

Expectations, Complications, and Solutions

RECOVERING FROM IBD SURGERY

Rebecca A. Levine, MD

*Assistant Professor of Surgery, Section of Colon & Rectal Surgery
Montefiore Medical Center/Albert Einstein College of Medicine
Bronx, NY*

(with additional material contributed by Alexis Grucela MD)

Goals of Surgery

- ⦿ symptom relief
- ⦿ improved quality of life
- ⦿ reduced medication requirements
- ⦿ cancer prevention

⦿ *UC → definitive cure*

⦿ *CROHN'S → long-term remission*

*over 90% of patients report satisfaction
with surgical results*

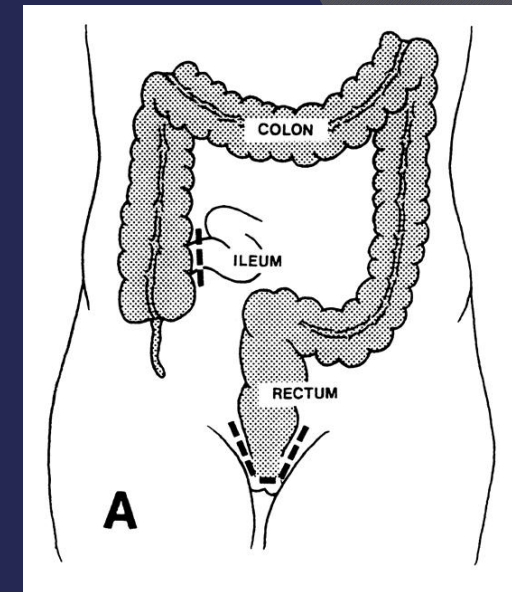
Early Postoperative Course

- ⦿ 3-5 days in the hospital
- ⦿ intravenous fluids, foley catheter, drains
- ⦿ gradual resumption of diet
- ⦿ early ambulation, lung exercises
- ⦿ stoma & wound care

Ulcerative Colitis

Surgical Options

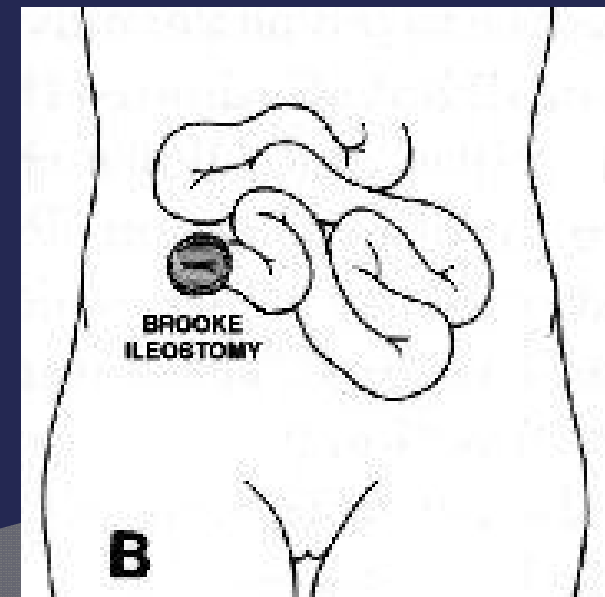
- Total proctocolectomy (TPC)
 - with end $\%B$ rooke+ileostomy
 - with continent ileostomy or $\%K$ ock pouch+
- Restorative proctocolectomy (RP) or Ileoanal pouch anal anastomosis (IPAA)
- Total colectomy with ileorectal anastomosis (IRA)



Total Proctocolectomy

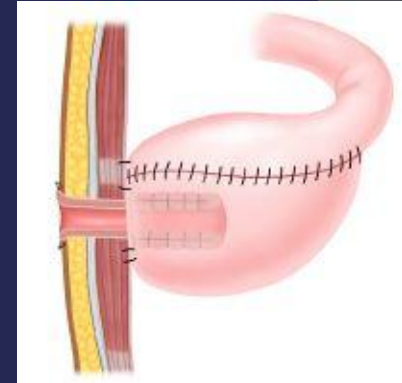
with Brooke ileostomy

- one stage operation, curative
- indicated for elderly, low rectal cancers, patients with poor sphincter function
- **DISADVANTAGES**
 - permanent stoma
 - obstruction
 - perineal wound
 - sexual/urinary dysfunction



