

Surgical Management of Inflammatory Bowel Disease

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Colon and Rectal Surgery

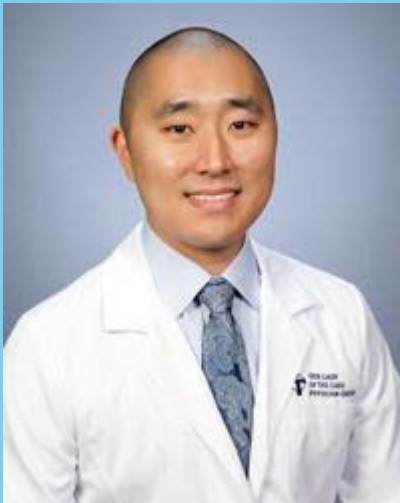
Disclosures

- Intuitive Surgical – non robotic research study participant (relationship has ended)

Objectives

- Discuss indications for surgical management of IBD
- Discuss surgical procedures for IBD
- Discuss nonsurgical treatments for IBD related complications

Baton Rouge Colon and Rectal Associates



- Medical treatments have advanced significantly
 - New classes/formulations of biologics
- Indications for surgery in patients with both UC and CD similar
- Need for surgery based on time from diagnoses has been decreasing (73% ->29%)

Indications for surgery

- Failure of medical management
- Bowel Obstruction
- Free perforation
- Abscess/fistula/phlegmon
- Malignancy
- Bleeding
- Toxic colitis

Failure of medical management

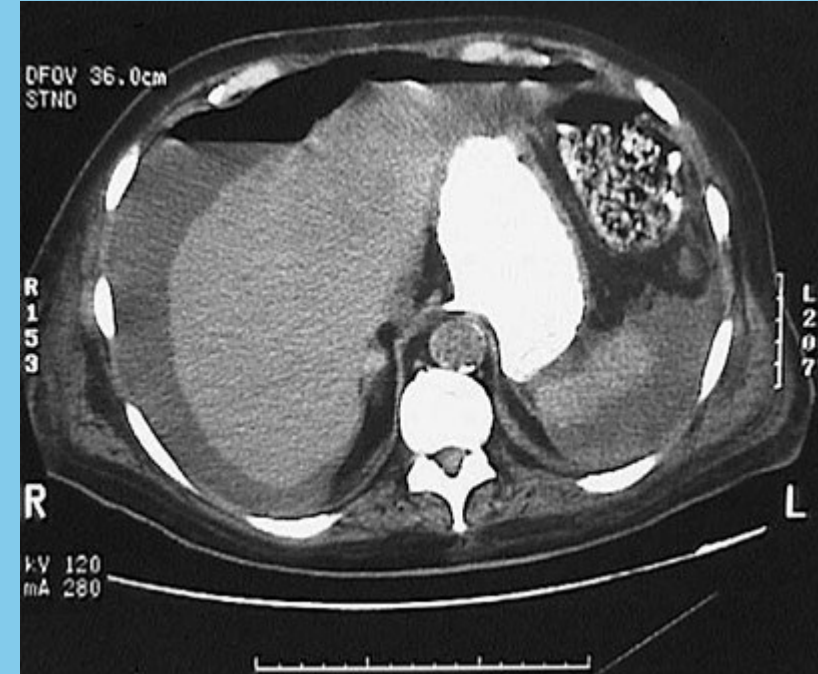
- Good symptom control but cannot tolerate medications?
- Biologics ineffective for symptoms
- Growth/nutritional issues
- Steroid dependency

Bowel Obstruction

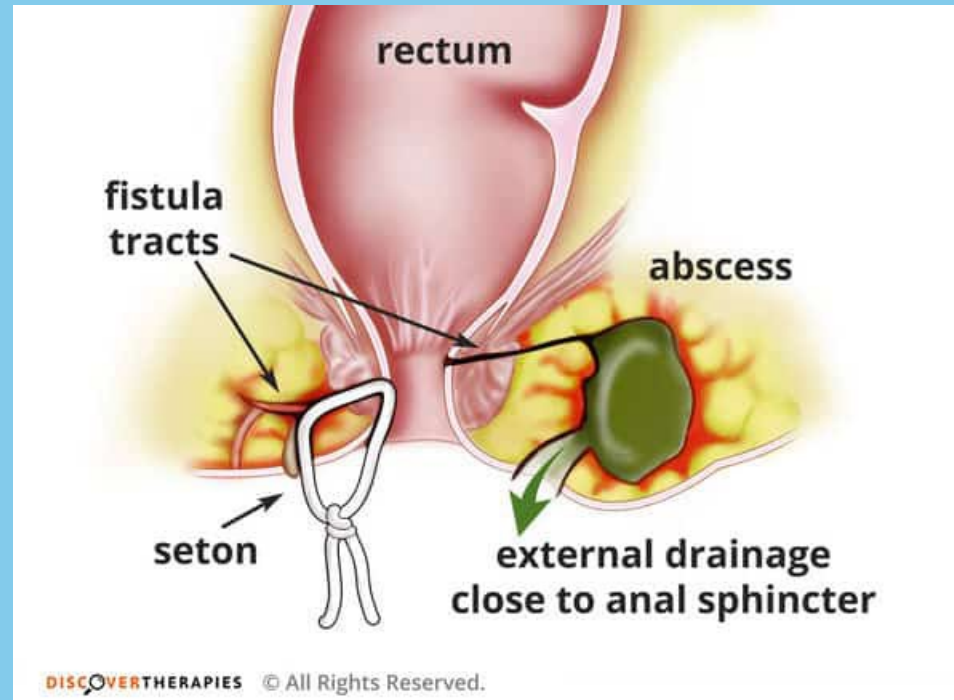
- Acute vs “chronic” stricture
 - CT vs MR enterography
 - Steroids vs surgical management ...



