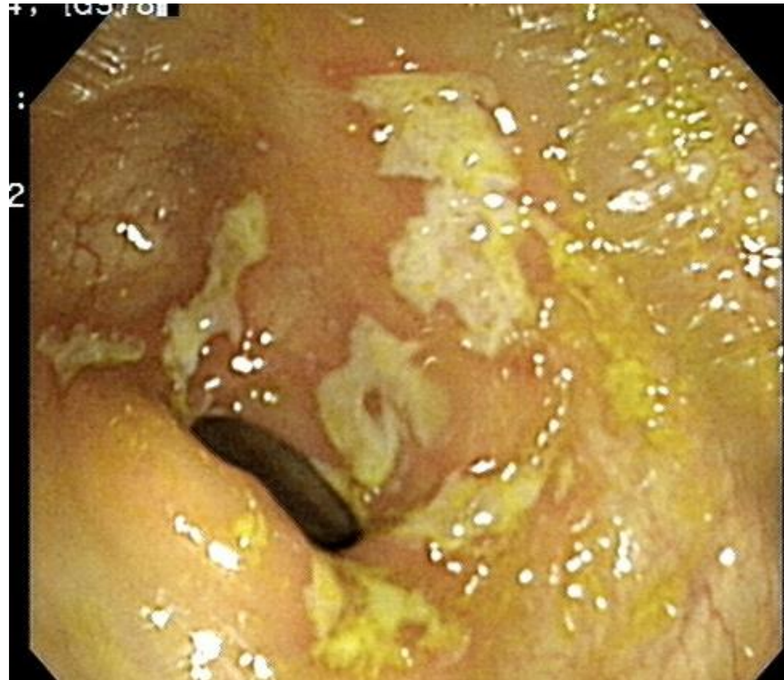
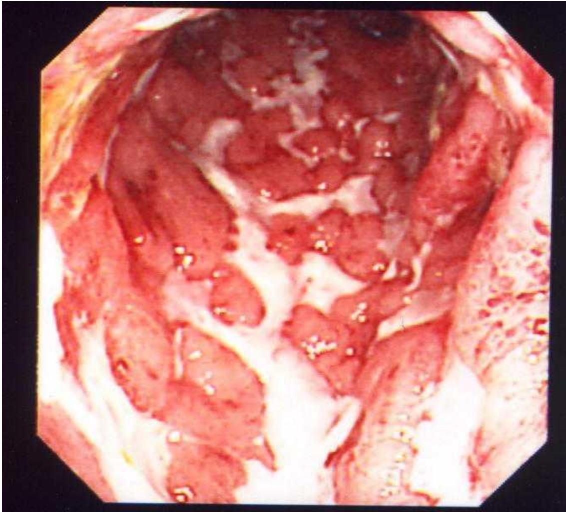
Which patients with Crohn's disease should have surgery?



Educational objectives

- How many will come to surgery
- What tests should they have first
- Perioperative care
- Post operative medicines
- Recurrance
- Perianal disease

Lifetime Risk of surgery greater in children



By age of 30

- 50% risk if childhood onset CD
- 14% adult onset

Epidemology

- 35% surgery by 10 years in children
- Recurrence rate of 29% in 140 patients after 1st resection
    - Boulait Inflam Bowel Dis 2013

Epidemiology of recurrence

- More likely in:
- Smokers
- Prior resections
- Perianal disease
- Penetrating disease
- Extensive >50cms

