Study Summary

Clinical experience with the use of the CONTOUR™ Curved Cutter Stapler in colorectal surgical procedures: a systematic literature review

Lim S, Clymer JW, Roy S. J Surg. 2018;1130.

Available online: https://www.gavinpublishers.com/assets/articles_pdf/1527744508new_article_pdf1668451567.pdf

Conclusion

The CONTOUR™ Curved Cutter Stapler offers superior tissue preservation and lower rates of certain complications, such as pelvic contamination, compared to conventional staplers in open and laparoscopic colorectal procedures

Study Aim

To evaluate clinical experience with the CONTOUR™ Curved Cutter Stapler in open and laparoscopic colorectal procedures.

Methods

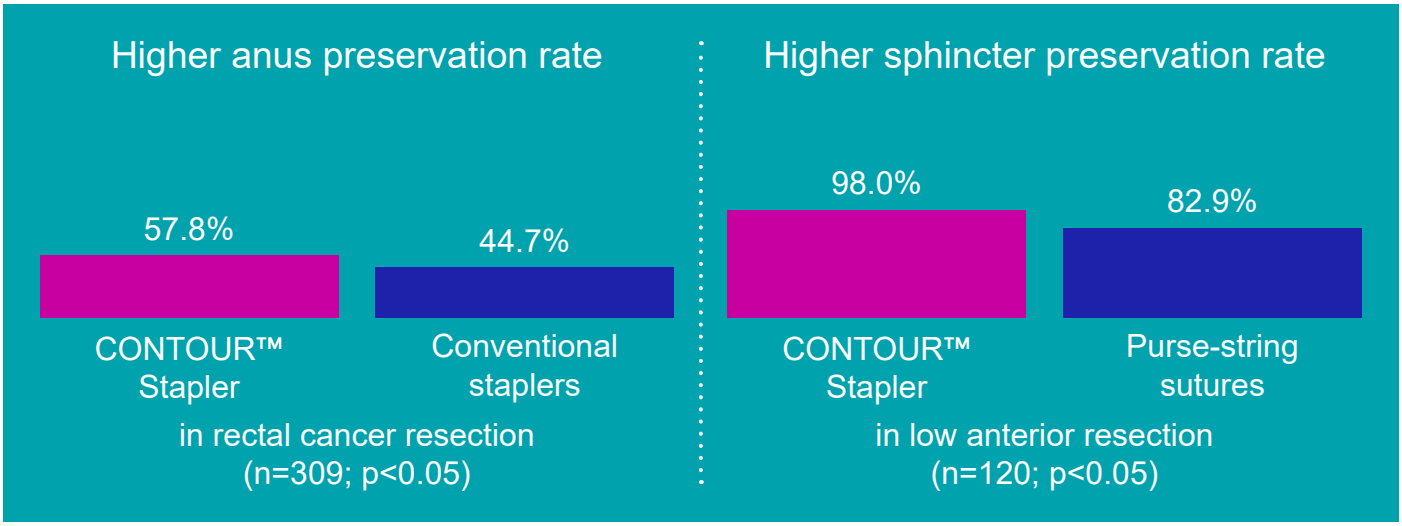
- A systematic search of MEDLINE via PubMed was conducted for literature published between January 2005 and August 2017, using variations of the terms CONTOUR™, curved, staplers and surgery
- All records were screened against exclusion criteria and excluded if they did not report on colorectal procedures, only used handsewn technique or linear staplers, involved stapled trans-anal rectal resections, were concept design only, or if the abstract was in a non-English language
- Clinical effectiveness and safety data of CONTOUR™ Curved Cutter Stapler (Ethicon, Cincinnati, OH) reported in included publications were extracted and narratively summarised

Results

- Of 51 records, 12 eligible studies were identified in the systematic literature review, including 4 comparative studies and 8 single-arm studies

Improved surgical outcomes

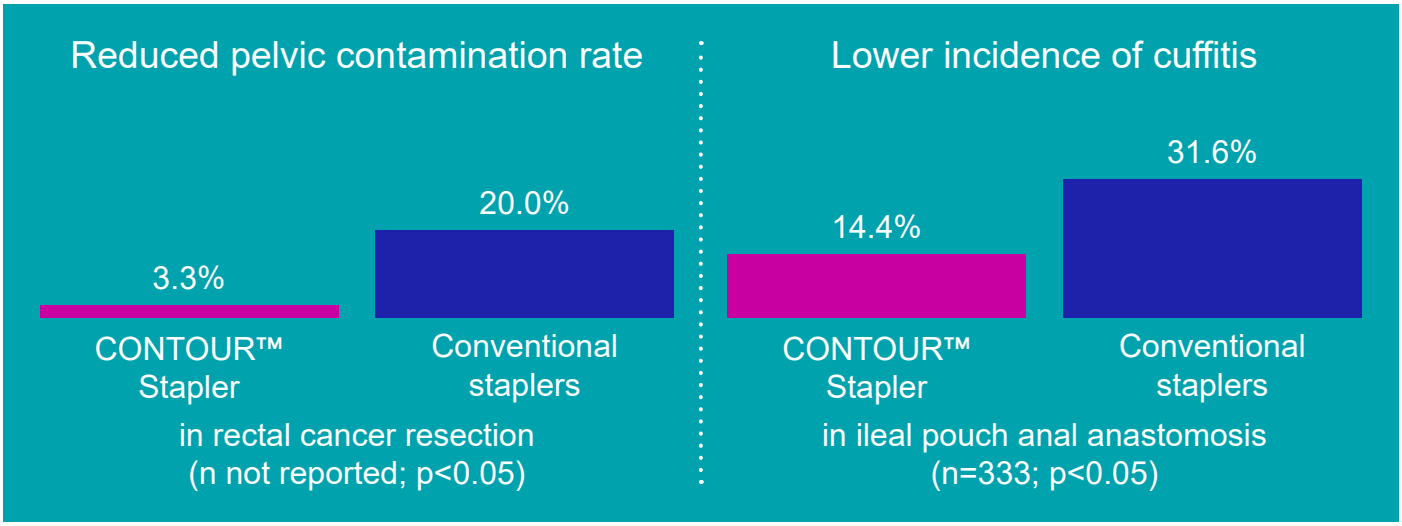
- Among comparative studies, the CONTOUR™ Stapler was associated with:



- Single-arm studies of the CONTOUR™ Stapler use for rectal cancer resection demonstrated high success rate (3 studies), low staple misfiring rate (2 studies) and ease of handling in laparoscopic procedures (2 studies)

Reduced complication rate

- Among comparative studies, the CONTOUR™ Stapler was associated with:



- Single-arm studies of the CONTOUR™ Stapler in rectal cancer resection reported either low rates of: bleeding (2 studies), anastomotic leak (1 study), anastomotic stoma (1 study), stenosis (1 study), anal incontinence (1 study), or reported no major complications (1 study)

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