Free Perforation



Ischiorectal abscess/fistula



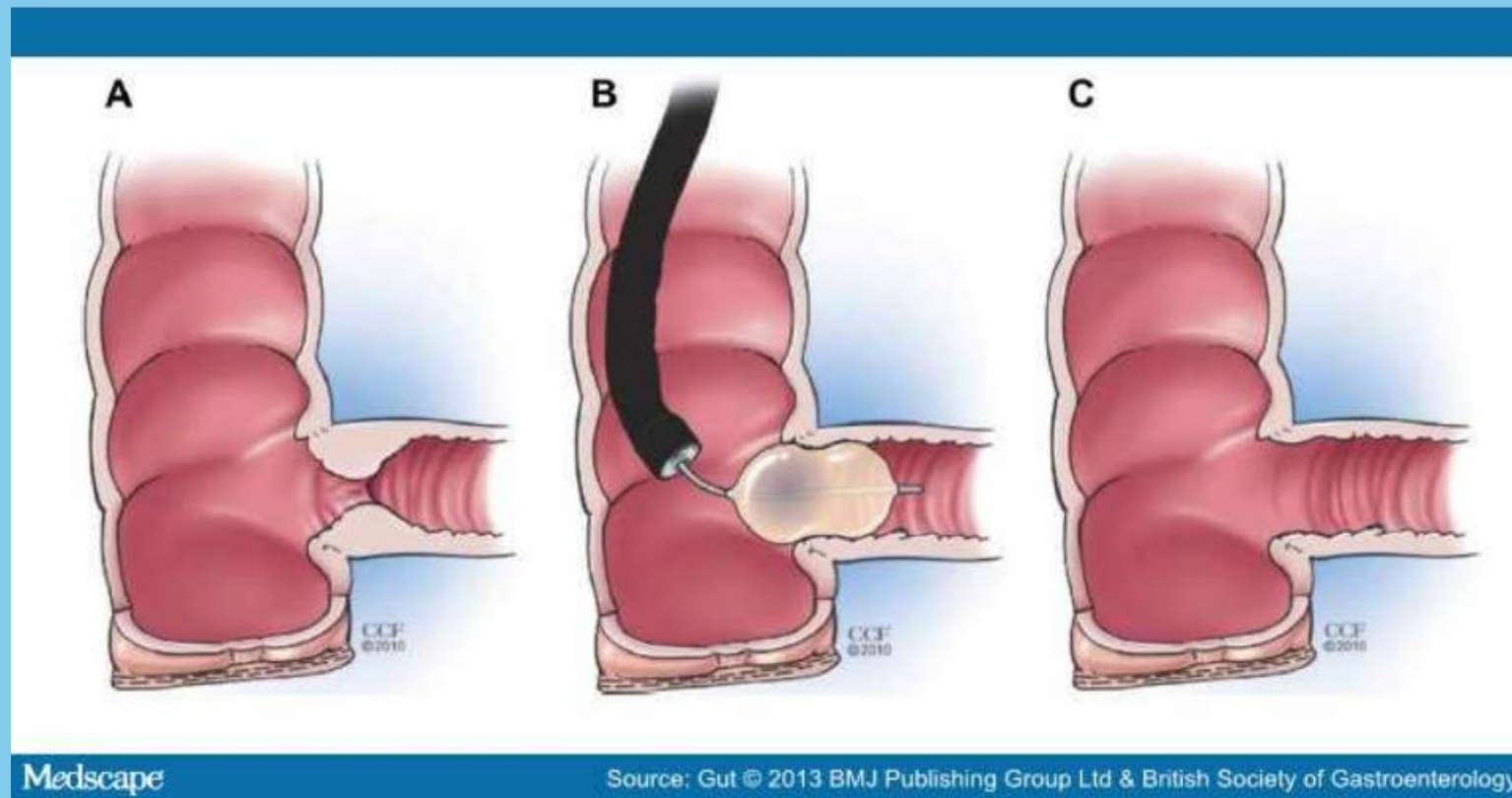
Abscess/fistula/phlegmon

- Begin with resuscitation (IV fluids/abx and steroids if appropriate)
- Most patients will require surgical management ... hopefully as an elective procedure
- Abscess drainage pre op will help decrease septic related complication in the post op period

