Inflammatory Bowel Disease and Surgery: What You Should Know

Ask the Experts
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Disclosures

- None
Outline

- Who undergoes surgery?
- Indications for surgery
- Anatomy and understanding where your IBD is located
- Overview of surgeries performed for IBD
- What if I need surgery??
Who undergoes surgery?

**Ulcerative Colitis**
- 15-30% require or elect to undergo surgery
- Failure of medical management
- Emergency
- Personal decision – curative (for colon symptoms)
- May occur in stages

**Crohn’s disease**
- 60-75% will need surgery
- Failure of medical management
- Emergency
- Treats complications - Not curative but improves symptoms
- May need >1 surgery over life time
“Kids, your mother and I have spent so much money on health insurance this year that instead of vacation we’re all going to go in for elective surgery.”
Indications for surgery

- Obstruction/blockage
- Stricture (narrowed area of the intestine)
- Perforation (a hole) in the intestine
- Severe bleeding
- Abscess (build up of pus) that can’t be drained or fails to improve with antibiotics (Crohn’s)
- Fistula – abnormal connection that forms between intestine and an organ (Crohn’s)
- Cancer
- Precancerous changes (dysplasia)
- Persistent symptoms despite medications
Anatomy of the Small Intestine

Duodenum
Jejunum
Ileum
Large intestine
Rectum
Anatomy of the Large Intestine

- Ascending colon
- Cecum
- Appendix
- Rectum
- Anus
- Transverse colon
- Descending colon
- Sigmoid colon

Right

Left
Surgeries performed for IBD

- Emergency vs Elective
- Laparoscopic or open
- Total colectomy with end ileostomy
- Total proctocolectomy with
  - End ileostomy
  - Ileal pouch anal anastomosis, loop ileostomy
- Ostomy reversal
- Colostomy
- Ileocolic resection
- Segmental colon resection (sigmoidectomy, right colectomy, etc)
- Small bowel resection
- Strictureplasty
- Drainage of abscess
- Seton (anal fistula surgery)
Emergency surgery

- No time to prepare
- Patient is sick. So is the intestine!
- May need ostomy
- More likely to have complication
- More likely to have big incision (open surgery)
Elective surgery

- Time to prepare
- Medical optimization
- Medications
  - Wean off steroids if possible
  - Timing with injections
- Minimally invasive (laparoscopic) approach more likely
- Complications and ostomy are still possible
Open surgery
Minimally Invasive Surgery (MIS) or Laparoscopic
Total Colectomy with End Ileostomy

- Removal of the entire colon
- Emergency surgery or elective
- Crohn’s disease and ulcerative colitis
- Colon too inflamed – increases risk of complication during rectal surgery or new connection of intestine
Ileal (Small Intestine) Pouch

- For ulcerative colitis
- Pouch replaces the rectum to avoid permanent ostomy
- Usually performed with a loop ileostomy
- 2 or 3 surgeries or “stages”
Ileocecectomy

- For Crohn’s disease
- Removes the end of the small intestine (terminal ileum), appendix, and first part of the colon (cecum)
Strictureplasty

- For Crohn’s disease
- For narrowed areas of the small intestine
- Allows preservation of the small intestine
What if I need an ostomy?

▪ Also called a stoma
▪ Ileostomy = small intestine
▪ Colostomy = colon
▪ Loop
▪ End
▪ Permanent
▪ Temporary

Also called a stoma
Ileostomy = small intestine
Colostomy = colon
Loop
End
Permanent
Temporary
Ostomy locations

Ileostomy

Colostomy
You can do **anything** with a stoma that you can do without!
How do I prepare for surgery?

- Quit smoking
- Exercise
- Eat healthy. Nutrition is important for healing!
  - Nutritional supplements: Boost, Ensure
- Try to come off of pain killers if possible
- May need a bowel prep, antibiotics, anti-bacterial wipes, etc
- Enterostomal/Ostomy nurse consultation if you need an ostomy
How do I prepare for surgery?

- **ASK YOUR DOCTOR QUESTIONS!**
  - What will be done?
  - What are the potential benefits?
  - What are the potential risks?
  - Are there other options?
  - Do I need an ostomy? Will it be permanent?
  - What can I expect after surgery?
  - What will my bowel function be like after surgery?
Keep in mind...

- Please ask your doctor to explain any words you don’t understand!
- Talk to your GI doctor
- It is ok to get a second opinion!
- Just because you see a surgeon, it does not mean that you have to undergo surgery
- Engage your support system. **Involv**e family and friends
Thank you!
Any questions?