

Inflammatory Bowel Disease

Focus on
surgical management

Inflammatory Bowel Disease

- Crohn's disease
- Ulcerative colitis
- Indeterminate colitis
- Ischemic colitis
- Radiation induced
- Bacterial/ parasitic /viral

Crohn's Disease

- Cause unknown
- More common in females
- Bimodal age distribution (20-30/60-80 years)
- Mouth to anus
- Transmural , Granulomatous ,Skip lesions
- Treatment palliative

Crohn's Colitis

- Abdominal Pain
- Diarrhea/ Bleeding PR
- Weight loss / Anaemia
- Perianal disease
- Extraintestinal manifestations

Crohn's Colitis - Complications- Acute

- Perforation
- Acute colonic dilatation
- Haemorrhage

Crohn's Colitis - Complications- Chronic

- Abscess
- Fistula formation
- Strictureing & obstruction
- Disability due to ill health (unresponsive to medical treatment)
- Risk of carcinoma

Crohn's colitis - Perianal disease

- 50% of patients have anal lesions
- Common in patients with rectal involvement
- Mostly fissuring but can have fistula
- Fissures are painless but almost always are associated with abscess

Crohn's colitis - Perianal disease

- Managed medically
- Drainage / Seton insertion
- Proctectomy in unresponsive anal disease

Crohn's colitis - Other considerations

- Rectovaginal fistula - managed with layopen / seton / advancement flaps / proximal defunctioning / proctectomy
- Can fistulate into urinary tract
- Avoid haemorrhoidectomy

Ulcerative Colitis

- Cause unknown
- More common than Crohn's
- Mostly presents between 20-30 years
- Limited to colon and rectum (backwash ileitis)
- Mucosal disease (can involve muscularis propria in fulminant disease),
Lymphocytic infiltrates, No skip lesions
- Curable by surgery

Ulcerative Colitis

- Insidious onset of symptoms
- Loose stools, increased frequency, blood and mucus
- Abdominal discomfort (rather than pain)
- Weight loss
- Extraintestinal manifestations

Ulcerative Colitis - Complications- Acute

- Acute illness

- > 6 loose, bloody stools
- Tachycardia (>100/mt)
- Fever (> 37.5°C)
- Anaemia (Hb < 10 g/dl)
- Hypoalbuminaemia

Ulcerative Colitis - Complications- Acute

- Acute toxic dilatation
- Perforation
- Massive colorectal bleeding

Ulcerative Colitis - Complications- Chronic

- Poor response to medical therapy with frequent episodes of severe acute colitis
- Growth retardation due to steroids
- Malignant transformation

Inflammatory Bowel Disease

The mainstay of management of both
Crohn's colitis and Ulcerative colitis
remains
MEDICAL



SURGERY
is indicated only when the former fails
and/or
complication ensues

Crohn's disease - Emergency Surgery

- **Indications**

- Colonic dilatation
- Perforation (can occur without dilatation)
- Haemorrhage

Crohn's disease - Emergency Surgery

Choice of procedure

- **Subtotal colectomy with end ileostomy**
 - Rectal stump
 - can be oversewn, only if rectal sparing present
(if not, breakdown leads to abscess formation & intra-abdominal sepsis)
 - brought to surface as mucous fistula
(aids in the topical steroid irrigation of distal rectum)

Crohn's disease - Emergency Surgery

Other procedures

- **Loop ileostomy** - to defunction distal bowel and allow healing (overspill is a problem)
- Of limited value are:
 - Primary proctocolectomy - intractable rectal bleeding

Crohn's disease - Elective Surgery

- **Segmental colectomy** - for single localised segment with stricture/abscess/fistula
- **Subtotal colectomy with ileorectal anastomosis** - in severe diffuse colonic disease with rectal sparing
(*Caution: perianal disease/ significant small bowel disease*)
- **Total proctocolectomy** - indicated in extensive colonic disease involving rectum & severe anorectal disease

Crohn's colitis - Other interventions

- Abscess - may be treated with percutaneous drainage
- Fistulation / stricturing and obstruction may need resectional surgery ± stoma

Ulcerative colitis - Emergency Surgery

Indications

- Failed medical therapy in acute illness
- Acute toxic dilatation
- Perforation
- Massive colorectal bleeding (*Rare*)

Ulcerative colitis - Emergency Surgery

Procedures

- Subtotal colectomy with ileostomy (*common*)
- Proctocolectomy

Ulcerative colitis - Elective Surgery

Procedures

- Proctocolectomy with ileostomy
- Colectomy with ileorectal anastomosis
- Total proctocolectomy with ileal pouch-anal anastomosis

Ulcerative colitis - Risk of carcinoma

- Rarely develops before 10 years of disease
- Probability - 5_7% 20 years / 9_13% 25 years
- Screening with colonoscopy recommended every 3 years after 10 years , every 2 years after 20 years and annually after 25 years of disease

Inflammatory Bowel Disease - Take home message

- Medical management is the treatment of choice
- Surgical therapy is secondary and specific
- Surgical therapy varies between CD & UC
- Right procedure at the right time is paramount
- Key to good results is multidisciplinary approach