Round Table Presentation

IBD

Surgical options for Crohn’s disease

Kerri Baldwin MSN, APN, FNP-BC, CWON
Ann & Robert H. Lurie Children’s Hospital of Chicago
Chicago, IL

Disclosure Information

I have nothing to disclose
### Objectives

- Participants will understand surgical goals in the pediatric Crohn’s patient.
- Will discuss when surgery is indicated in the pediatric Crohn’s patient.
- Will discuss strictures in pediatric Crohn’s disease
- Participants will understand when an ostomy creation will be considered in Crohn’s disease

### Surgical Goals

- The goal of any operation in pediatric Crohn’s disease (CD) is to control the consequences of the strictureing and penetrating inflammatory complications of the disease, while preserving as much bowel length as possible.
- Surgical care for CD remains palliative, and the insidious threat of short bowel syndrome makes bowel length preservation a surgical priority.
- Treatment goals differ from patient to patient and should be well defined when a surgical procedure is considered. They include:
  - Improvement of signs and symptoms severely affecting the quality of life
  - Pain
  - Diarrhea
  - Obstruction
  - Fecal incontinence
  - Growth Failure
- Prevention of severe complications
  - Obstruction
  - Fistula
  - Abscess formation

### Surgical Indications

- CD is not a completely curable disease, so surgery is not meant to be curative but rather to relieve symptoms or complications of CD. Pediatric surgeons may be called on to treat CD patients during either acute or chronic phases of the disease.
  - Acute (rare): perforation, complete bowel obstruction, abscess or phlegmon, hemorrhage
  - Chronic: stricture or partial obstruction, enteric fistulas (bowel-bowel, bowel-skin, bowel to adjacent organ), perianal fistula or abscess, intra-abdominal abscess, growth failure (more frequent in CD than in UC being present in 15-40% of CD patients), delayed puberty, neoplastic changes, fulminant disease which is not responding to medical treatment and/or medical non-compliance
- Surgery can provide immediate relief of mechanical stress or focal inflammation, producing immediate improvements in symptoms and QOL.
Surgical Indications cont’d

Intra-abdominal indications for surgery:
• Stricture/stenosis
• Obstruction
• Intra-abdominal abscess
• Enteric fistula
• Hemorrhage
• Perforation

Extra-abdominal indications for surgery:
• Perianal disease - fistula or abscess

Surgical Management

Surgical management of Crohn disease in Children: Guidelines from the paediatric IBD porto group of ESPGHAN

Surgical procedure in patients with CD can be categorized into 3 major groups:
1) Ileocecal resections performed to achieve remission
2) Treatment of complications such as fistulae with or without abscesses formation and strictures
3) Salvage procedures such as subtotal colectomy for severe refractory colitis or small bowel resection for refractory jejunoileitis

Indications for surgery

Statement 1. Surgery may be considered as an alternative to medical therapy when a patient has active disease limited to a short segment(s) despite optimized medical treatment. (Agreement 100%)

Statement 2. Surgery should be considered in children in prepubertal or pubertal stage if growth velocity for bone age is reduced over a period of 6 to 12 months in spite of optimized medical and nutritional therapy.

Investigations required before surgery

Statement 3. A complete assessment of the patient’s general and bowel condition is recommended before elective surgery to optimize the surgical approach, minimize the length of bowel resection, and reduce the risk of complications.

Surgical Management cont’d

Selection of the type of surgery

Statement 4. Limited resection should be performed when a patient has localized small bowel or colonic CD not responsive to medical therapy

Statement 5. Strictureplasty needs to be considered when a symptomatic patient has multiple short strictures in the small bowel

Statement 6. Extensive resections of the small bowel should be avoided as they pose a long-term risk of development of short-bowel syndrome

Statement 7. When a patient has pancolonic disease the choice of surgery is subtotal colectomy and ileostomy

Statement 8. Ileal pouch-anal anastomosis is not recommended when a patient has CD. (different opinions with indeterminate colitis)
Where is the most common area for stricture?

Ostomy creations in pediatric CD

- A strategy to heal an affected portion of the bowel.
- Poorly healing pieces of intestine placed together have a high risk of anastomotic leak, complete failure to heal or wound infection.
- A stoma can allow an unhealthy or inflamed portion of bowel to rest and potentially recover.
- A stoma can also allow severely denuded perianal skin from abscesses or fistulas to heal.
- Some patients can have permanent ostomy if it provides their diseased bowel respite and is an effective method for management of disease symptoms and activity.
- Study out of Children’s Hospital of Wisconsin

Regarding stoma creation, little information is present in the literature on the trends in stoma creation in pediatric CD patients.
Ostomy creations in pediatric CD

References


doi:10.1016/j.jpedsurg.2017.08.011


