

Anastomosis

I. Consent

- Understands and completes consent in accordance with the primary operation, including alternatives and non-operative treatment
- Discusses general complications (anaesthetic, bleeding, infection)
- Discusses specific complication (e.g. leak, and consequences of this)
- Discusses expected postoperative course and recovery
- Asks for questions, checks understanding

II. Pre operation planning

- Reviews notes relevant to case
- Considers stoma positioning/markings (if required)
- Considers bowel preparation if appropriate (oral, enemas)
- Considers other factors that may influence anastomosis (systemic vs local)
- Aware of clinical indications
- Aware of significant co-morbidities - obesity, renal disease, etc.
- Knows relevant results
- Has reviewed relevant imaging

III. Pre operative preparation

- WHO Safety check and team time out
- Consideration of DVT prophylaxis and antibiotic prophylaxis
- Ensures specialised equipment available as required
- Patient is positioned appropriately
- Prepares and drapes appropriately

IV. Exposure and closure

- N/A

V. Intra operative technique: global (G) and task-specific items (T)

- Correct decision making regarding type of anastomosis (T)
- Adequate control of bowel/exposure and preparation of ends (T)
- Care regarding tension and blood supply (T)
- Stapling- correct staple choice, appropriate application
- Suture- correct choice of needle, size and type, appropriate spacing and tension
- Mesenteric space closure if appropriate (T)
- Careful and precise handling of tissues (G)
- Adequate haemostasis using appropriate techniques (G)
- Good use of lighting, retraction and assistance (G)
- Deals with unexpected problems calmly and efficiently (G)

VI. Post operative management

- Writes up operative notes and postoperative plans clearly
- Understands and can describe postoperative care for patient