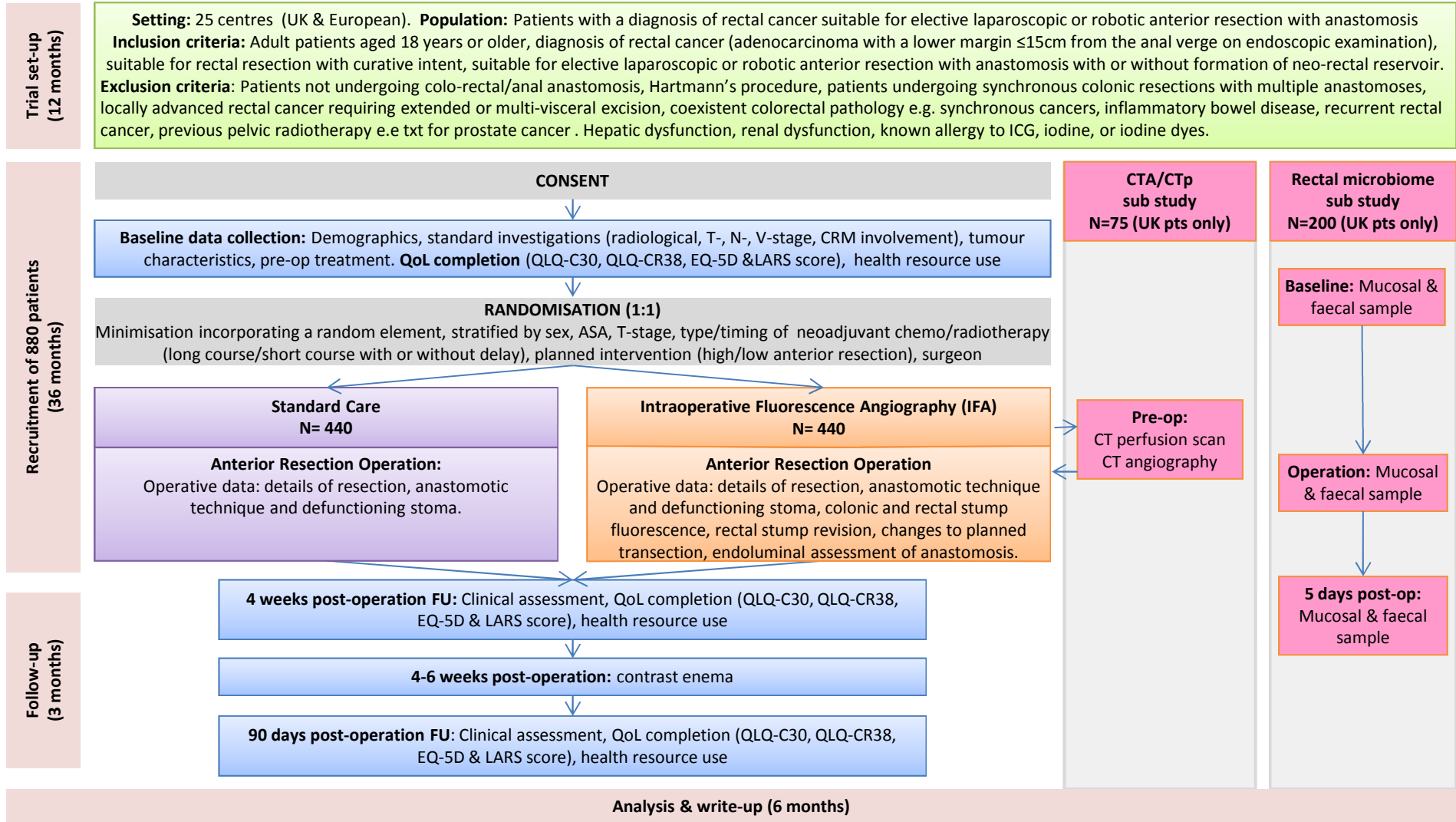


IntAct: Intraoperative Fluorescence Angiography to Prevent Anastomotic Leak in Rectal Cancer Surgery



Primary outcome: Clinical anastomotic leak rate up to 90-days post-surgery in the IFA group as compared to standard care.

Secondary outcomes:

- Radiological anastomotic leak rate
- Change in planned anastomosis
- Rate of defunctioning stoma
- Postoperative complications (Clavien-Dindo classification)
- Length of hospital stay
- Low anterior resection score (LARS) – patients without defunctioning ileostomy
- Rate of anastomotic complications other than leak i.e. anastomotic stricture
- Rate of re-interventions
- Quality of life (QLQ-C30, QLQ-CR38, EQ-5D)
- Health resource utilisation
- Death within 90 days of operation

Perfusion sub study objectives

To investigate the influence of vascular anatomy and bowel perfusion on anastomotic blood supply and surgical decision-making

Microbiome sub study objectives

To analyse the rectal microbiome to determine the changes that occur with surgery and the potential role in anastomotic leak