



[Back](#)

Towards safer colorectal surgery worldwide: Outcomes and benchmarks from the ESCP CORREA 2022 audit

Colorectal disease : the official journal of the Association of Coloproctology of Great Britain and Ireland • Article • Open Access • 2025 • DOI: 10.1111/codi.70281

[Show all information](#)

0

Citations

[View PDF](#)

[Full text](#)

[Export](#)

[Save to list](#)

Document

Impact

Cited by (0)

Similar documents

Abstract

INTRODUCTION: Benchmarking colorectal surgery outcomes informs quality improvement. The ESCP CORREA 2022 snapshot audit aimed to assess contemporary colorectal resection practices and short-term outcomes across European countries and beyond. **METHODS:** An international prospective multicentre audit was conducted in which adults undergoing elective or emergency colorectal resection during a 6-week period (January-April 2022) at participating hospitals were included. Data on patient demographics, indications, surgical approach (open, laparoscopic or robotic) and 30-day postoperative outcomes (complications, reoperation and mortality) were collected for analysis. The outcomes were analysed and compared with those of previous audits to identify trends in colorectal surgery. **RESULTS:** The study enrolled 3521 patients (56.8% men) from 216 hospitals across 53 countries. In 72.2% of the cases, the indication for resection was malignancy, followed by diverticular disease in 9.0%, Crohn's disease in 3.7% and ulcerative colitis in 2.3% of the cases. Of the surgeries, 74.4% were elective. Minimally invasive surgery was performed in 55.2% of the cases (48.7% laparoscopic and 6.5% robotic). Primary anastomosis was performed in 90.3% of the

patients. The 30-day anastomotic leak rate was 7.96%; in malignant and benign diseases, the leak rates were 7.3% and 10.2%, respectively. The leak rates for right, left, anterior rectal resection, pouch and subtotal colectomy were 6.9%, 7.7%, 9.7%, 16.0% and 11.8%, respectively. In the multivariable analysis, the risk factors for leakage included male sex (9.3% vs. 6.3%, OR = 0.69, 95% CI 0.51-0.95, $p = 0.023$) and emergency surgery (11.4% vs. 7.1%, OR = 1.58, 95% CI 1.10-2.27, $p = 0.013$). Thirty-day mortality was 2.38%. **CONCLUSIONS:** This large international audit provides the status of the management of colorectal surgery. This shows that minimally invasive techniques are widely adopted, and 30-day mortality is low; however, anastomotic leak rates remain persistently high. These findings highlight the ongoing need for targeted research and quality-improvement initiatives to reduce anastomotic failure and improve outcomes of colorectal surgery. © 2025 The Author(s). Colorectal Disease published by John Wiley & Sons Ltd on behalf of Association of Coloproctology of Great Britain and Ireland.

Author keywords

anastomotic leak; benchmarking; colorectal resection; enhanced recovery programme; ESCP audit; minimally invasive surgery; perioperative management; postoperative morbidity; prospective multicentre audit

Indexed keywords

MeSH

Adult; Aged; Anastomotic Leak; Benchmarking; Colectomy; Colorectal Surgery; Elective Surgical Procedures; Europe; Female; Humans; Laparoscopy; Male; Medical Audit; Middle Aged; Postoperative Complications; Prospective Studies; Quality Improvement; Reoperation; Robotic Surgical Procedures; Treatment Outcome

EMTREE medical terms

adult; adverse event; aged; anastomosis leakage; benchmarking; clinical audit; clinical trial; colectomy; colorectal surgery; elective surgery; epidemiology; etiology; Europe; female; human; laparoscopy; male; middle aged; multicenter study; postoperative complication; procedures; prospective study; reoperation; robot assisted surgery; total quality management; treatment outcome

© This record is sourced from MEDLINE/PubMed, a database of the U.S. National Library of Medicine

Abstract

Author keywords

About Scopus

[What is Scopus](#)

[Content coverage](#)

[Scopus blog](#)

[Scopus API](#)

[Privacy matters](#)

Language

[日本語版を表示する](#)

[查看简体中文版本](#)

[查看繁體中文版本](#)

[Просмотр версии на русском языке](#)

Customer Service

[Help](#)

[Tutorials](#)

[Contact us](#)

ELSEVIER

[Terms and conditions](#) ↗ [Privacy policy](#) ↗ [Cookies settings](#)

All content on this site: Copyright © 2025 [Elsevier B.V.](#) ↗, its licensors, and contributors. All rights are reserved, including those for text and data mining, AI training, and similar technologies. For all open access content, the relevant licensing terms apply.