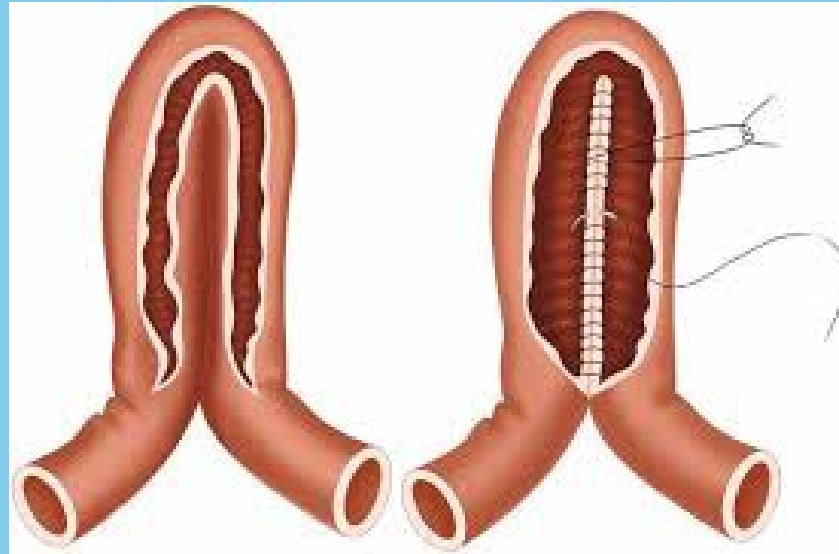
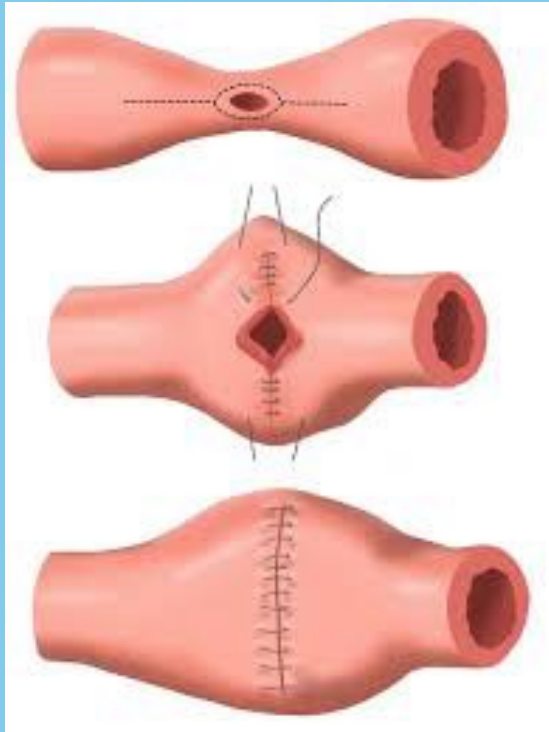
Malignancy/Colitis/Bleeding

