

Role of Surgery in Colitis

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Demographics (U Colitis)



- Prevalence in UK is about 80 /100,000
- Peak age of onset 20 - 35 yrs

UC

- Lesions continuous – superficial
- Rectum always involved
- Terminal ileum involved in 10%
- Granulated ulcerated mucosa

Crohns

- Lesions patchy – penetrating
- Rectum normal in 50%
- Terminal ileum involved in 30%
- Discretely ulcerated mucosa

UC

- Fibrous strictures rare
- Fistulae rare
- Anal lesions in <20%

Crohns

- Strictures common
- Enterocutaneous or intestinal fistulae in 10%
- Anal lesions in 75%

UC

- 30% disease confined to rectum
- 15% develop more extensive disease over 10 years
- 20% total colonic involvement from onset

Type of presentation

- Severe acute colitis
- Intermittent relapsing colitis
- Chronic persistent colitis
- Asymptomatic disease

Assessment of disease severity

- Mild = < 4 stools per day. Systemically well
- Moderate = > 4 stools per day. Systemically well
- Severe = > 6 stools per day. Systemically unwell
- Systemic features include tachycardia, fever, anemia, hypoalbuminaemia

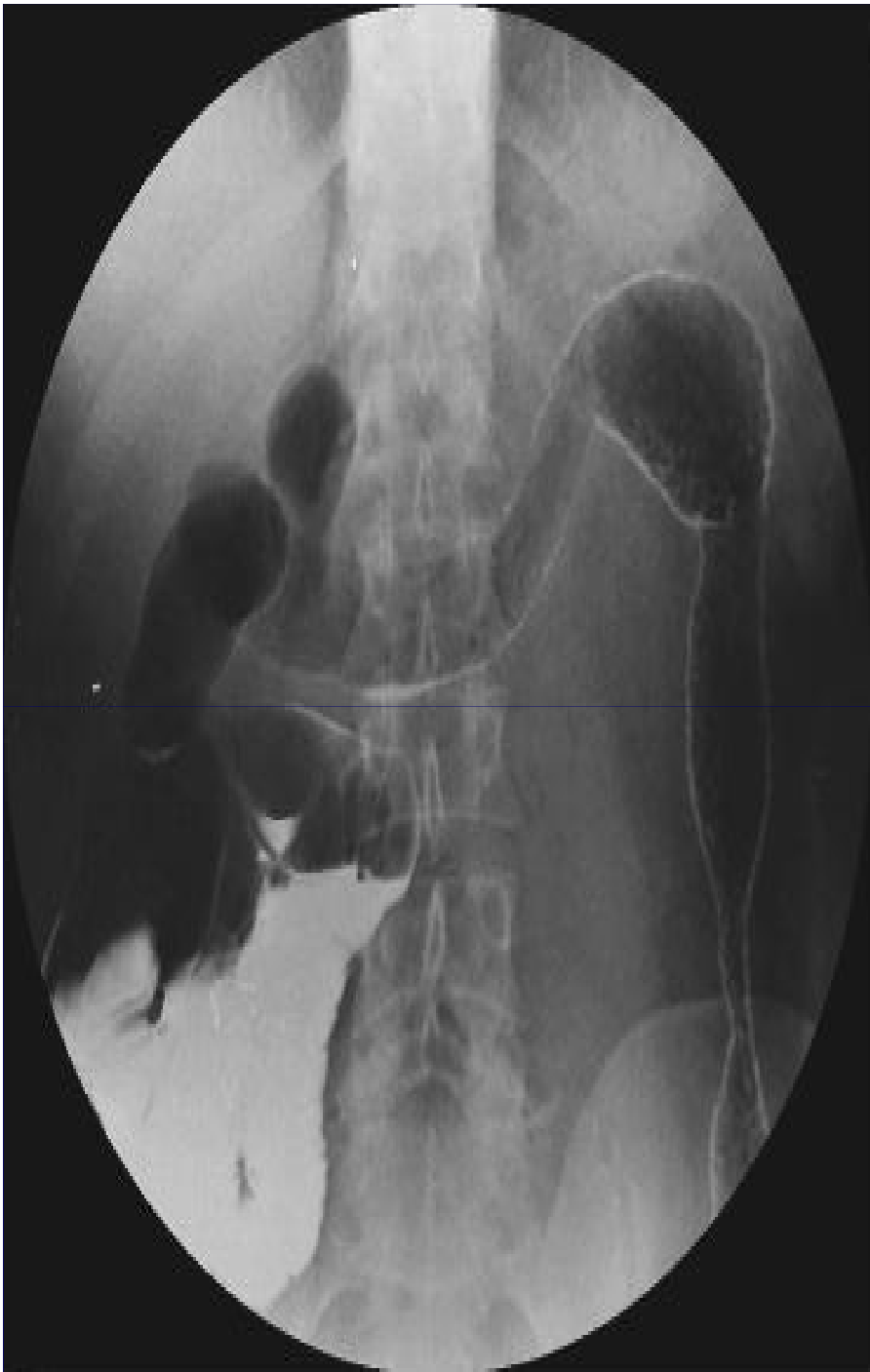
UC

- **Indications for surgery - Ulcerative colitis**
- 20% of patients with ulcerative colitis require surgery at some time
- 30% of those with total colitis require colectomy within 5 years

UC

- **Emergency**
- Toxic megacolon
- Perforation
- Haemorrhage
- Severe colitis failing to respond to medical treatment