Adult data c/o Prof Kamm

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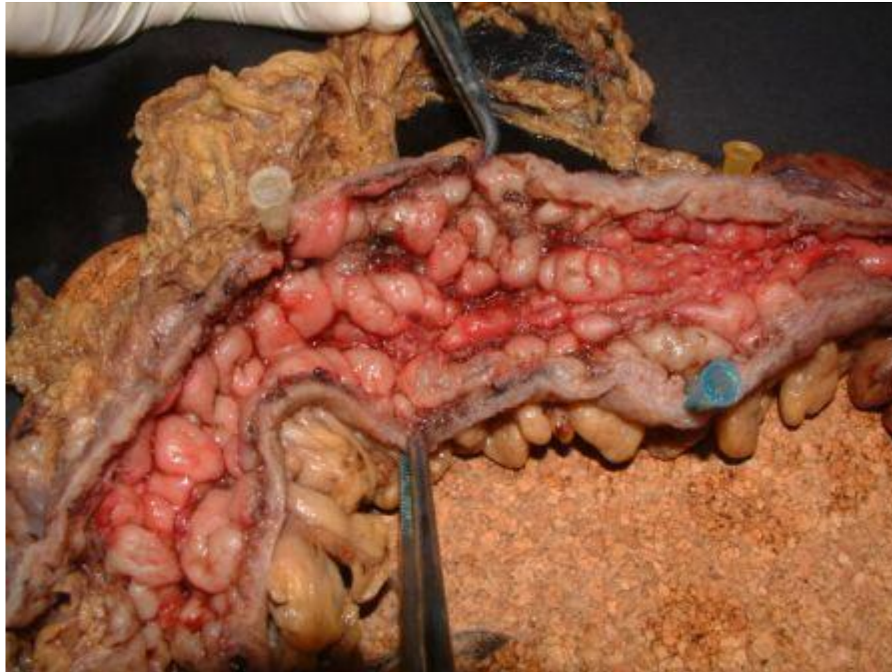
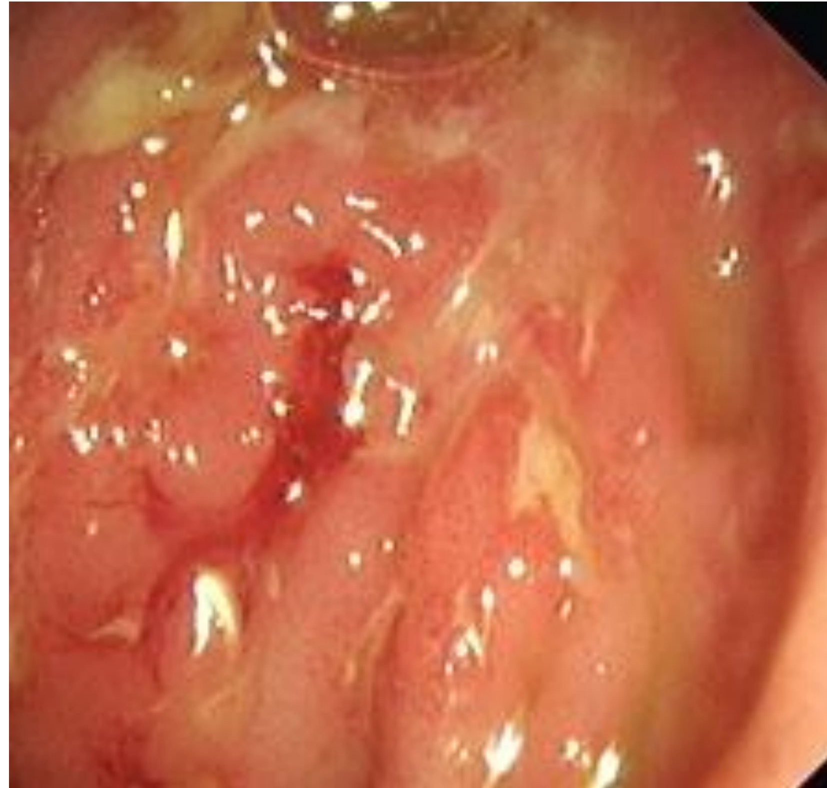
So who should have surgery?

Who should have surgery?



Who should have surgery?



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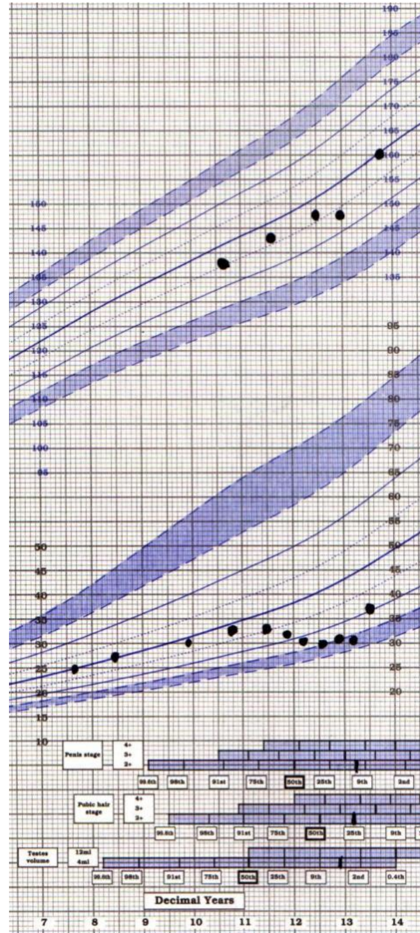
INTERNATIONALE OPENBARE

