



# Robotic modified Kono-S anastomosis after ileocecal resection for Crohn's disease

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We present a short video in which a robotic modified Kono-S anastomosis is performed after an ileocecal resection for medically refractory Crohn's disease.

The patient was a 54-year-old female with a body mass index of 32 kg/m<sup>2</sup> and medically refractory ileal Crohn's disease (A2L1B2 Montreal Classification) with symptoms of bowel obstruction.

A robotic approach with the DaVinciXi™ platform (Intuitive Surgical, Sunnyvale, CA, USA) was used to perform the ileocecal resection (approximately 35 cm ileum) with bipolar energy and vessel sealer. A wide mesenteric resection was performed unlike the limited mesenteric resection described in the original report on the Kono-S anastomosis. A linear stapler was used to come across the ileum and colon, proximal and distal to the diseased segment. The bowel transection was performed in parallel to the mesenteric axis, unlike the original Kono-S technique where the anastomosis was described as being perpendicular to the mesentery. The posterior column was performed a V-lock™ running suture. After a longitudinal enterotomy and colotomy of 7–8 cm, the anastomosis was performed in a transverse fashion. The posterior and anterior walls were sutured with V-lock™ running suture. The specimen was retrieved through a Pfannenstiel incision. Blood loss was 150 ml. Operative time was 230 min (anastomosis time: 120 min).

The patient was discharged on postoperative day 4. The postoperative course was uneventful apart from a superficial

cutaneous dehiscence at one of the 8 mm port sites. Metro-nidazole 500 mg t.i.d was given for 3 months as prophylaxis for recurrence.

A follow-up colonoscopy 6 months after the procedure showed a wide ileocolic anastomosis and the Rutgeerts score was i1 (less than 5 aphthous ulcers in the distal ileum). Nineteen months after the procedure, the patient remains in clinical remission.

Performing a robotic modified Kono-S anastomosis after ileocecal resection in Crohn's disease appears to be safe and feasible.

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**Author contributions** All authors contributed to the conception, drafting, and final approval, and agreed to be accountable for all aspects of the work.

## Declarations

**Conflict of interest** We have no conflicts of interest to declare.

**Ethical and Informed Consent** Compliance with ethical Standards is met in this work.

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