

The New Stapler Device Is Good, But Needs More Evaluation

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In colorectal surgery, safe anastomosis following complete tumor removal is an essential element. Colorectal surgeons inevitably encounter anastomosis-related complications, such as leakage, stenosis, or bleeding. Anastomosis leakage is associated with not only poorer short-term clinical outcomes, but also unfavorable oncologic outcomes [1]. In addition, anastomosis stenosis compromises the patient's quality of life.

The use of the circular stapler has facilitated sphincter-preserving surgery for sigmoid colon or rectal cancer, and the stapling technique has become popular. However, that stapler device does not always guarantee a 100% safe colo-colic or colo-rectal anastomosis. In this regard, a compression anastomosis device (Colon Anastomosis Ring-ColonRing, NiTi Surgical Solutions, Netanya, Israel) has been introduced. However, small-scale animal and human studies have shown comparable results between stapled and compression anastomosis [2]. In this issue of the *Annals of Coloproctology*, Kwag et al. [3] published their retrospective data. The authors evaluated the safety and efficacy of the compression anastomosis device in 67 colon cancer patients and observed that the compression anastomosis device did not increase the incidence of anastomosis-related complications. This type of study, which investigates a new surgical device, always deserves to be applauded as new techniques carry unknown risks and a learning curve. However, this study was based on a retrospective, small series and only included data on colon cancer patients. In a recent study, Kang et al. [4] evaluated a total of 20 cases of compression anastomosis (anterior resection, 11; low anterior resection, 9) and experi-

enced one anastomosis leakage in patients with rectosigmoid colon cancer. The compression anastomosis technique needs more large-scale clinical studies and more data on rectal cancer surgery before it will be accepted.

A bad workman finds fault with his tools. For good gastrointestinal anastomosis, strict adherence to operative principles may be more important than the type of surgical device used. These principles include adequate exposure of the surgical field, the use of well-vascularized tissue, absence of tension, no fecal contamination, watertight closure, mucosal apposition and meticulous technique [5].

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