

369

patients, elective rectal resection, primary anastomosis

4%

overall AL rate (n = 15)

63.1%

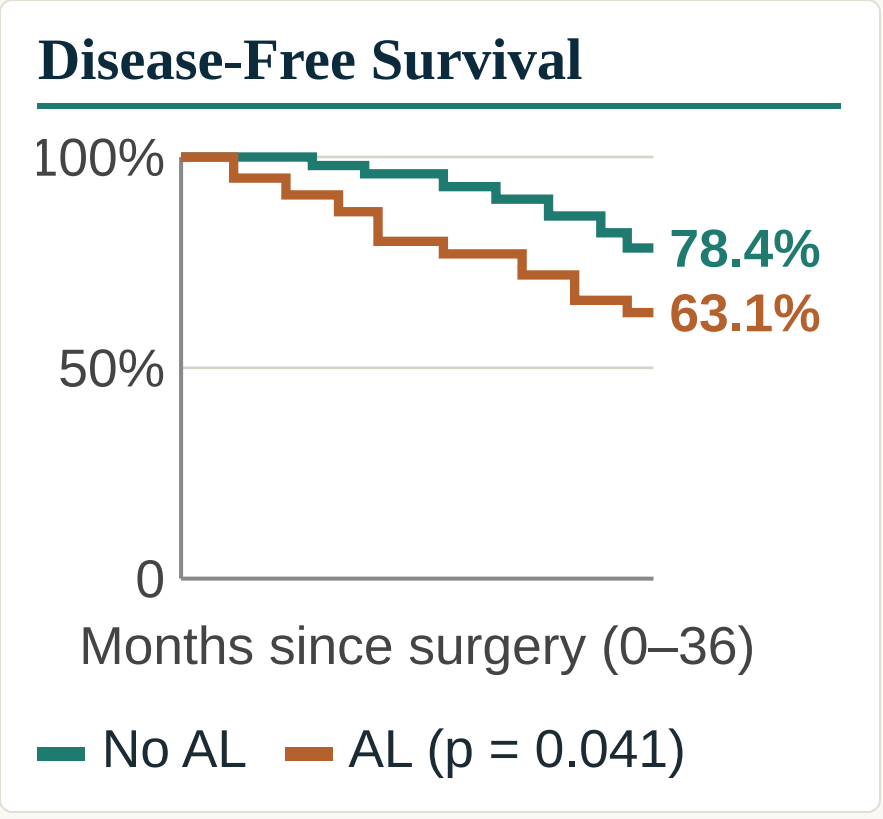
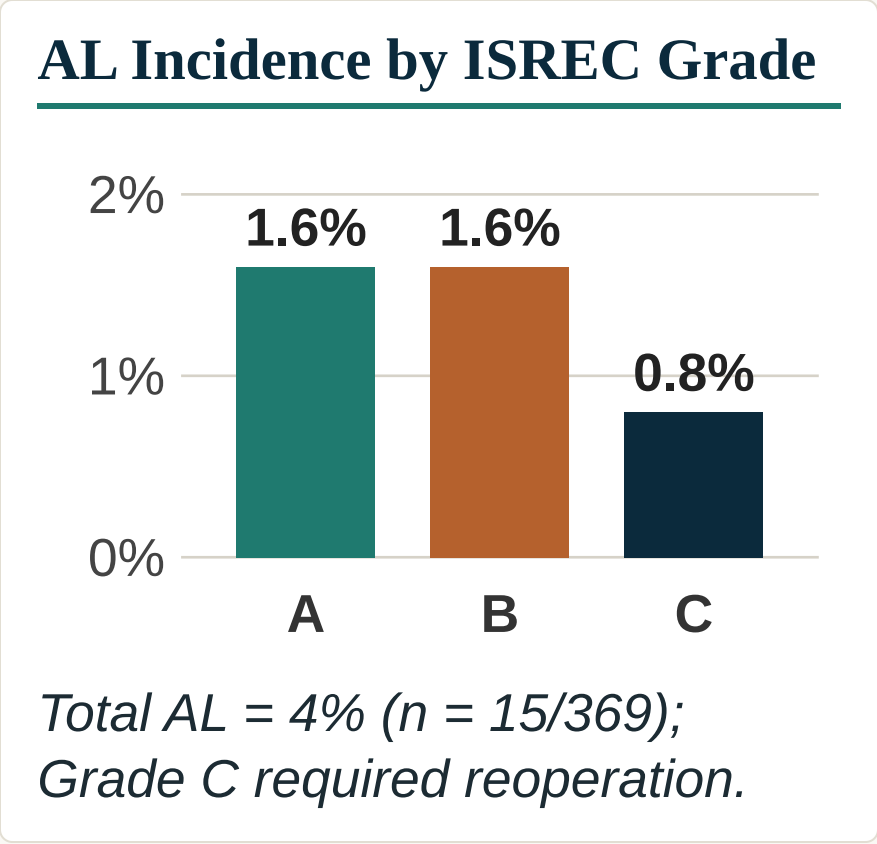
3-yr DFS after AL vs. 78.4% without (p = 0.041)