Laparoscopic ileocolic resection versus infliximab treatment of recurrent distal ileitis in Crohn's disease: a randomized multicenter trial (LIR!C-trial).

- CANDIDATE NUMBER	2928
- **NTR NUMBER**	**NTR1150**
- ISRCTN	ISRCTN wordt niet meer aangevraagd
- DATE ISRCTN CREATED	
- DATE ISRCTN REQUESTED	
- DATE REGISTERED NTR	3-dec-2007
- SECONDARY IDS	80-82310-98-08105 subsidie
- PUBLIC TITLE	Laparoscopic ileocolic resection versus infliximab treatment of recurrent distal ileitis in Crohn's disease: a randomized multicenter trial (LIR!C-trial).
- SCIENTIFIC TITLE	Laparoscopic ileocolic resection versus infliximab treatment of recurrent distal ileitis in Crohn's disease: a randomized multicenter trial (LIR!C-trial).
- ACRONYM	LIR!C-trial (LIRIC-trial)
- HYPOTHESIS	Laparoscopic ileocolic resection may be more effective than infliximab treatment in recurrent Crohn´s disease located in the terminal ileum improving quality of life and reducing costs.
- HEALT CONDITION(S) OR PROBLEM(S) STUDIED	Recurrent Crohn´s disease
- INCLUSION CRITERIA	1. Age in between 18 and 80 years; 2. recurrent Crohn's disease of the distal ileum;

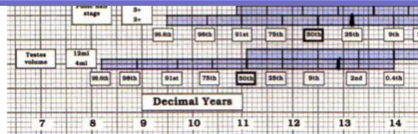
Who should have surgery



Who should have surgery

Retrospective studies
Height velocity increased from 2.3cms to 3.4 cms per year
Delaying surgery into late stages results in worse growth

Griffiths Dig Dis 2009

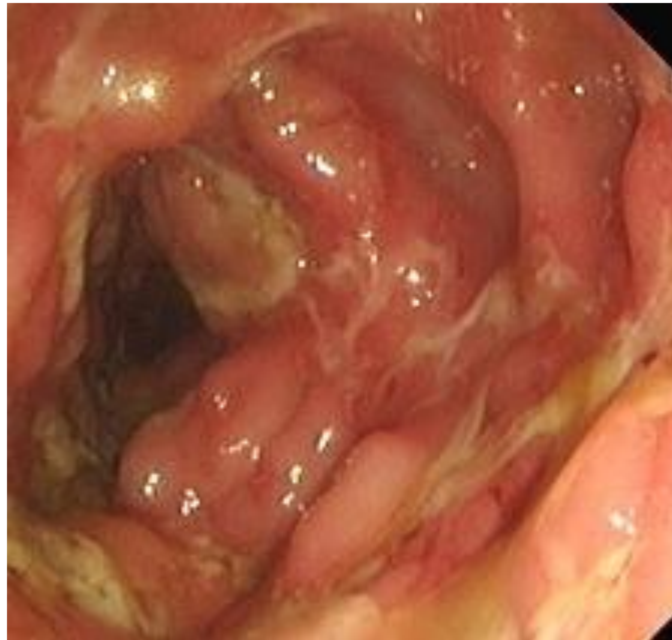


In conclusion

- Surgery is right for:
  - Symptomatic, moderate disease activity
  - Limited disease length
  - Non responsive to immunomodulators OR anti TNF
  - Growth impairment