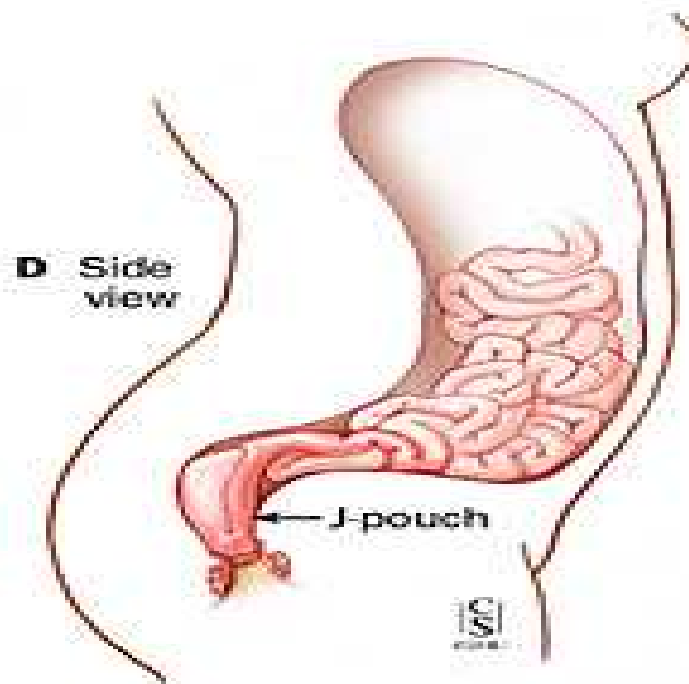
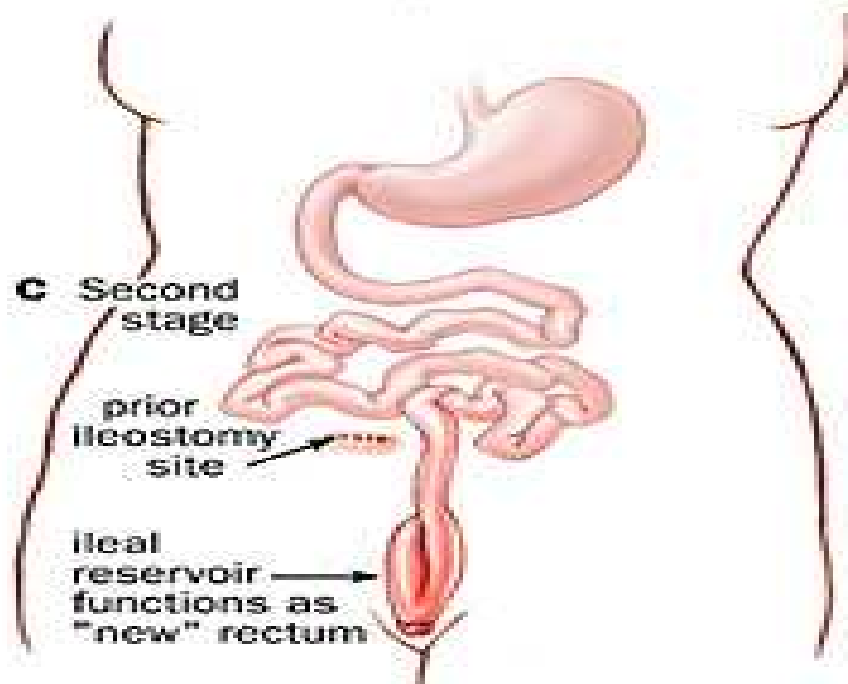
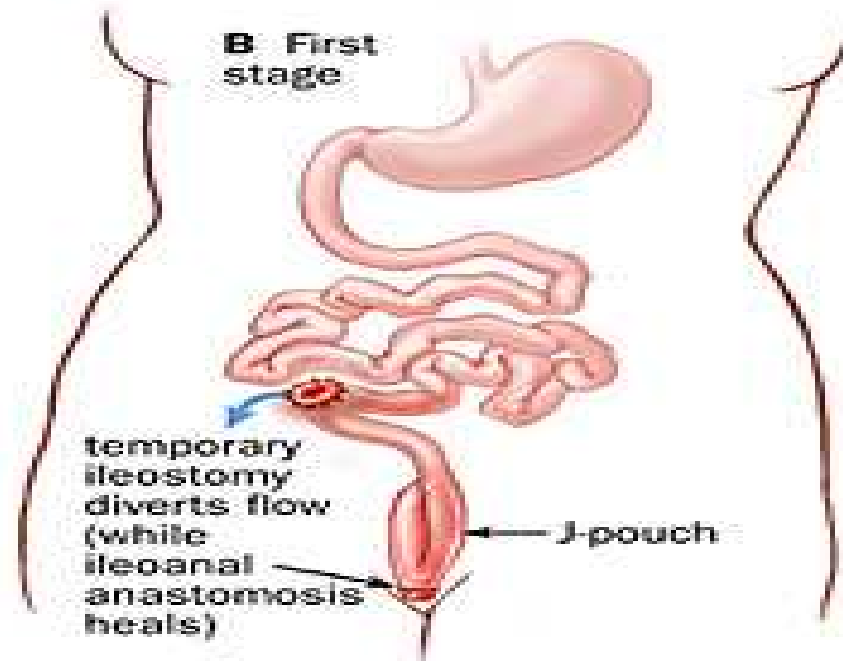
