**Objective:** Restoring bowel continuity after laparoscopic right hemicolectomy with an intracorporeal (IC) rather than an extracorporeal (EC) ileocolic anastomosis, may offer advantages in post-operative recovery. The aim of this study was to compare bowel function recovery between these two techniques, in a context of complete mesocolic excision within an enhanced recovery after surgery (ERAS) protocol.

**Methods:** All consecutive patients who underwent oncologic laparoscopic right hemicolectomy from January 2012 until February 2021 in our institution were included in the study. Data were gathered from the prospectively maintained official ERAS (EIAS) database and completed through our institution’s electronic health records. The primary endpoint was Prolonged Postoperative ileus (PPOI), defined as the need to insert a nasogastric tube, or refractory nausea VAS > 4, on or after the third postoperative day. Secondary endpoints were postoperative pain, morbidity and length of hospital stay (LoS). Groups were compared before and after propensity score matching based on age, gender, ASA score, use of epidural analgesia and postoperative complications.

**Results:** A total of 108 patients met the inclusion criteria, 36 (30%) had IC, and 72 (70%) EC anastomosis. In the unmatched population, baseline characteristics were similar except for more frequent use of epidural analgesia in the EC group (62.0 vs. 50.0, p=0.007). After PSM, there were 36 patients in each group. PPOI, time to first flatus and stool, morbidity and LoS were not significantly different although there was a trend for better recovery outcomes in the IC group. Patients in the IC group had significantly longer operative times but less pain at 24 hours.

**Conclusions:** Although IC anastomosis was not significantly associated to lower rates of PPOI, it showed trends of faster recovery and significantly less post-operative pain at the expense of longer operating times.

Keywords: Laparoscopic right hemicolectomy, intracorporeal anastomosis, postoperative ileus, colon cancer, complete mesocolic excision, ERAS