Surgery for Complicated Crohn’s Disease

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Surgical concerns

- Obstructive symptoms
  - Resection?
  - Medical treatment?
  - TPN?

- Sepsis from abscesses
  - IR percutaneous drainage?
  - Surgical drainage?
  - No drainage?

Post-operative sepsis

- 566 operations for CD
- 1008 anastomoses
- Risk factors
  - Albumin < 3.0 g/dl
  - Corticosteroid use
  - Abscess or fistula present at surgery

Intra-abdominal abscesses

- Factors predicting successful medical therapy
  - 114 patients at Harborview VA
  - 54% resolved with antibiotics (4.0 cm mean)
  - 46% required IR drainage (6.5 cm mean)
- Review of spontaneous abscesses in Crohn’s Disease
  - < 3 cm and no steroids or fistula: antibiotics and observation
  - > 3 cm or steroids or fistula: IR drain plus antibiotics
  - Surgery only for failures

Short Bowel Syndrome

- Crohn’s with SBS is a leading diagnosis for home TPN
- Recurrent operations for Crohn’s
- Median number of operations is four
- Risk factors
  - Younger age of first operation
  - Operations for complications
  - Less than 180-200 cm small bowel

- Nine patients considered “inoperable”
- No deaths or major morbidity
- All patients regained weight
Stricturoplasty can preserve bowel length
• Indicated for multiple strictures
• Previous extensive resection
• Risk of Short Bowel Syndrome
• Recurrent strictures
• Technique depends on length of stricture

Multiple techniques for stricturoplasty

Multidisciplinary Team Decision Making
Requirements:
• Diversity of opinion
• Independence
• Specialization
• Aggregation

Multidisciplinary Team Decision Making
Pitfalls:
• Status
• Sequential decisions
• Shouting
• Silos

Surgery for complex Crohn’s Disease
• Requires consideration of multiple treatment options
• Evidence is lacking for many options
• Multidisciplinary treatment planning is beneficial
  – Diverse opinions
  – Independence
  – Specialization
  – Aggregation