SESSION 3

MEDICAL AND PERI-OPERATIVE SURGICAL PERSPECTIVES IN CROHN'S DISEASE

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Despite advances in the medical management of Crohn's disease (CD), surgical management is still often required. Because CD has the propensity to recur after "curative" surgery the medical management of CD in the peri-operative and post-operative periods is more nuanced and complex than that of ulcerative colitis where continuation of medical therapy through the peri-operative period is not needed. Patients undergoing bowel resection for CD may have factors that increase their risk of post-operative complications including malnutrition, medical therapy and penetrating complications such as intra-abdominal abscesses. Patients who are malnourished who do not require emergency surgery should be provided supplemental nutritional support before surgery. Intra-abdominal abscesses should be drained percutaneously and antibiotic therapy given in order to control sepsis and reduce the likelihood of requiring a diverting stoma. Glucocorticoids in the peri-operative period appear to increase the risk of post-operative complications but the impact of biologic therapies is not clear. Most of the evidence suggests that their use prior to surgery for CD is not associated with increased complications. As such, these drugs can generally be continued through the peri-operative period if there is a plan to continue them post-operatively to prevent recurrence of CD or to continue to treat affected but unresected intestinal segments. Aspects of surgical technique, such as the type of anastomosis and the extent of associated mesentery that is resected may influence the risk of post-operative recurrence.

The optimal management of fistulizing perianal Crohn's disease requires a collaborative approach between the gastroenterologist and the surgeon since both approaches to management are frequently required concurrently. Recent Canadian Clinical Practice Guidelines help to provide an approach to the currently recommended management of these complex clinical scenarios. Newer approaches to the management of refractory fistulizing disease, such as injection of adipose derived stem cells into fistula tracts and novel surgical techniques may provide additional ways to manage the disease without the need for proctectomy and permanent ileostomy.

References

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