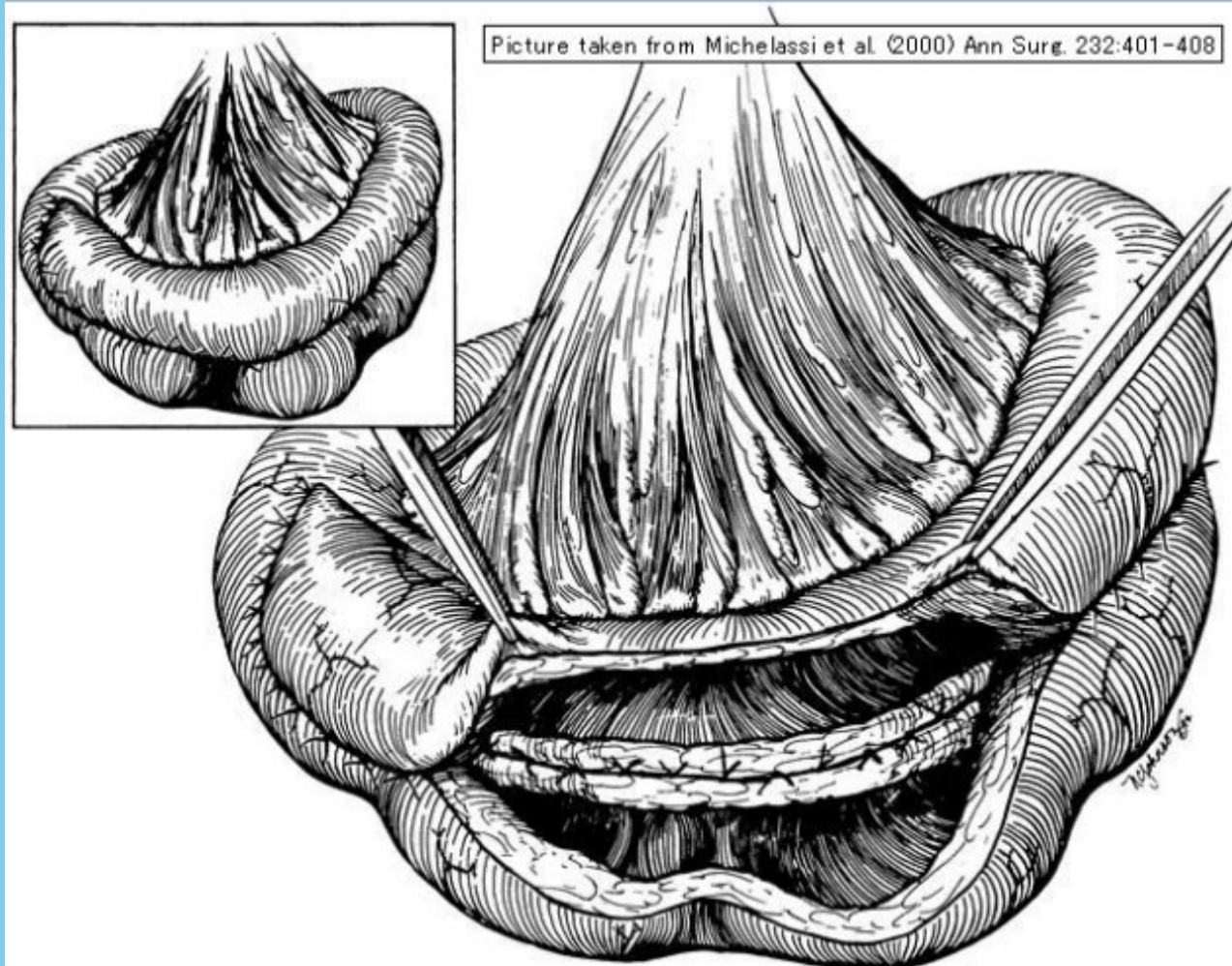
- Patients with CD have an increased risk of malignancy
 - Increase with time from diagnosis
- Colitis and bleeding treated on severity of disease

Ballon Dilation



Stricturoplasty





- Stricturoplasty
 - Good for conserving bowel length
 - Areas still require endoscopic surveillance
 - 5 year recurrence: 28%
 - (3% site specific recurrence)
- Choice of operation?
 - “Non conventional” not inferior to “conventional” types

Operative intervention - resection

- Ileal or ileocolonic disease
 - Right hemicolectomy vs. SB resection
- Colonic Disease
 - Segmental resection vs. formal bowel resection
 - Ostomy vs. ileorectal anastomosis

Operative intervention – resection

- Rectal Disease
 - Proctocolectomy vs. total proctocolectomy
 - End ileostomy vs. Pouch (IPAA)
 - Kock Pouch

