A 76-year-old man presented with abdominal pain and fever on the fourth day after laparoscopic radical resection of rectal cancer. Colonoscopy revealed an 0.8×0.8-cm colonic anastomotic fistula 8 cm from the anus. Because of major tension from the surface of the fistula and pronounced swelling at the anastomosis, it was difficult to close the fistula with metal clips. Instead, we anchored one metal clip with an elastic ring on one side of the fistula (▶Fig. 1). Then we pulled the elastic ring to the opposite side with another metal clip and anchored the clip. By means of the elastic force, the tension from the surface of the fistula was reduced and the fistula shrunk (▶Fig. 2). Then we used two metal clips anchored around the fistula across the elastic ring (▶Fig. 3). A nylon rope was used to gather the metal clips, and the fistula was nearly closed (▶Fig. 4). The remaining small gap was closed directly using metal clips. Colonoscopy 3 months later revealed that the fistula had healed completely.

Colonic anastomotic fistulas are serious postoperative complications. Most cases are sutured during a second surgical operation, which causes considerable damage. Manta et al. reported that the over-the-scope clip has therapeutic effects on colonic anastomotic fistulas [1]. Our patient was given fistula suture treatment by colonoscopy using the elastic ring, metal clips, and nylon rope (▶Video 1), and this produced a satisfactory curative effect with less damage than surgery. The elastic ring is our own patented invention (▶Fig. 5) (Patent number: ZL 2020 2 0016729.9, China). It is used mainly to assist in endoscopic submucosal dissection [2]. This is the first report of suturing a colonic anastomotic fistula with an elastic ring by endoscopy. The elastic ring provides one new method for suturing colonic anastomotic fistulas via colonoscopy.
Competing interests

The authors declare that they have no conflict of interest.

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Endoscopy
DOI 10.1055/a-1953-7096
ISSN 0013-726X
published online 2022
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