



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





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# شبكة المعلومات الجامعية

## التوثيق الالكتروني والميكرو فيلم

# جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

## قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
علي هذه الأفلام قد اعدت دون أية تغيرات



## يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

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15 – 25c and relative humidity 20-40 %



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# بعض الوثائق الأصلية تالفة



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بالرسالة صفحات  
لم ترد بالأصل

# **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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( وَقِيلَ يَا رَأْسُ زَادْنِي إِلَى مَا كَانَ مِنَ الْبِرِّ كَافًا تَافِيًا )

(سورة طه. آية رقم. ١١٤)

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## **List of abbreviations**

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

<b>PDS</b>	<b>Polydioxanone</b>
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<b>SBFT</b>	<b>Small bowel follow - through</b>
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<b>SBO</b>	<b>small bowel obstruction</b>
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<b>SMA</b>	<b>Superior mesenteric artery</b>
<b>US</b>	<b>ultrasonography</b>
<b>VIP</b>	<b>Vasoactive intestinal peptide</b>

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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**).