Low anterior resection



High anterior resection



Sigmoid colectomy



Left hemicolectomy



Right hemicolectomy



Abdomino-perineal resection



Total proctocolectomy



Subtotal colectomy



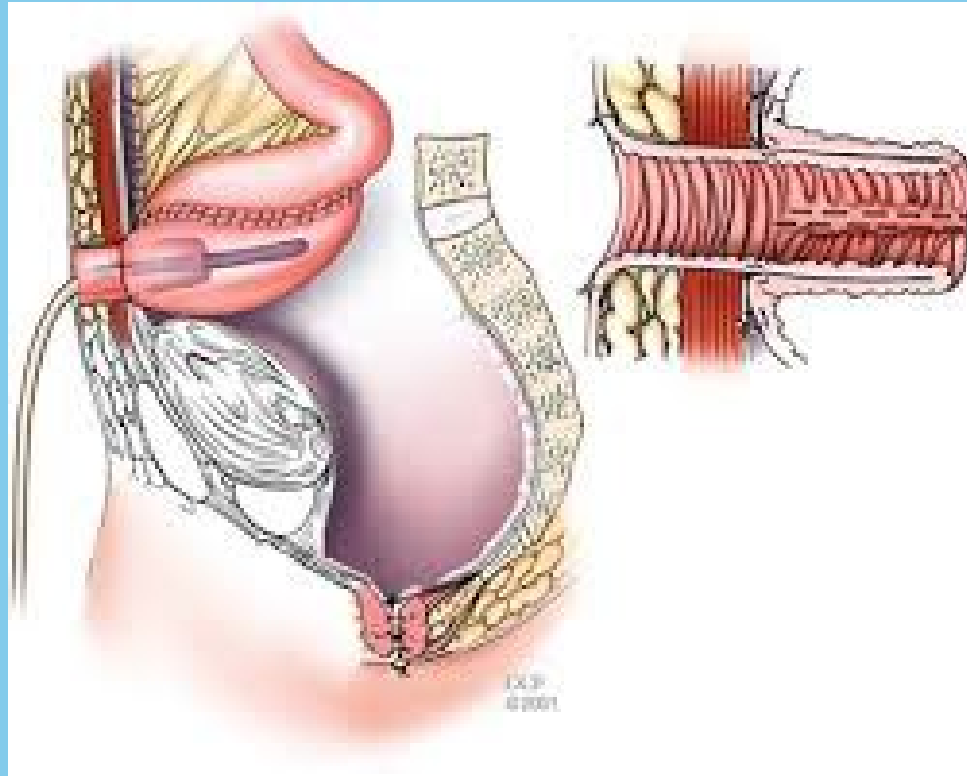
Total abdominal colectomy



Extended right hemicolectomy

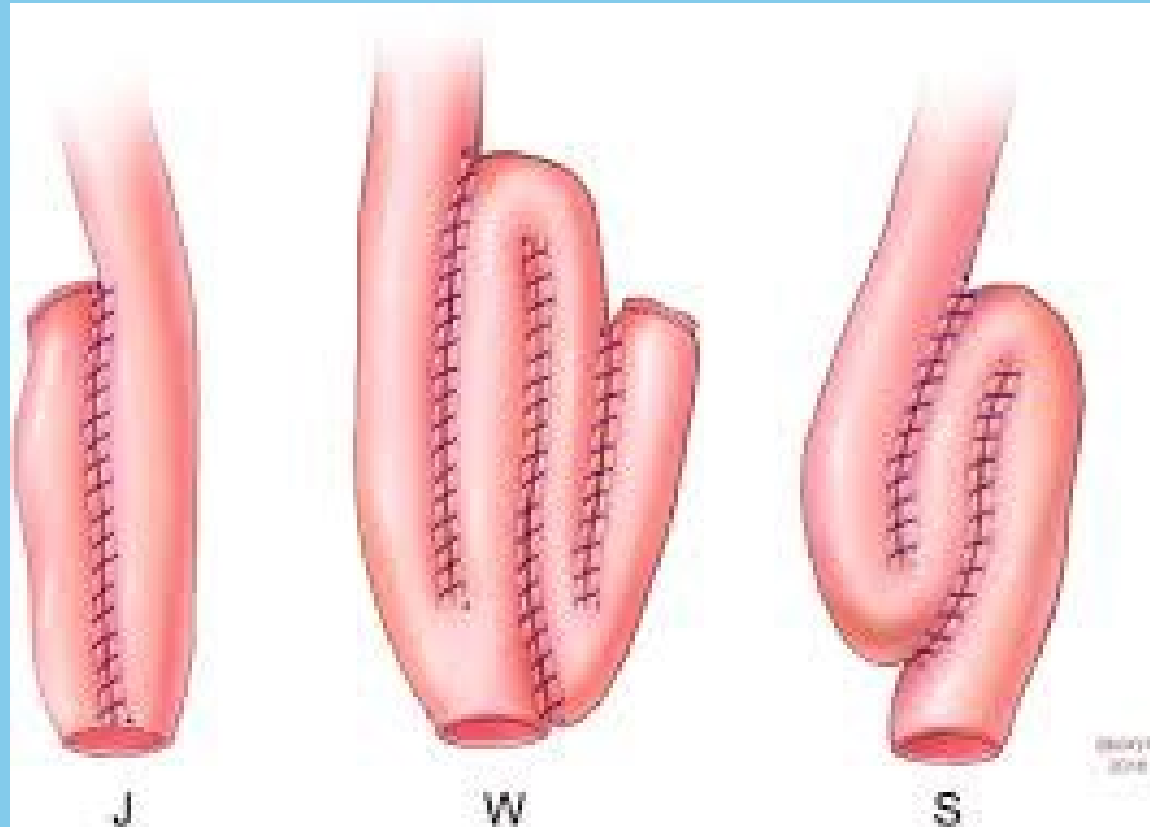


Kock pouch



vNg, Kheng-Seong, et al. "Ileal-Anal Pouches: A Review of Its History, Indications, and Complications." *World Journal of Gastroenterology*, U.S. National Library of Medicine, 21 Aug. 2019, [pmc.ncbi.nlm.nih.gov/articles/PMC6710180/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC6710180/).