Total Proctocolectomy

with continent ileostomy



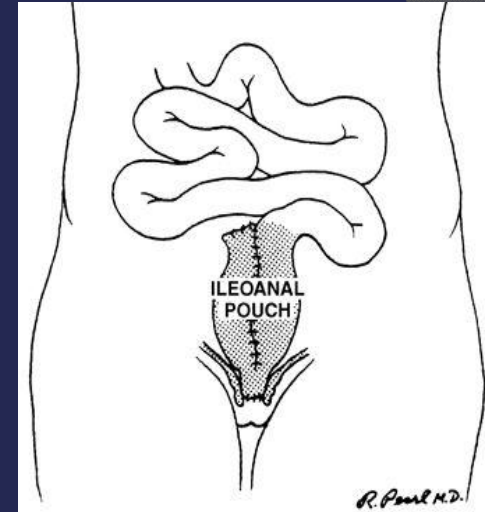
- ⦿ one stage, curative
- ⦿ maintains bowel control
- ⦿ **MANY ADDITIONAL COMPLICATIONS**
 - blockage, fistula, leak
 - pouch problems
- ⦿ **HIGH RATES of SURGICAL REVISION**

option for patients who already have ileostomy or cannot have anastomosis

Restorative Proctocolectomy

or “Ileoanal pouch anal anastomosis”

- curative
- preserves continence & normal route of defecation
- most patients have about 6 loose stools per day with minimal seepage or urgency
 - *dietary modification to control timing of BM*
 - *anti-diarrheal medication*
 - *protective pads*



Restorative Proctocolectomy

Disadvantages

- ⦿ usually temporary ileostomy for 6 wks
- ⦿ very safe procedure but numerous early & late complications can occur
- ⦿ mostly mild and treatable without major intervention or additional surgery

Restorative Proctocolectomy

Early Complications

⦿ Bowel Obstruction

- second most common complication (20%)
- crampy abd pain, nausea, vomiting
- usually resolves with bowel rest & IV fluids

⦿ Pouch Sepsis/Leak

- decreasing incidence (5%)
- fever, anal pain with pus or bloody discharge
- IV abx, drainage, higher rates of pouch failure

⦿ Dehydration, Bleeding, Urinary retention

Restorative Proctocolectomy

Late Complications

⊙ Pouchitis

- most common complication (30-50%)
- non-specific inflammation, ??bacterial overgrowth
- diarrhea & urgency, rectal bleeding, cramps, fever, dehydration, joint pain
- acute or chronic course
- usually resolves with antibiotics
- may require long term topical sulfa or steroid meds

⊙ Stricture (5-38%)

- obstructive symptoms, constipation, bloating
- usually treated with manual dilatation

Restorative Proctocolectomy

Late Complications

⦿ Pouch Abscess or Fistula

- rare, often delayed consequence of sepsis or leak
- symptoms may be minimal & treatment depends on severity
- observation, drainage, diversion, surgical repair

⦿ Irritable Pouch Syndrome

- similar to pouchitis but no inflammation visible
- diarrhea, urgency, abd pain
- stress and diet changes, relieved by BM

Restorative Proctocolectomy

Late Complications

⦿ Sexual Dysfunction

- rare, due to pelvic nerve injury
- impotence, retrograde ejaculation, painful intercourse
- usually resolves with bowel rest & IV fluids

⦿ Anal Sphincter Impairment

- vaginal delivery or C-section afterwards??
- most studies show no difference in functional outcome

