

Surgery for Inflammatory Bowel Disease



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Objectives

OBJECTIVES



Discuss how surgery can help children with IBD

Describe the operations we commonly perform for children with IBD

Reinforce the idea that surgery and medications often combine to form a child's best treatment plan

- Surgery should not be thought of as a “failure of treatment”

Disclaimer

1. I am on call today
2. Please excuse me if I look down at a page or take an emergent call



Surgery for IBD

IBD treatment can take many forms

- Diet modification – avoiding certain foods
- Exclusive enteral therapy – using formula feeds
- Pharmacologic therapy – taking medications
- Surgery

Surgery can be part of IBD treatment for many children

- Can improve health and quality of life
- Curative for children with ulcerative colitis

The need for surgery should not be thought of as a treatment-plan failure



Reasons for Surgery

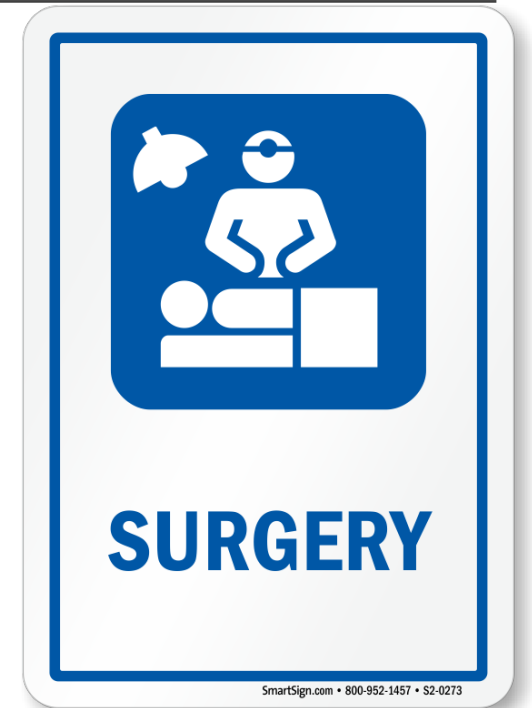
Surgery for IBD may help in the setting of:

Infection, bleeding, and obstruction

Poor quality of life despite maximal medical treatment

- Due to persistent symptoms of IBD
- Due to side effects of IBD medications
- Can help with growth and development

Surgery can also be curative in some cases



Crohn's Disease

In children with Crohn's Disease:

- ~5% will undergo surgery within 1st year of dx
- 20% by 5 years
- 30% by 10 years

Reasons for surgery include:

- Intestinal blockage/stricture
- Peri-anal disease (fistula)
- Severe inflammation of the colon (colitis)



Crohn's – Presenting Symptoms

Ileocolic disease – 50%

Abdominal pain – 44%

Diarrhea – 39%

Weight loss – 23%

Rectal bleeding – 21%

Fever – 14%

Nausea/vomiting – 13%

Fatigue – 9%

Perianal disease – 8%

Poor growth – 7%

Joint pain – 7%

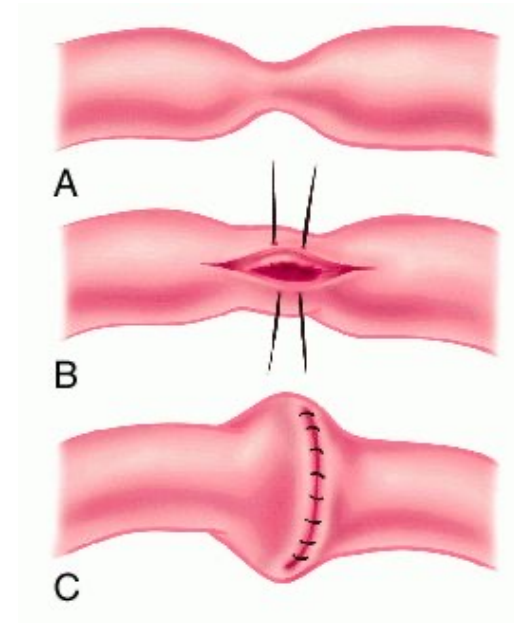
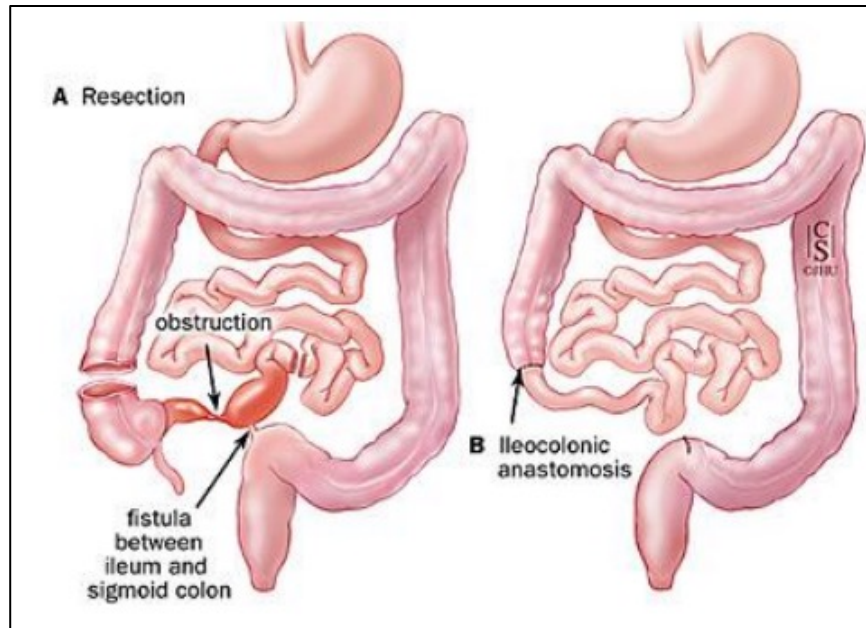
Mouth sores – 3%