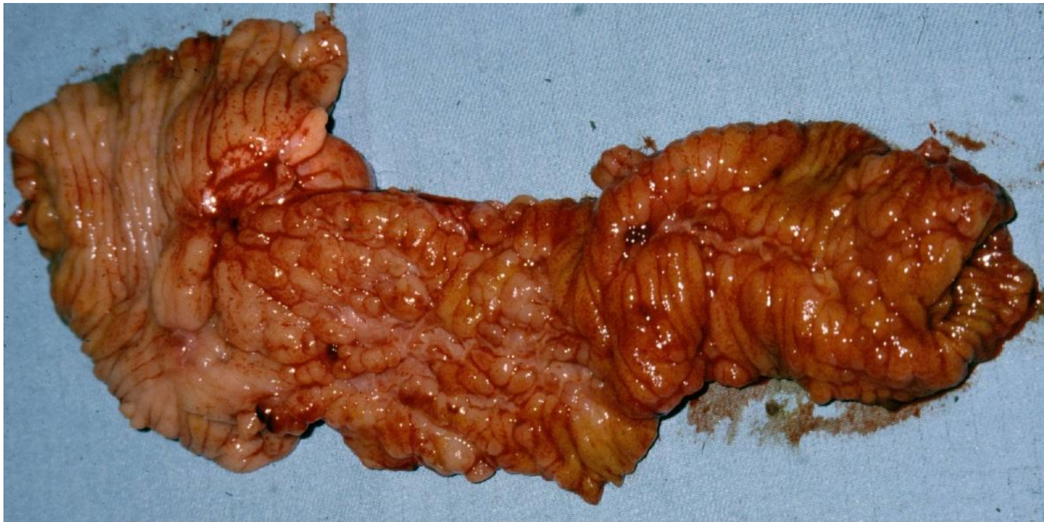
Pre operative assessment

- Do all the tests again!

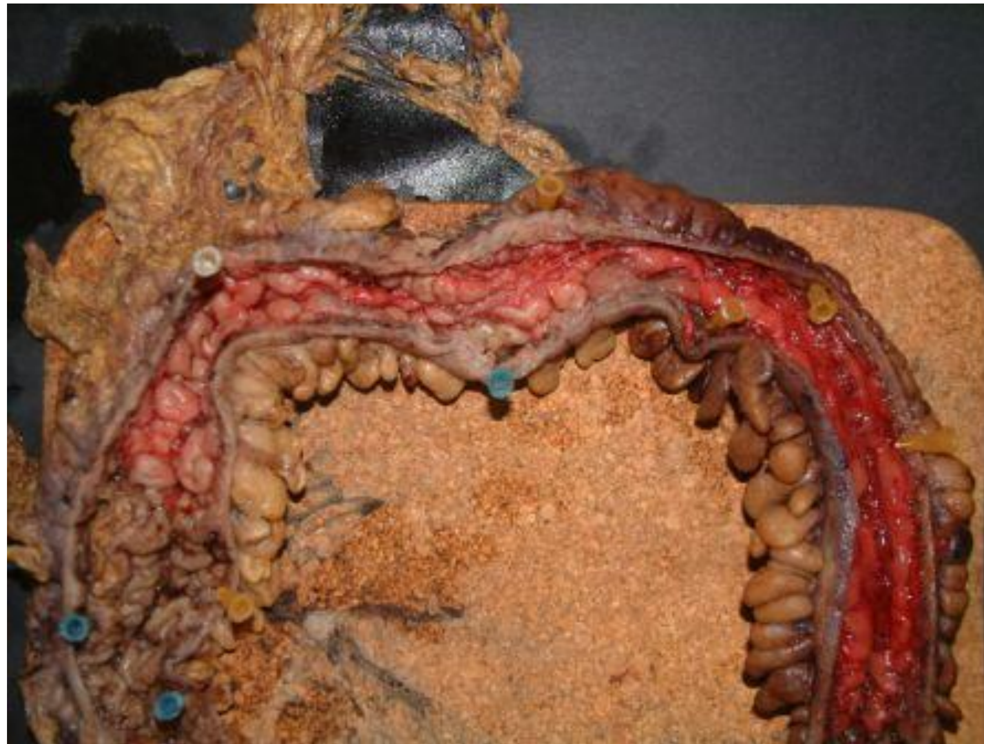


Surgical choices

- The right hemicolectomy preferably laparascopically



- Stricturoplasty
- Avoid resections >20cms approx
- Pan colonic – opt for a sub total colectomy. Patients can be very sick