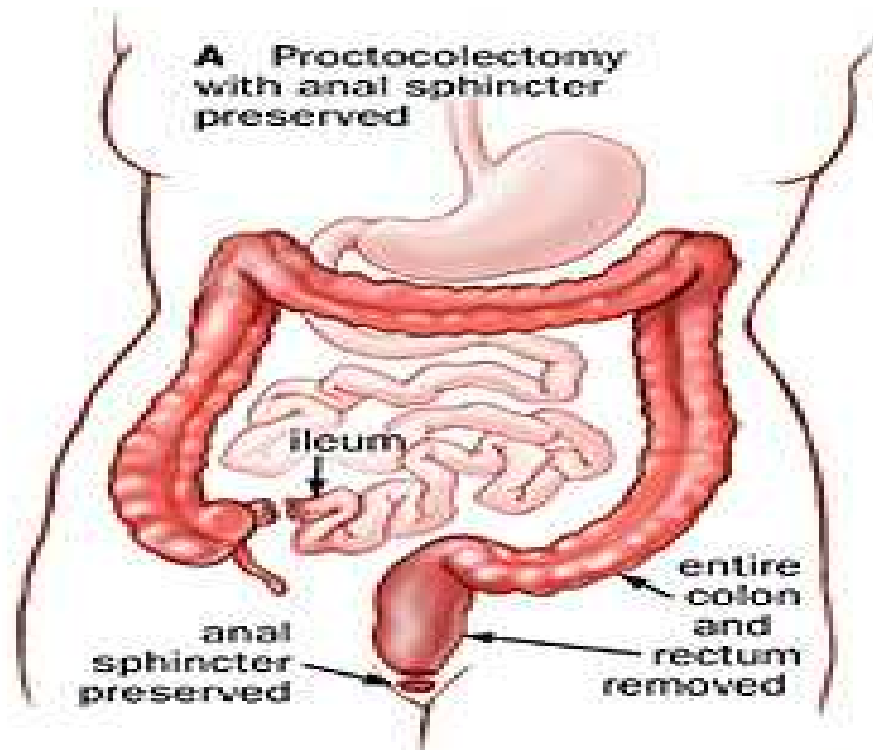
- **Elective**
- Chronic symptoms despite medical therapy
- Carcinoma or high grade dysplasia