Types of Surgery for Crohn's

Bowel resection – removing a portion of narrowed intestine

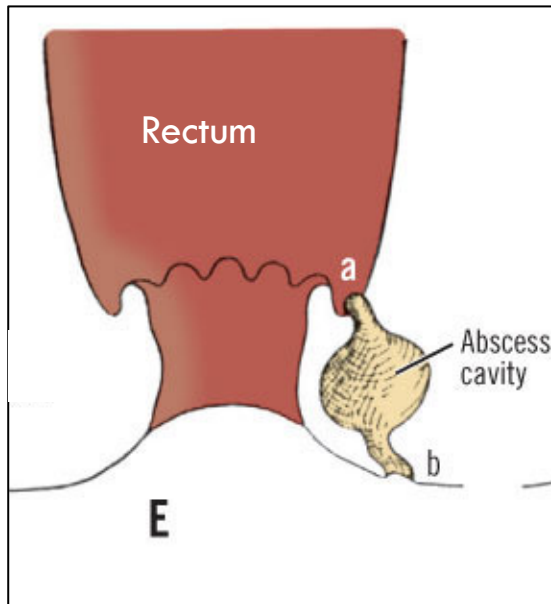
Strictureplasty – widening a portion of narrowed intestine



Types of Surgery for Crohn's

Perianal abscess drainage – removing pus from around the anus

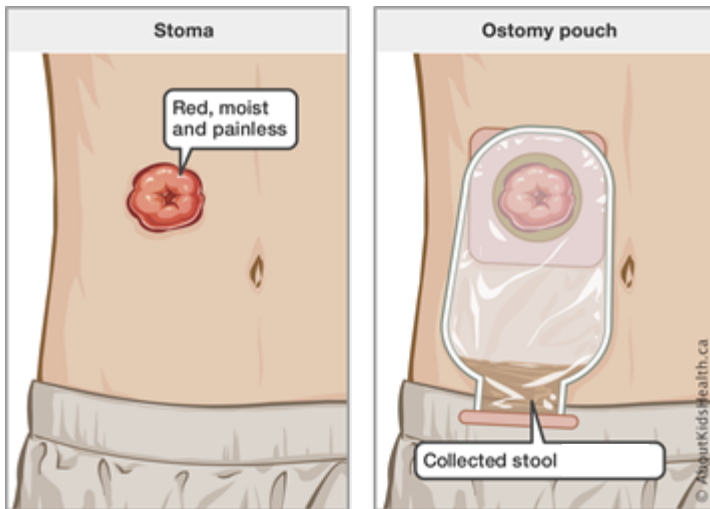
Seton placement – placing a rubber band through a fistula to aid in healing



Types of Surgery for Crohn's

Diverting ileostomy – bringing small intestine out to the skin to decrease colon inflammation (rectal bleeding and pain)

- Temporary in most cases



Ulcerative Colitis

In children with Ulcerative Colitis:

- ~10-20% will undergo surgery within 1st year of dx
- ~20-40% lifetime need for colectomy (removal of colon)

Reasons for surgery include:

- Severe pain or rectal bleeding
- Infection
- Colon cancer (in adulthood, ~10% risk)
- Family preference