⦿ Reduced Fertility

Restorative Proctocolectomy

Late Complications

⦿ Pouch Failure

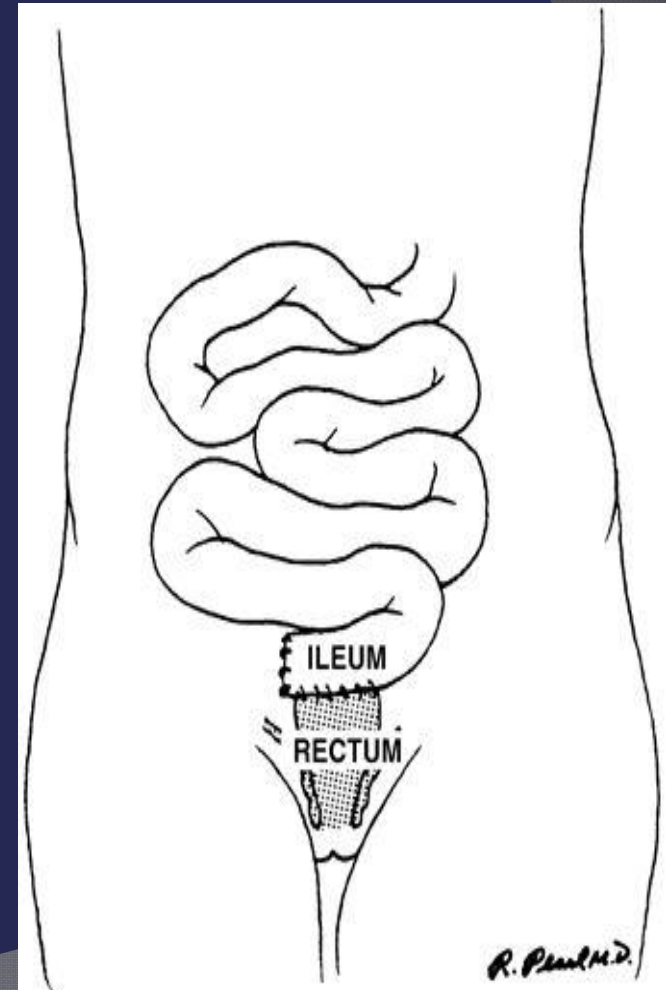
- ultimately requires removal and ileostomy in 5-10%
- increased with postoperative sepsis and delayed diagnosis of Crohn's disease

Ileorectal Anastomosis

- ⦿ no pelvic dissection
- ⦿ no ileostomy
- ⦿ technically easier
- ⦿ fewer complications

BUT .not curative!!

- ⦿ *persistent symptoms*
- ⦿ *persistent risk of cancer*



Ileorectal Anastomosis

Indications

- Mild rectal disease
- Elderly, metastatic cancer
- Indeterminate Colitis
- Young patients for faster return to school, work, childbearing with plan for IPAA at later date
- Semi-annual Sigmoidoscopy essential for cancer screening

Crohn's Disease

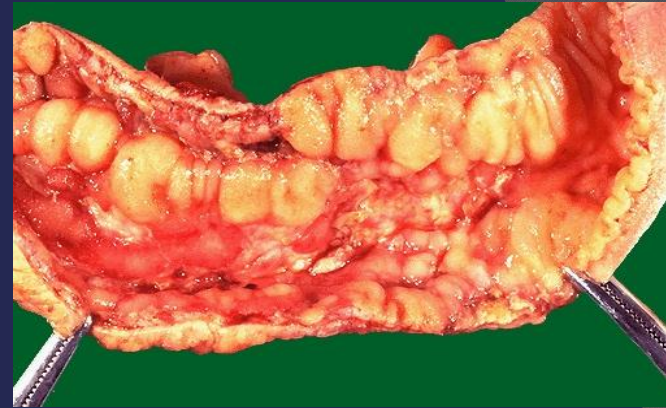
Surgical Options

⦿ Principles of Surgery

- SYMPTOM RELIEF
- treatment of complications
- reduce dependence on medications
- preserve bowel length and continuity

⦿ Types of Bowel Surgery

- SB → limited resection, strictureplasty, rarely bypass
- COLON → segmental colectomy, IRA, TPC, or IPAA



Crohn's Disease

Complications of Surgery

- Obstruction, Infection, Leak
- Ostomy
- Impaired wound healing or pouch complications
- Short bowel syndrome

Crohn's Disease

Long-Term Sequelae

⦿ Recurrence

- 80% risk of endoscopic disease at 1 year
- 10-15% risk of symptoms per year
- often at anastomosis or ileostomy
- reduced rates after colectomy
- often treated successfully with medication
- PREVENTION → *smoking cessation*
medication

⦿ Risk of Cancer

Laparoscopic Surgery for IBD

- ⦿ faster recovery
- ⦿ shorter hospital stay
- ⦿ faster return to work and usual activities
- ⦿ decreased postoperative pain
- ⦿ reduced morbidity

increasingly utilized for the management of both primary & recurrent disease....



Thank You