UC -Surgical options

- **Emergency**
- Total colectomy with ileostomy and mucus fistula

- **Elective**
- Panproctocolectomy and Brooke ileostomy
- Panproctocolectomy and Kock continent ileostomy
- Total colectomy and ileorectal anastomosis
 - Maintains continence but proctitis persists
- Restorative proctocolectomy with ileal pouch
 - Need adequate anal musculature
 - Need for mucosectomy unclear
 - May need defunctioning ileostomy



Functional results of ileoanal pouch

- Mean stool frequency is six per day
- Perfect continence
 - During day (90%)
 - At night (60%)
- Gross incontinence (5%)
- **Morbidity**
- 50% develop significant complications
- Small bowel obstruction (20%)
- Pouchitis (15%)
- Genitourinary dysfunction (6%)
- Pelvic sepsis (5%)
- Fistula (5%)
- Pouch failure (6%)
- Anal stenosis (5%)
- Larger capacity pouches reduce stool frequency



Demographics (Crohns)



- Prevalence in UK is about 40/100,000
- Incidence is increasing possibly due to increased recognition

Crohns

- Clinical features depend on site of disease
- 50% have ileocaecal disease
- 25% present with colitis
- Systemic features are more common than in ulcerative colitis

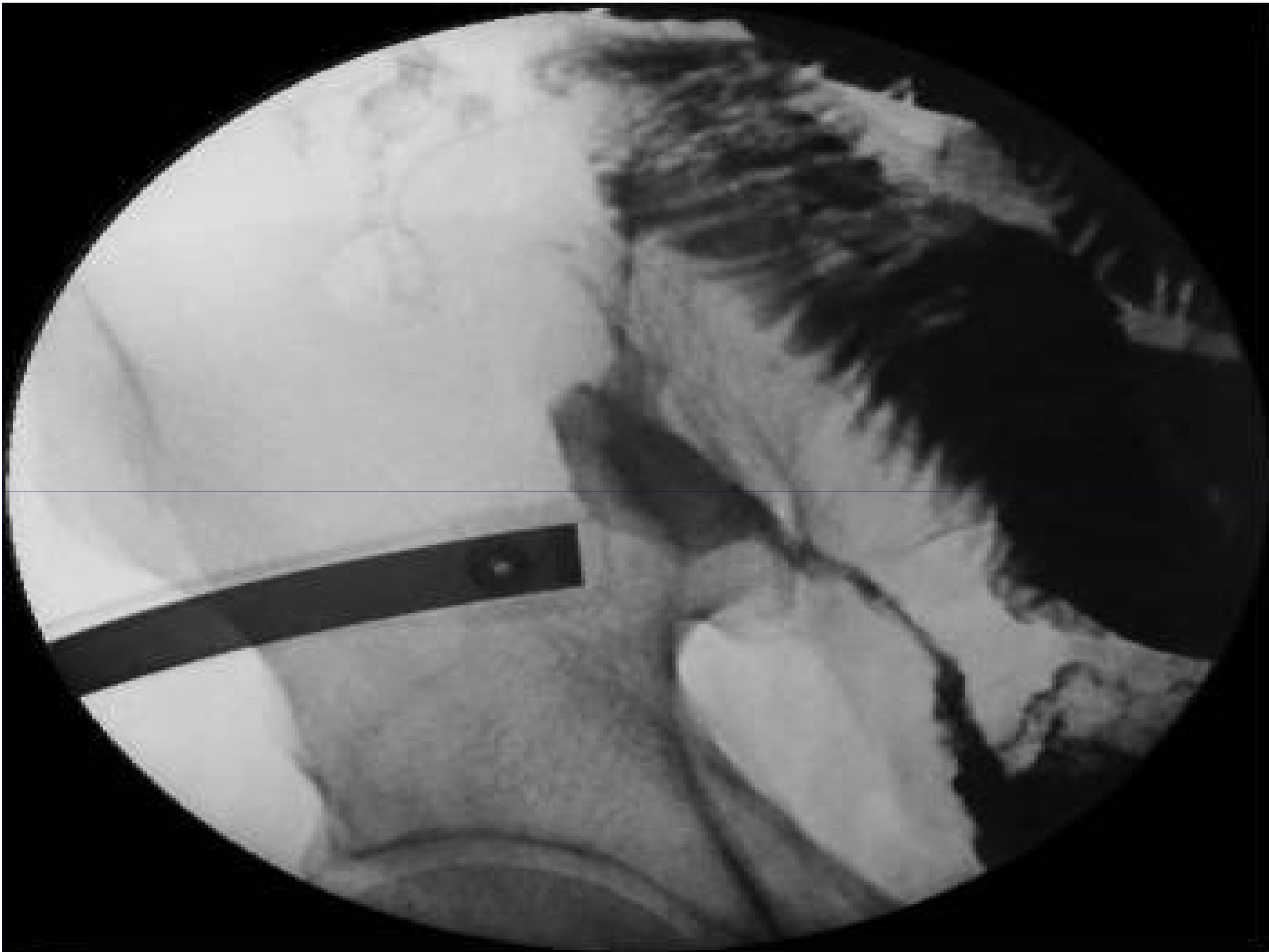
Indications for surgery - Crohn's disease

- **Absolute**

- Perforation with generalised peritonitis
- Massive haemorrhage
- Carcinoma
- Fulminant or unresponsive acute severe colitis

- **Elective**

- Chronic obstructive symptoms
- Chronic ill health or debilitating diarrhoea
- Intra-abdominal abscess or fistula
- Complications of perianal disease





Crohns