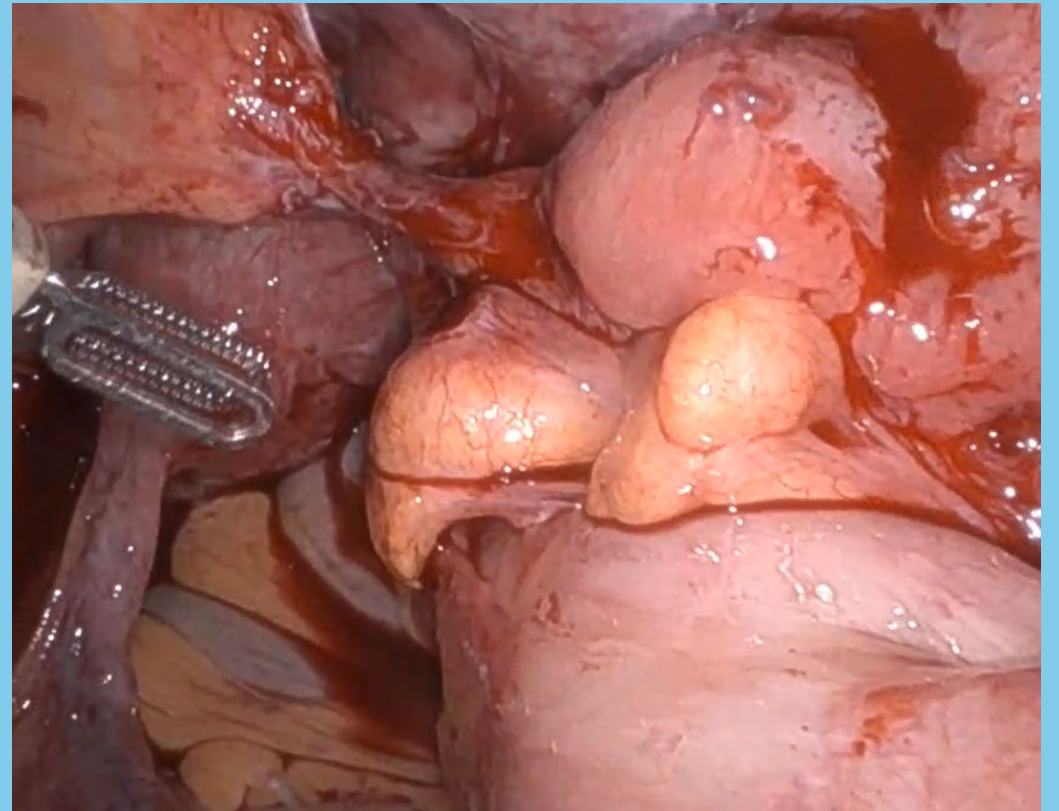
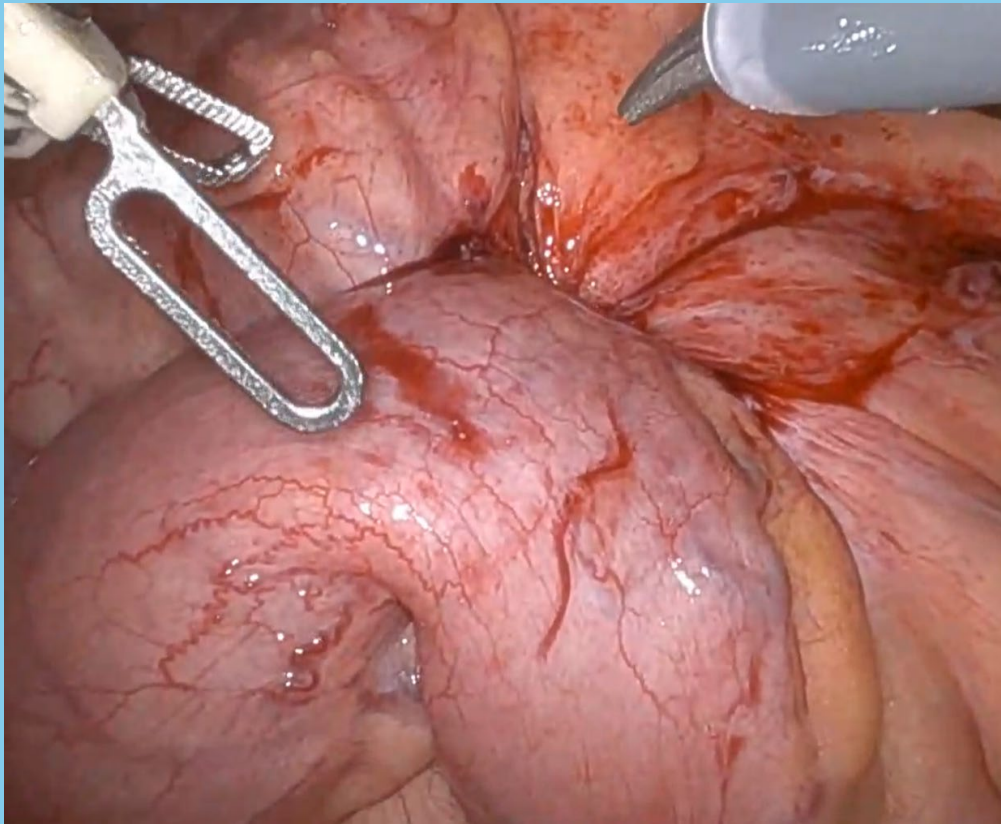
Pouch Reconstruction

