

Surgery for Inflammatory Bowel Disease



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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
- Most importantly...
 - Surgery should **not** be thought of as a “failure of treatment”

OBJECTIVES



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
 - Some patients with IBD need a combination of medication and surgery for optimal treatment



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)



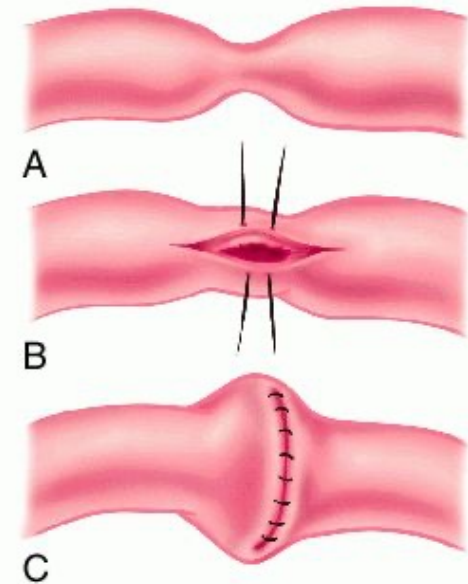
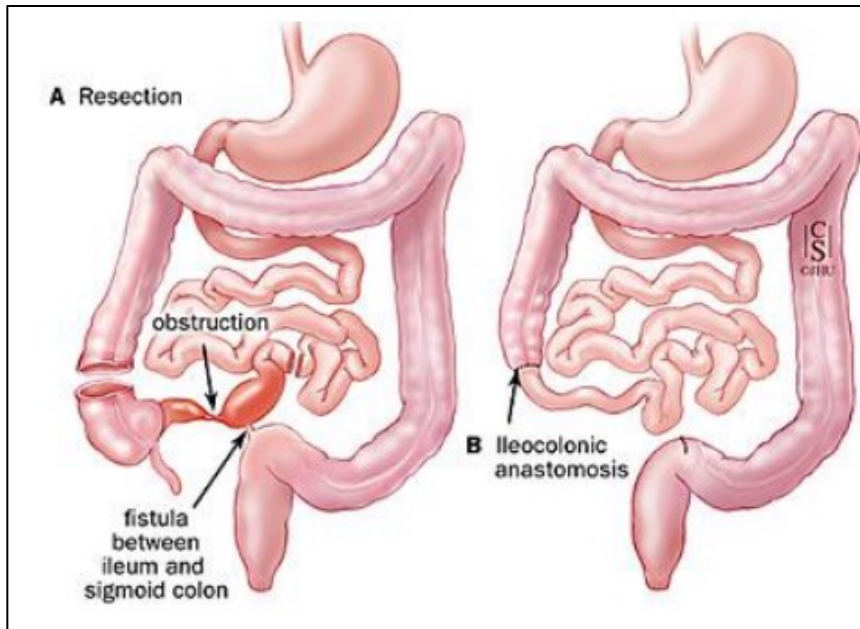
Crohn's – presenting symptoms

- 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%



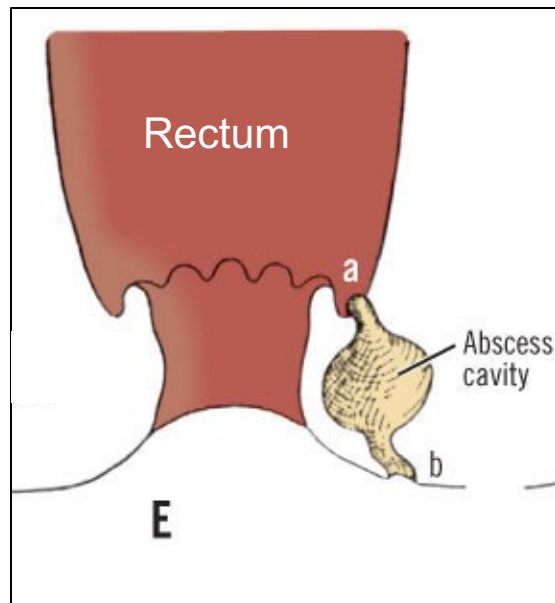
Types of surgery for Crohn's

- Bowel resection – removing a portion of narrowed intestine
- Strictureplasty – widening a portion of narrowed intestine