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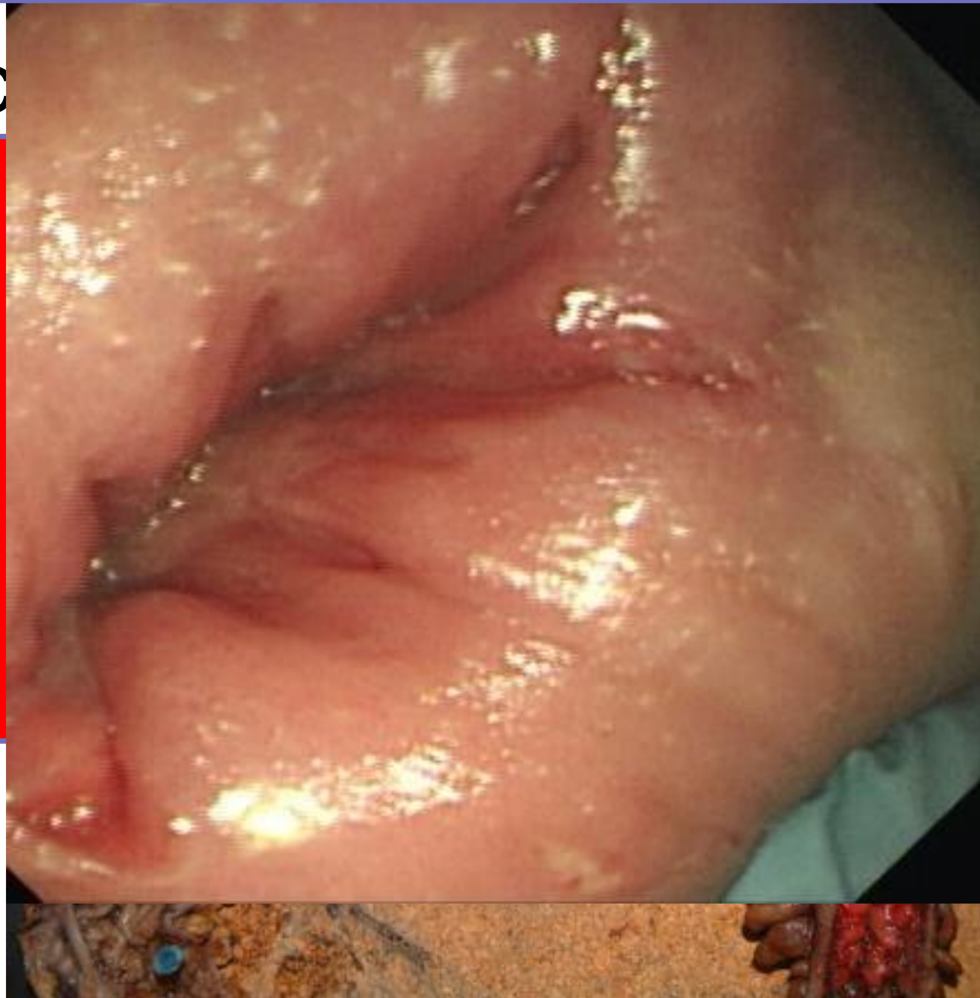
No IPAA

Best predictor for failure of anastomosis at IRA

- Pan c



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Perioperative care

- Wean steroids prior to surgery
- Avoid anti TNF duirng immediate perioperative period
- Optimise nutritional status (enhanced recovery programme), consider 2 weeks EEN (albumin predictor)
- Avoid perioperative smoking

