

PEDIATRIC SURGERY

Intestinal anastomosis (sewn)

Preference Card

1. Equalize the diameters of the proximal and distal limbs of the anastomosis. This may require a longitudinal incision on the antimesenteric side of the smaller limb.
2. Place corner stitches with 4-0 or 5-0 PDS, depending upon size. Leave tagged, don't tie.
3. Place sutures in first side of anastomosis. Get more serosa/muscularis than mucosa. Tag each stitch without tying and place tagging snaps on a big clamp to keep in order.
4. When the first row is placed, tie the corner stitch away from the surgeon who is tying then tie each stitch successively moving toward the tying surgeon. While the sutures are being tied, the assistant holds traction in the opposite direction with the previously tied stitch allowing the knot to be laid down next to the previously tied knot then pulled down while pulling it away from the previously tied knot, so as to invert the mucosa.
5. Tie the other corner and cut all of the stitches except the corners.
6. Pull one of the corner stitches under the anastomosis to reveal the other side.
7. Perform the second side of the anastomosis in the same way as the first then flip it back over.
8. Tack the mesenteric gap closed with 5-0 PDS--avoid putting sutures through mesenteric vessels.