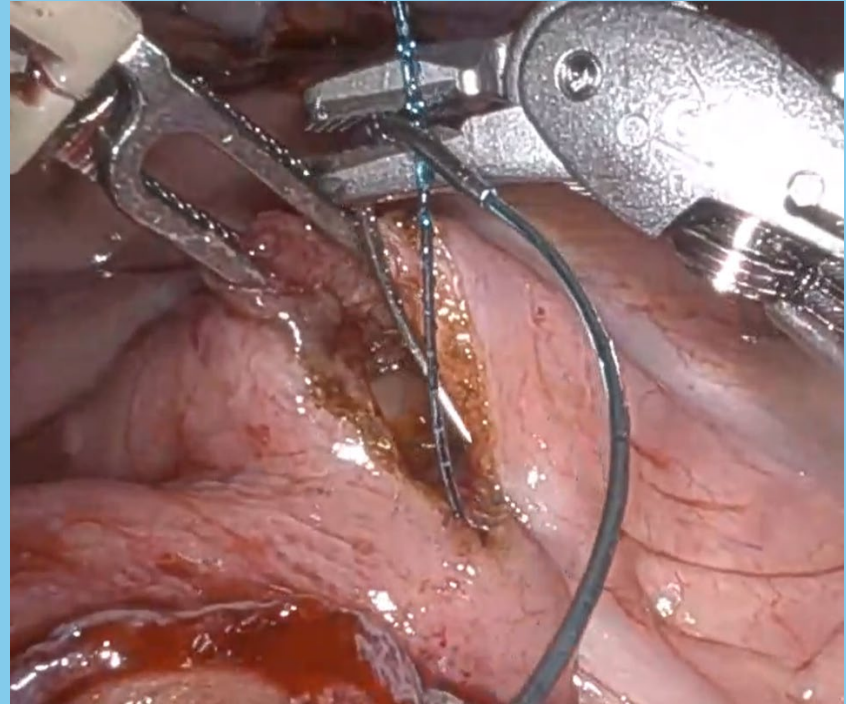
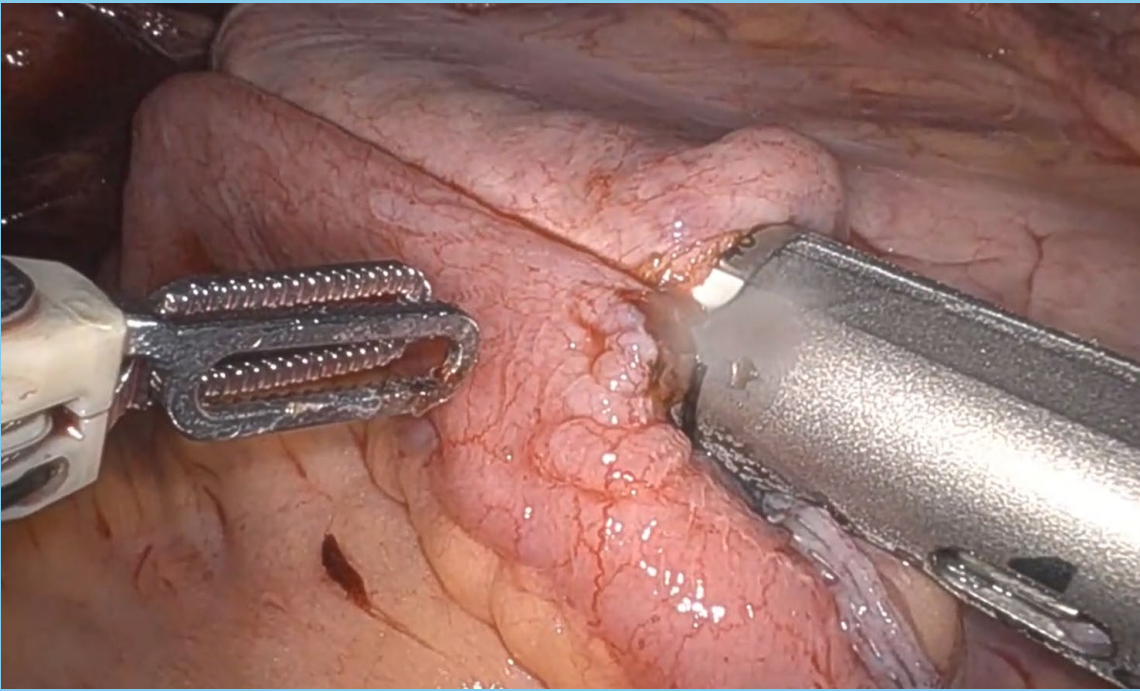


