

- Determination of intestinal viability is usually based on clinical judgment.
- Mesenteric arteries supplying healthy intestine should have detectable pulsations.
- Intestinal walls that are black, green, dark red, extremely thinwalled, or friable or do not bleed when cut should be removed.
- Absorbable suture (3-0 or 4-0) on a taper or tapercut needle is preferred. (Foreign material may become entrapped by loops of nonabsorbable suture that have extruded into the intestinal lumen.)
- Anastomotic sites can be supported with omentalization or serosal patching (suturing of adjacent intestines over the site).
- Omentalization is quick and easy to perform. A free edge of the omentum is tacked over one side of the anastomosis with interrupted sutures of 3-0 absorbable material. Suture bites should include submucosa. The omentum is loosely wrapped around the antimesenteric surface and then tacked over the anastomosis 180° from the first sutures. The omental flap should not be wrapped 360° around the intestines because it may cause stenosis.