Conclusion: Our data does not show any significant difference in leak rates when Tisseel is used. However, it does show that Tisseel use is associated with lower rate of re-thoracotomy in patients with anastomotic leak. This could possibly be due to smaller contained leaks. Further work is needed to determine the true benefit of Tisseel use in cardio-oesophagectomy.

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Does using intraoperative Tisseel reduce the leak rate in Cardio-Oesophagectomy: A single centre retrospective audit of anastomotic and chyle leaks

Iain Blake[1], Stuart Chapman[2], Paul Turner[3]
[1]*Southport and Ormskirk NHS Trust,* [2]*Kingston Hospital NHS Foundation Trust,* [3]*Lancashire Teaching Hospitals NHS Foundation Trust*

Aims: Anastomotic leak and chylothorax are serious complications of cardio-oesophagectomy. The application of a tissue sealant to the anastomosis and ligated thoracic duct could be beneficial in protecting against leaks. We aimed to determine if using Tisseel, a fibrin-based tissue sealant, had any impact on anastomotic or chyle leak rates following cardio-oesophagectomy.

Methods: All elective cardio-oesophagectomys performed in a tertiary upper GI centre between 01/01/2013 and 01/01/2018 were identified. Patient records were retrospectively analysed to assess basic demographics; whether Tisseel was used; whether anastomotic or chyle leak occurred and if so whether this was managed conservatively or surgically.

Results: 245 records were available, Tisseel was used in 151 cases (61.6%). Patient demographics were similar between the Tisseel and no Tisseel groups (82.7% vs 77.7% male, mean age 66 vs 65 years). There was no significant difference in anastomotic leak (4.0% vs 7.4%, $p = 0.24$) or chyle leak (6.6% vs 4.3%, $p = 0.44$) rates. For patients who had an anastomotic leak there was a significantly lower rate of re-thoracotomy when Tisseel was used (16.7% vs 85.7%, $p = 0.021$). There was no significant difference in re-thoracotomy rates for chyle leak (40% vs 100%, $p = 0.085$).