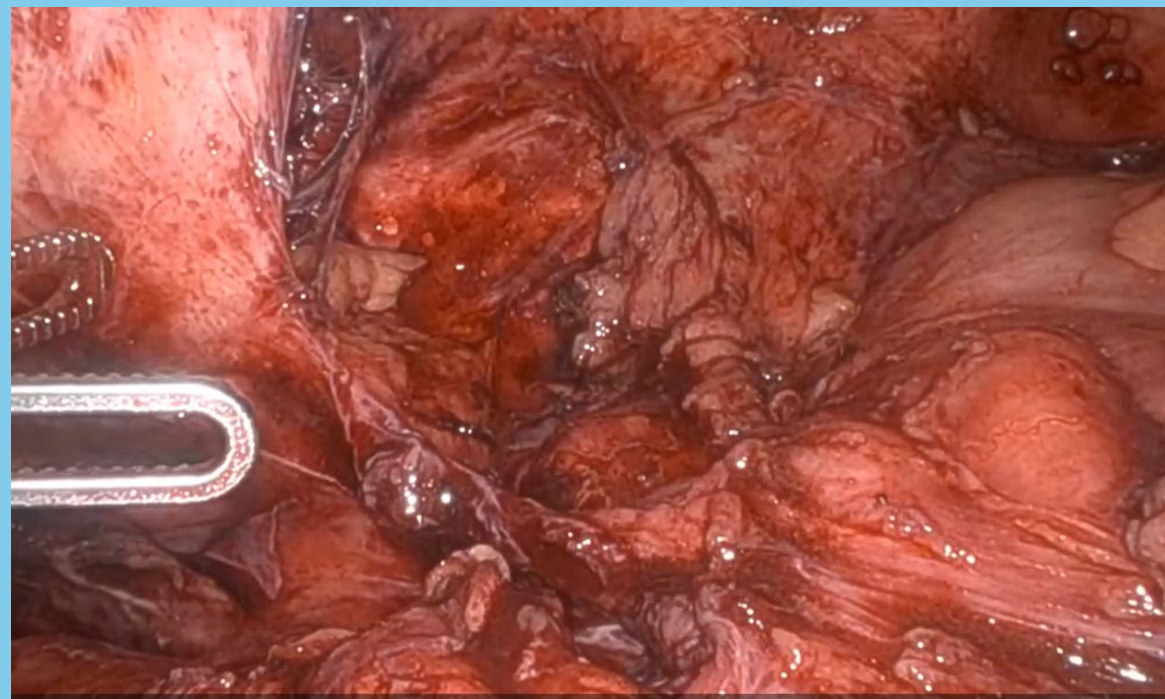
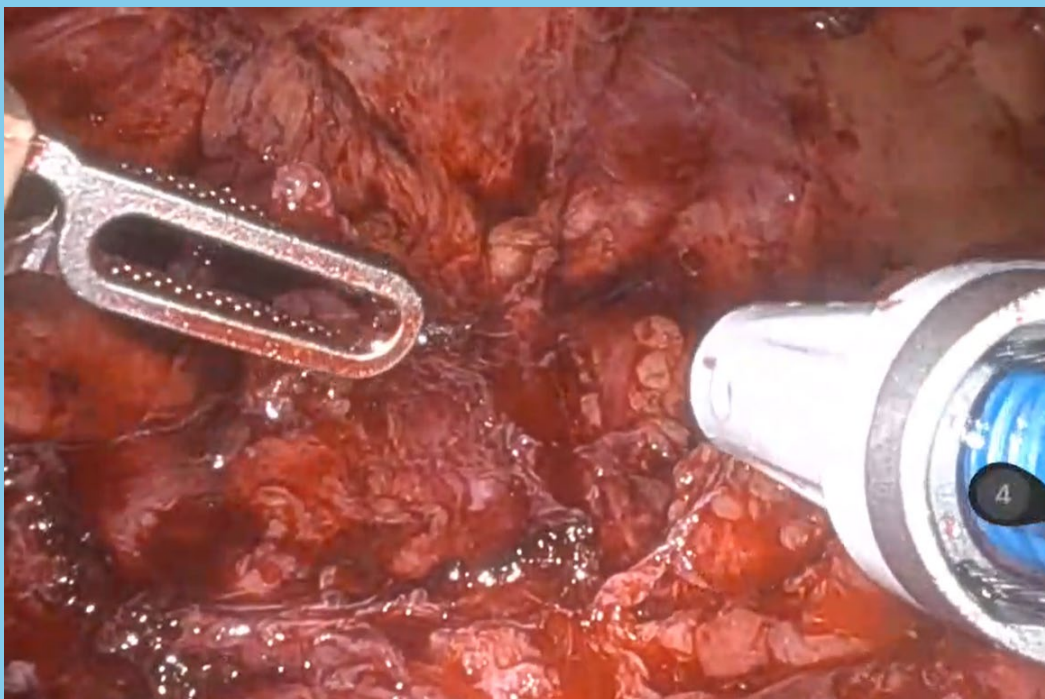
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Method of Surgery

- Open -> **laparoscopic** -> robotic
 - Robotic surgery has seen increased utilization across all surgical fields
 - Comparable LOS, conversion rate, leak rate, readmission
 - Surgical time shorter in laparoscopy







Questions?

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