

## “Out of the Pub, Round the Back, into the Pub, and Take a Pull”: Revisiting an Inverting Continuous Bowel Anastomosis Technique Employing Counteraction

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### Abstract

**Purpose:** To revisit a new surgical technique for inverting continuous bowel anastomosis and a descriptive literature review on current techniques.

**Approach / Results:** Literature review identified that clinical context was a critical factor when selecting hand-sewn vs stapled bowel anastomosis, with more than 300 variations currently described worldwide.(1-5) Key principles for a robust anastomosis has consistently included- a tension free, well perfused inverting suture line. Continuous full thickness bowel anastomosis ensures inversion of the suture line. Inverting suture techniques include the Connell (6) , Lembert (7) or more recently interlocking method(8). The described anastomosis technique allows inversion with countertraction for the anterior inner suture layer of a two layered side-to-side bowel anastomosis. A useful mnemonic for the direction of the lead suture is “Out of the pub (Figure 1a), round the back (Figure1b), into the pub (Figure 1c), and take a pull (Figure1d)”. In our current practice this has resulted in a robust suture with low anastomotic leak rate.

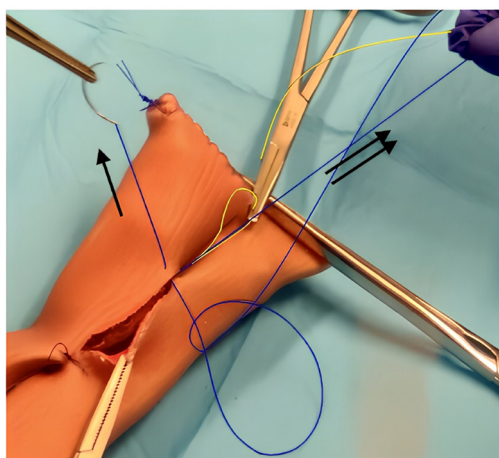
**Implications:** This counter traction bowel anastomosis technique adds to current literature. It allows a consistent inversion of the suture line, that ensures a robust anastomosis and should be considered in all gastrointestinal surgeon’s repertoire post further studies.

### Keywords

Bowel anastomosis technique, general surgery.

### Acknowledgements

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**Fig 1a:** The blue suture pierces the left bowel wall to exit from inside out