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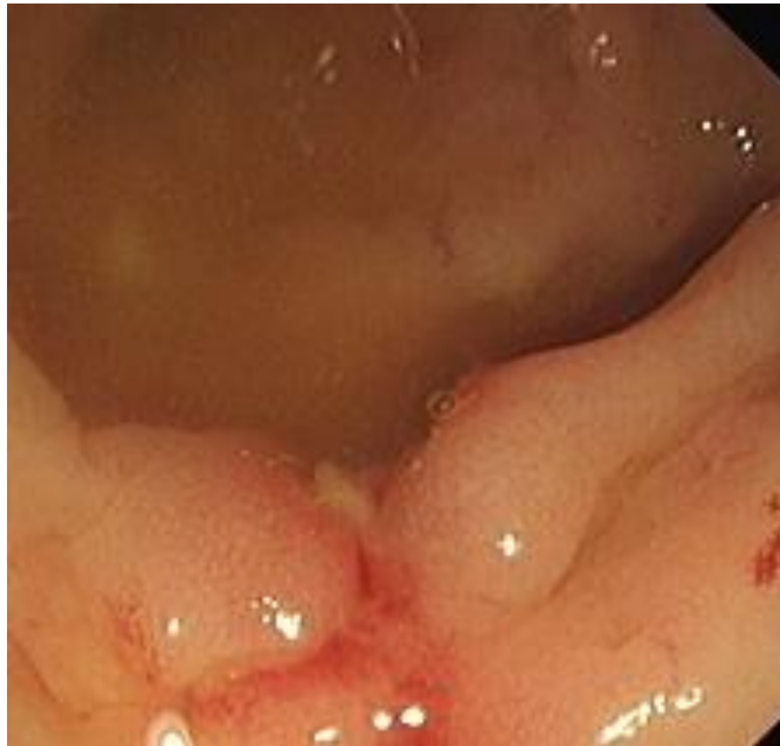
High complication risk

- N=62; 13 early complication, 5 late complication
- N=36 – 77% had a complication
- 5/12 hemicolectomy complication
- 11/21 colectomy complication

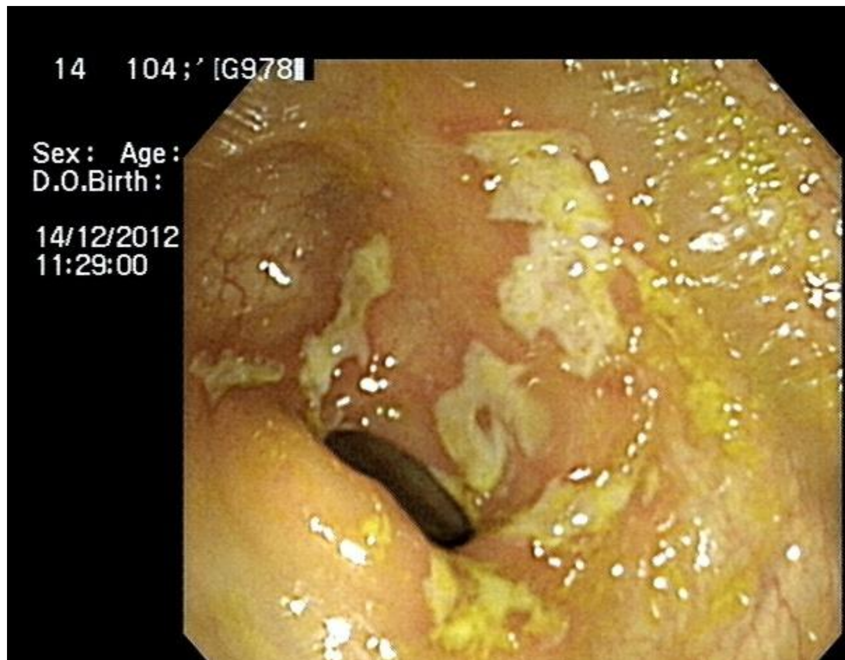
Anastomotic relapse



Increased risk factors from adult studies

- Smoking
- Penetrative disease
- Perianal disease
- Long history
- Extraintestinal manifestation

Recommendations post surgery:



- Colonoscopy to assess anastomosis at 6 months and then step up.
- Often asymptomtic
- See POCER study

Rutgeert’s score

Endoscopic findings	Score
No aphthous ulcers	0
Less than five aphthous ulcers	1
More than five aphthous lesions with normal intervening mucosa, skip areas of larger lesions or lesions confined to ileocolonic anastomosis (ie, less than 1 cm in length)	2
Diffuse aphthous ileitis with diffusely inflamed mucosa	3
Diffuse inflammation with larger ulcers, nodules and/or narrowing	4

Source: Rutgeerts P, Geboes K, Vantrappen G, Beyls J, Kerremans R, Hiele M. Predictability of the postoperative course of Crohn’s disease. Gastroenterology. 1990;99:956–63.

