to the rectum below the level of the posterior vaginal commissure or border of the prostate. Each group is separated into those done for malignant and for non-malignant conditions. Overall nine anastomoses have been leaky (25%). A leak is considered to have occurred when obvious faeces appear through a drain or the abdominal wall, and whenever there is any evidence of perianastomotic induration. Endoscopic or barium examinations have not been carried out as a routine but have been done only when a leak has been suspected before restoring continuity of the colostomy: performed to relieve the leaking anastomosis.

Anastomoses have been felt digitally or seen endoscopically or by barium contrast in 20 cases. The latter have been allowed to heal before these investigations. At posterior examination 41 anastomoses have been seen to be a thin line, easily distensible and mobile. Seven anastomoses have been examined at later laparotomy and detected only by the silk or nylon (black) stitches. Two strictures have occurred, needing a further resection. In nine cases there were pre-existing colostomies; in none of these were there leaks.

Inpatient stays after operation have varied from 11 to 15 days except in cases with leaks or other major complications.

Ealing Hospital, Southall, Middlesex UB1 3EU

A E CARTER

King’s Cross Hospital, Dundee DD3 BRA

The technique of formal endoscopic examination and excision has been described previously in detail. The procedure was performed with the patient under gas-oxygen anaesthesia. A single 5 French catheter with a balloon tip was passed through the proximal end of the colon and inflated to occlude the lumen. Several sets of biopsies were taken from the so-called active end of the polyp and several further sets were taken from the base of the polyp. The polyp was then removed using a snare and the base was examined carefully to ensure that all the polyp had been removed. The specimen was then placed in 10 per cent formalin and sent for histological examination. The polyp was examined for size, shape, colour and consistency and the base was examined for any evidence of residual polyp tissue. The specimen was then cut into sections 4-6 mm thick and these sections were stained with haematoxylin and eosin. The sections were examined for the presence of any residual polyp tissue.

The technique was performed on 14 September 2023 by guest. Protected by copyright.