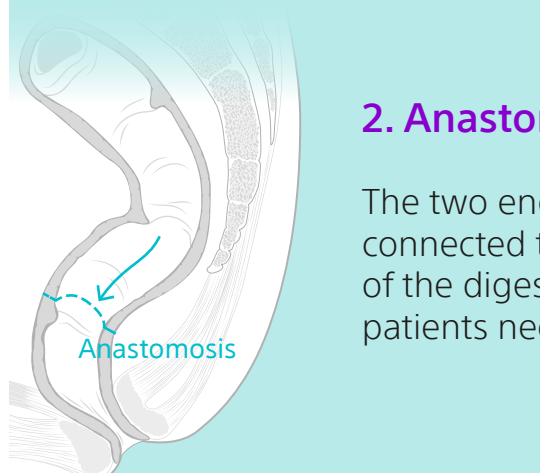
### 1. Rectal carcinoma treatment

Low anterior resection with Total Mesorectal Excision (TME) has become the golden standard to treat low rectal carcinomas.



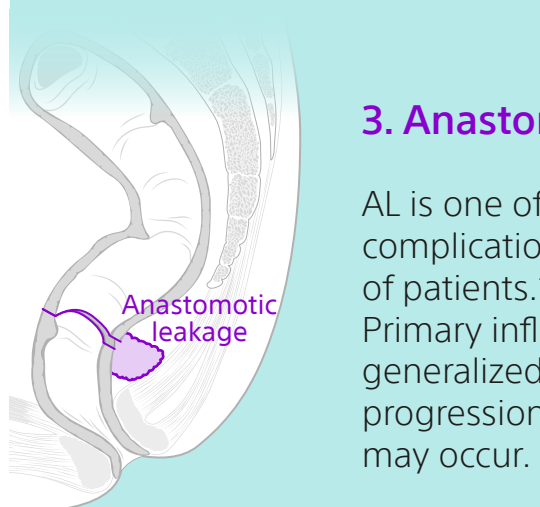
### 2. Anastomosis

The two ends of the intestine are connected to maintain the continuity of the digestive system. Most of the patients need a temporary stoma.



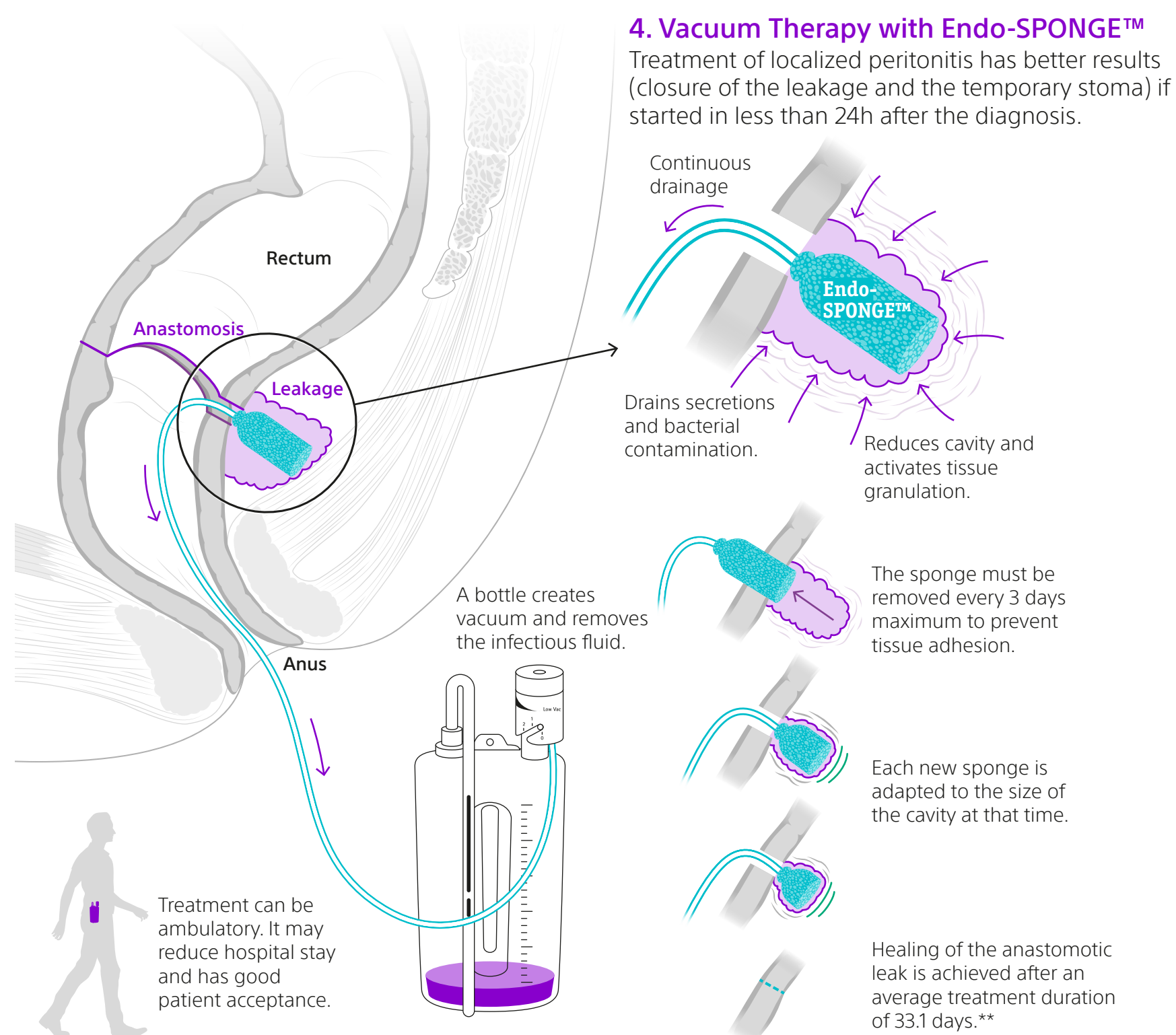
### 3. Anastomotic leakage

AL is one of the most important complications: It occurs in up to 10% of patients.\* Primary inflammation can lead to a generalized peritonitis. Severe septic progression and even patient death may occur.



### 4. Vacuum Therapy with Endo-SPONGE™

Treatment of localized peritonitis has better results (closure of the leakage and the temporary stoma) if started in less than 24h after the diagnosis.



Continuous drainage  
Drains secretions and bacterial contamination.  
Reduces cavity and activates tissue granulation.

A bottle creates vacuum and removes the infectious fluid.

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

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

Healing of the anastomotic leak is achieved after an average treatment duration of 33.1 days.\*\*

Treatment can be ambulatory. It may reduce hospital stay and has good patient acceptance.

\* Paun BC, Cassie S, MacLean AR, Dixon E, Buie WD. Postoperative complications following surgery for rectal cancer. *Ann Surg.* 2010 May;251(5):807-18.

\*\* Dhindsa BS, Naga Y, Saghir SM, Daid SGS, Chandan S, Mashiana H, Dhaliwal A, Sidhu A, Sayles H, Ramai D, Bhat I, Singh S, McDonough S, Adler DG. Endo-sponge in management of anastomotic colorectal leaks: a systematic review and meta-analysis. *Endosc Int Open.* 2021 Aug 16;9(9):E1342-E1349.

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