بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
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15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

SINGLE LAYER (EXTRAMUCOSAL) TECHNIQUE VERSUS TWO LAYERS TECHNIQUE OF INTESTINAL ANASTOMOSIS

Thesis

Submitted for Partial Fulfillment of Master Degree in

General Surgery

617,554

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List of abbreviations

Abbreviations	Meaning
AJCC/UICC	The American Joint Committee on Cancer and the International Union Against Cancer
ATP	adenosine triphosphate
CCK	Cholecycto-kinin
CT	Computed tomography
D.V.T	Deep venous thrombsis
ERCP	Endoscopic retrograde cholangiopancreatography
GI	Gastrointestinal
LBO	large bowel obstruction
MD	Meckel's diverticulum
MMC	migrating motor complex
mV	millivolts
NG	Nasogastric tube
NS	Non-Significant
NSAIDs	nonsteroidal anti-inflammatory drugs
PDS	Polydioxanone
SBFT	Small bowel follow - through
SBO	small bowel obstruction

SMA	**Superior mesenteric artery**
US	**ultrasonography**
VIP	**Vasoactive intestinal peptide**

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Introduction

INTRODUCTION

Intestinal anastomosis has been successfully performed for more than 150 years using a variety of techniques, materials and devices. Of these, the method that has been proven successful in most situations and in the hands of most surgeons has been the two-layer anastomosis using interrupted silk sutures for an outer inverted seromuscular layer and a running absorbable suture for a transmural inner layer. The only appreciable shortcoming of the two-layer technique is that it is somewhat tedious and time-consuming to perform **(Burch et al., 2000).**

Single-layer bowel anastomoses have conventionally been constructed using an interrupted suture technique. A single-layer continuous technique has been avoided on the grounds that it may predispose to ischaemia of the bowel ends. It is however, increasingly popular to perform such anastomoses using a continuous suture **(Sarin and Lightwood, 1989 and AhChong et al., 1996).**

Several recent reports have advocated the use of a continuous single-layer technique for intestinal anastomosis. Reported advantages include shorter time for construction, lower cost, and perhaps a lower rate of anastomotic leakage **(Burch et al., 2000).**

Compared with other techniques used for intestinal anastomosis, the one-layer technique is safe and easy to apply using different absorbable suture materials. Some advocate that the single-layer extra- mucosal technique is probably the safest method available for intestinal suture **(Carty et al., 1991 and Olah et al., 2000).**