The study protocol was approved by the Ethics Committee of the Jikei University Hospital [registration no. 30-249 (9270)]. The requirement for informed consent was waived owing to the retrospective nature of this study.

Results

During the study period, 100 patients underwent anterior rectal resection and cDI for rectal cancer. Table I outlines the clinical data of the patients in this study. Seventy-three patients (73.0%) were male, with a median age of 60.5 (range=50-89) years and a median body mass index of 22.1 (range=19.0-39.4) kg/m². A laparoscopic approach was used in 81 patients (81.0%). Double-stapling anastomosis was performed in 92 patients (92.0%), and hand-sewn coloanal anastomosis was performed in eight patients (8.0%).

Table II outlines the stoma-related factors and findings from computed tomography. OO was observed in 28.0% of patients, with four patients having either a stoma or a nasogastric decompression tube placed. Anastomotic leakage was observed in sixteen patients (16.0%). None of the patients required emergency surgery. An HOS was observed in thirty-four patients (34.0%), and 50% of OO cases were combined with an HOS.