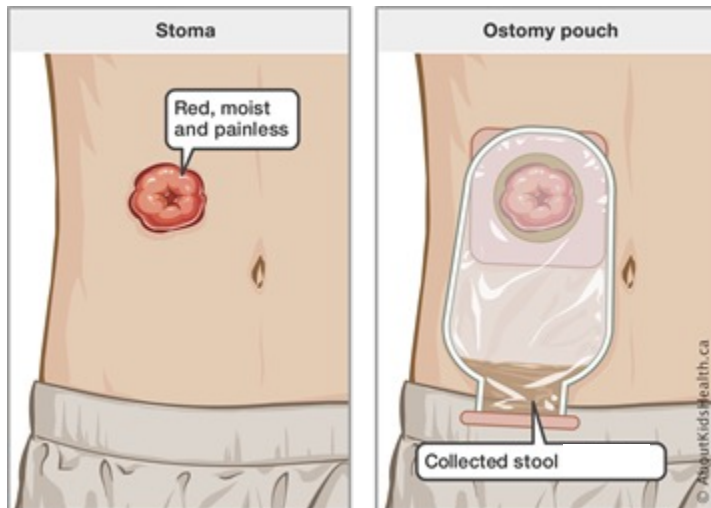
Types of surgery for Crohn's

- 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

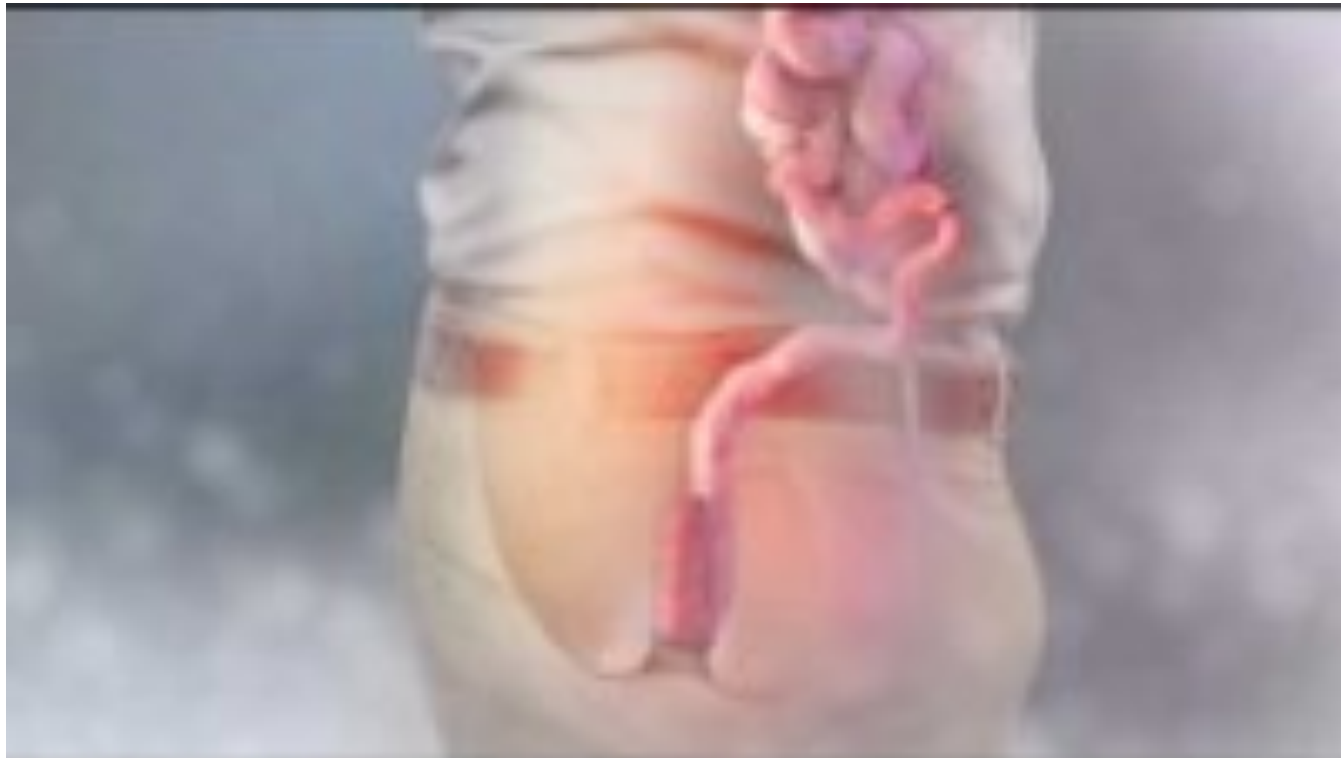


Ulcerative Colitis

- 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

Conclusion

- 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”
 - Some children simply need a combination of surgery and medications for optimal treatment
- 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, provide for a cure
 - Create a J-pouch to allow for life without an ileostomy
- With the right combination of medical and surgical management, children with IBD can do exceptionally well!

Thank you!



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