- Surgery should be as conservative as possible
- No evidence that increased resection margins reduce risk of recurrence
- Preoperative nutritional state

Crohns

- Limited resections
- 30% undergoing ileocaecal resection require further surgery
- Strictureplasty often successful
- Bypass procedures rarely required

Laparoscopic Colorectal surgery

- Minimal surgical stress/Early Recovery
- Incisional hernia/ adhesions- low
- DVT/PE low

- Injury to adjacent organs
- Longer operating time/ learning curve!

Enhanced recovery programme

- Four elements
- Pre-operative assessment, planning and preparation before admission.
- Reducing the physical stress of the operation.
- A structured approach to immediate post-operative (peri-operative) management, including pain relief.
- Early mobilisation.

Basse L, Hjort Jakobsen D, Billesbolle P, Werner M, Kehlet H. a clinical pathway to accelerate recovery after colonic resection. Ann Surg 2000; 232: 51-57

Key features

- Multi- modal trt
- Carbohydrate rich drinks
- No bowel prep
- Fluid restriction during and after surgery
- Early oral feeding with mobilisation
- Good low thoracic epidural

King et al. Randomized clinical trial, comparing laparoscopic and open surgery for colorectal cancer within an enhanced recovery programme.

BR J Surgery 2006; 93: 300-308

Fertility and IBD

- UC- pouch surgery-tubes involved/caesarean
- Crohns-pelvic inflammation affects tubes
- Sulphasalazine-low sperm count/reversible

Pregnancy

- Steroids safe
- Azathioprine- caution
- Methotrexate to be avoided
- Infliximab avoid

Thank You for
your patience!