

Surgery 101 Notes

117. Inflammatory Bowel Disease 5 Surgery for Crohn's Disease

In this episode, **Dr Jonathan White** considers surgery for Crohn's disease. After listening to this podcast, learners will be able to:

- list the indications for surgery in Crohn's disease
- Outline the operative challenges of Crohn's disease surgery
- Explain the role of surgery in recurrent Crohn's disease

Review – what is Crohn's disease?

Why is Crohn's surgery challenging?

Complex surgery

Recurrent, multiple ops

Think about bowel length – short bowel syndrome

Complex fistulas, malnutrition

Preparing the patient and yourself

Sepsis

Nutrition

Anatomy is important – SBFT, colonoscopy

Steroids

Indications for surgery: small bowel

Obstruction

Fistulization

Perforation

Bleeding

Weight loss, abdominal mass (failure of medical management)

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Indications for surgery: large bowel

Perianal Crohn's
Steroid-dependence
Colon cancer
Colon cancer risk (dysplasia)

Intra-operative

Adhesions & mobilization
Assessment – length & disease
Resection vs preserving bowel length
Active Crohn's vs inactive Crohn's – do you have to resect if it's not causing trouble?
Preserving length - Resection vs stricturoplasty
Recurrence vs re-crudescence

Other challenges

Infection
Bleeding: the Crohn's mesentery

Finishing up

Ileostomy or anastomosis
Measure the residual length

Surgery for colonic Crohn's

Segmental resection in colonic Crohn's – acceptable but not ideal
Ileo-rectal anastomosis - risk of disease recurrence

Post-op

Wean steroids
Remember it can come back: further surgery may be needed
Crohn's and smoking = gasoline + fire
Medications to reduce recurrence

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Strictureplasty Diagram