Preventing anastomotic relapse

- Thiopurines – advocated in high risk groups
- POCER study – suggests using Anti TNF in selective patients with relapse
- Mesalazine – moderate effect NNT 12
- Metronidazole (Cochrane NNT=4)

Perianal disease

Preferance

- EUA and MRI by a surgeon with experience in anorectal fistulating disease in CD
- Assess fistulae – explore fistulae with expertise
- Treat combination of antibiotics, surgery and biologics
- Treat sepsis and abscesses
- Setons
- Defunction

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So what would you suggest:

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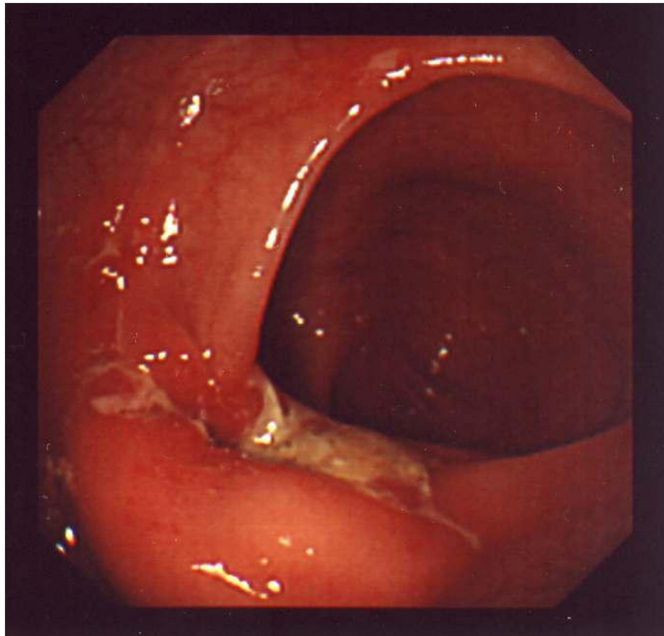
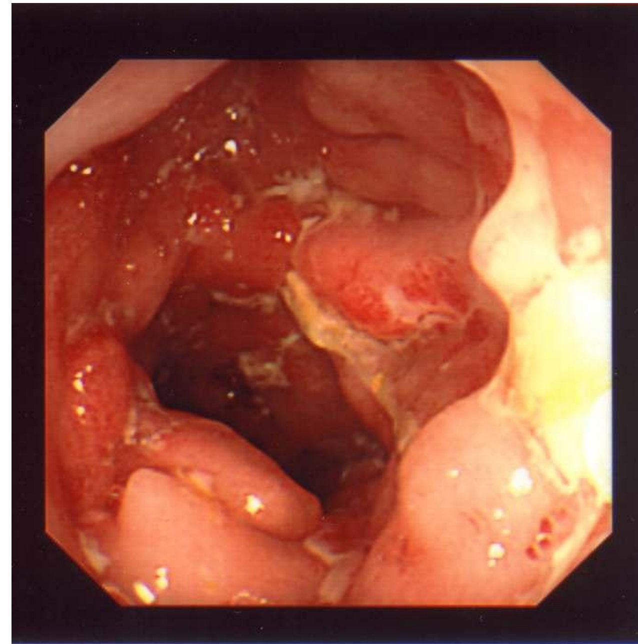
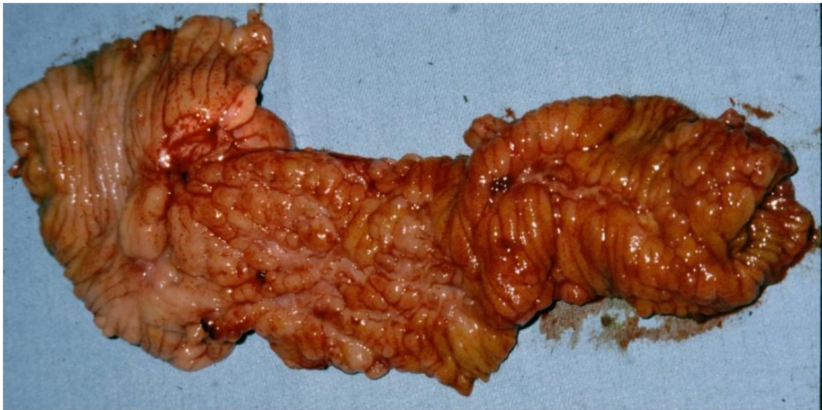




So what would you suggest:



OR