74.8%

3-yr OS after AL vs. 87.6% without (p = 0.048)

Background & Objective

AL is among the most significant complications after rectal cancer surgery, driving morbidity, delayed stoma reversal, and worse long-term oncological outcomes. This study determines AL incidence and risk factors, and evaluates its oncological impact using ISREC grading at a high-volume tertiary cancer center.



Methods

- Retrospective cohort, elective rectal resection with primary anastomosis
- Institutional colorectal cancer database
- AL graded per ISREC criteria, Grade A–C
- Univariate/multivariate predictors; Kaplan–Meier survival by AL status and grade

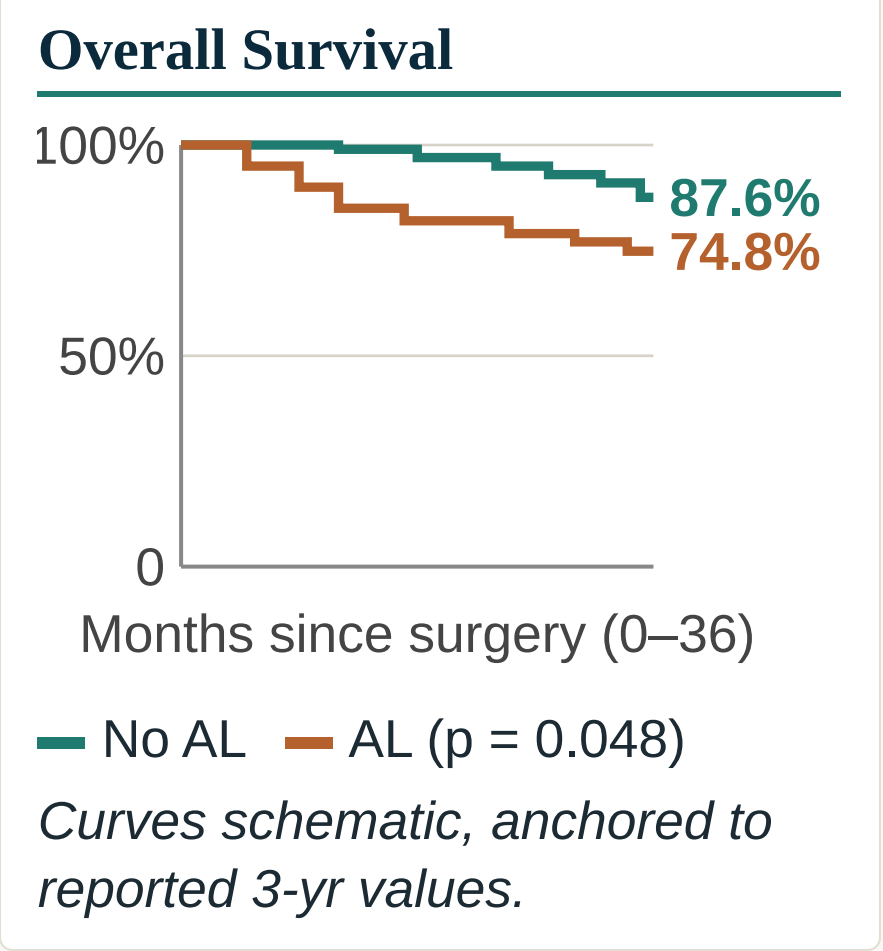
Grade A No change in management

Grade B Active treatment, no reoperation

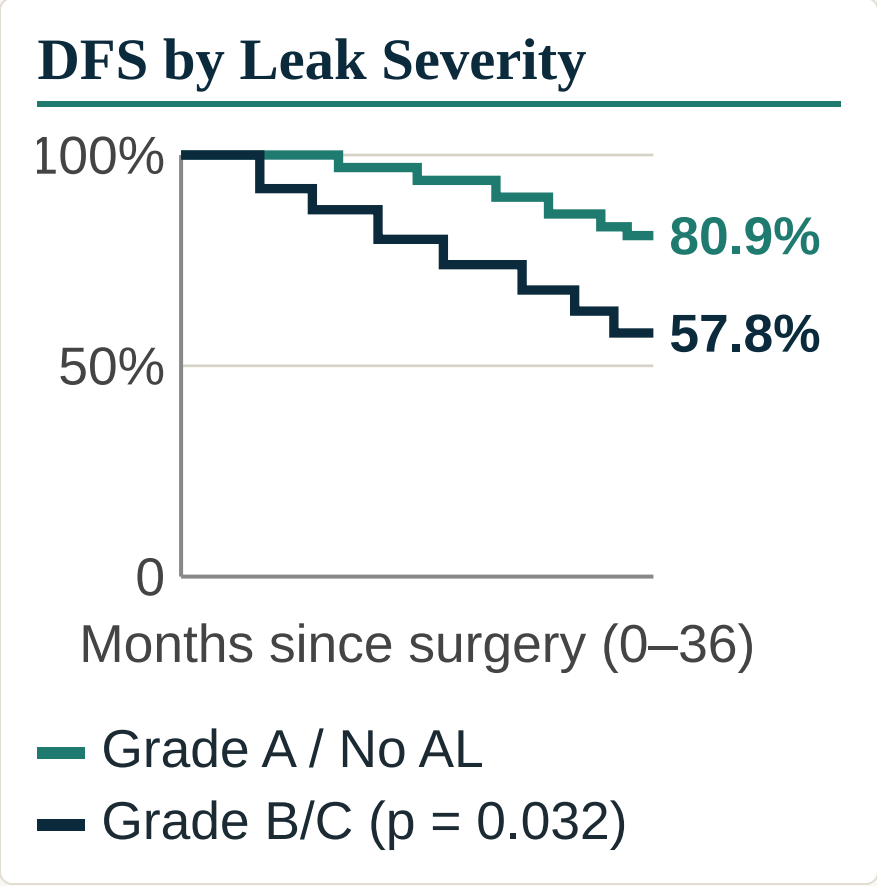
Grade C Requires reoperation

Postoperative Outcomes

Outcome	AL	No AL	p
Hospital stay, days	16	8	<0.001
Stoma closure, mo	11.5	7.0	0.002
Permanent stoma	26.2%	8.1%	0.004



- Independent Predictors of AL**
- Low tumor location
 - Neoadjuvant radiotherapy
 - Operative time > 180 minutes
- Identified on multivariate analysis.



Conclusion

AL remains a significant complication after rectal cancer surgery, associated with increased morbidity, delayed stoma reversal, and poorer long-term oncological outcomes. ISREC Grade B/C leakage is particularly detrimental — early recognition and modifiable risk-factor control may improve outcomes.

Selected References

1. Rahbari NN, et al. Definition and grading of anastomotic leakage: ISREC classification. Surgery. 2010.

2. Bao QR, et al. Impact of anastomotic leak on long-term oncological outcomes after LAR. 2022.

3. Koedam TWA, et al. Oncological outcomes after AL in colon/rectal cancer surgery. 2022.