Ulcerative Colitis

Unlike Crohn's disease, surgery for UC is curative

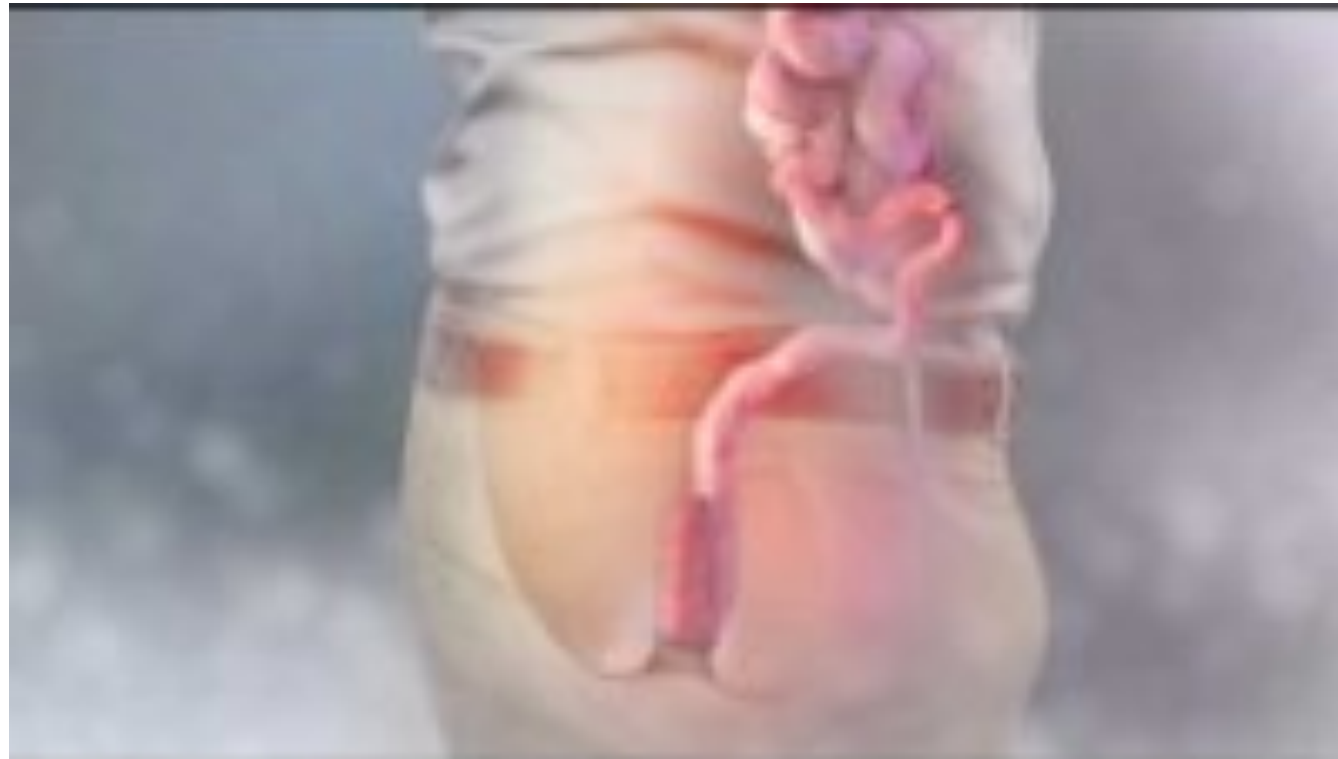
- Total proctocolectomy (removal of colon and rectum)
- Ileo-anal pouch anastomosis (creation of j-pouch)

J-pouch allows for life without a permanent ileostomy

- Bowel movements through the anus
- Provides anal continence
- Reasonably normal bowel habits (6-10x/day)

Ulcerative Colitis

Unlike Crohn's disease, surgery for UC is curative



Ulcerative Colitis

Unlike Crohn's disease, surgery for UC is curative

- Total proctocolectomy (removal of colon and rectum)
- Ileo-anal pouch anastomosis (creation of j-pouch)

Typically reserved for only severe UC, as surgery:

- Is invasive, and likely requires multiple operations
- Can permanently result in frequent bowel movements (6-10x/day)
- May have complications such as infection or bleeding

Conclusions

Surgery can be part of IBD treatment for many children

- Can improve health, quality of life, and in some cases provide a cure
- Should not be considered a treatment-plan “failure”

Children with Crohn’s Disease may benefit from surgery to:

- Remove a stricture (narrowing)
- Drain perianal infection
- Divert stool away from an inflamed colon

Children with Ulcerative Colitis may benefit from surgery to:

- Remove the colon and rectum
- Create a J-pouch to allow for life without an ileostomy

With the right combination of medical & surgical management, children with IBD can exceptionally well!