

“Fistura Score” as a Predictive Instrument for Anastomotic Leak

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Abstract

Introduction: A patent digestive anastomosis is not only the result of the surgery team experience, but also dependent on the patient’s factors. Accepting the possible dramatic effects of an anastomotic leak, identification of risk factors remains a priority in case management.

Material and methods: Multifactorial assessment scores permit risk quantification, increase grade of suspicion and early management implementation. The correlation between diverse potential risk factors and anastomotic leak (AL) was studied. The identified risk factors were included in a predictive score system. FISTULA SCORE represents a feasible instrument based on 12 clinical, paraclinical and therapeutic variables, with good statistical significance (Se = 79.5%, Sp = 90.2%).

Results: Anastomotic leaks (AL) were observed in 39 cases (7.68%) out of 508 patients analysed, appearing in days 2 – 10 after surgery, with a mean value of 6 days. FISTULA SCORE was based on attributed risks found in our study group for each factor and has the purpose to identify patients at risk for AL and, in some cases, to change the therapeutic or surgical strategy. In AL patients’ group, the mean score was 5.06 ± 1.95 points, and in AL-free patients’ group – 1.57 ± 1.61 points.

Conclusions: The risk for AL must be appreciated and quantified with a multivariable scoring system. FISTULA SCORE can identify, with a good statistical significance, patient at risk for AL, changing the management of case, reducing length of stay, costs, morbidities, mortality and psychological effects on patient and medical staff.

Key words: anastomosis, anastomotic leak, risk factors, FISTULA SCORE