

Clinical Practice Guidelines: Surgical Tx of Crohn's Disease (1/4)

Procedure of choice for acute colitis requiring emergency surgery (for failure of medical Tx, perforation) is **total colectomy and end ileostomy**



1C

A **minimally invasive approach** should be considered (where possible) for surgery. **1B**



Diverting ileostomy should be considered after ileocelectomy with multiple risk factors for leak **1B**

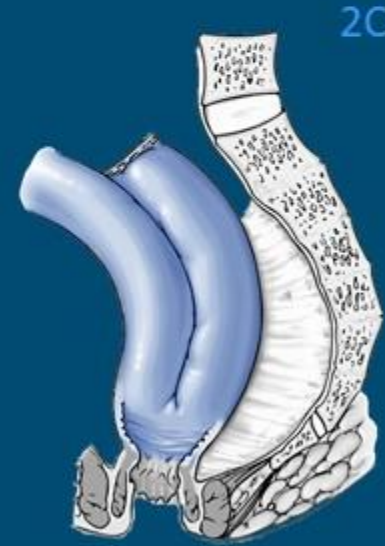


Enteric fistulas that persist despite medical therapy should be considered for surgery **1C**



1C

Restorative proctocolectomy with **IPAA may be offered** to select Crohn's disease patients (without small bowel or perianal disease), recognizing that **failure rates are increased**



2C



Clinical Practice Guidelines: Surgical Tx of Crohn's Disease (2/4)



Crohn's disease of >8 years and >1/3 of the colon (or >1 segment) should undergo **endoscopic surveillance for cancer** 1B



Invisible low or high grade **dysplasia** should have chromoendoscopy by expert endoscopist. Persistent, invisible dysplasia should prompt referral for colectomy 1B



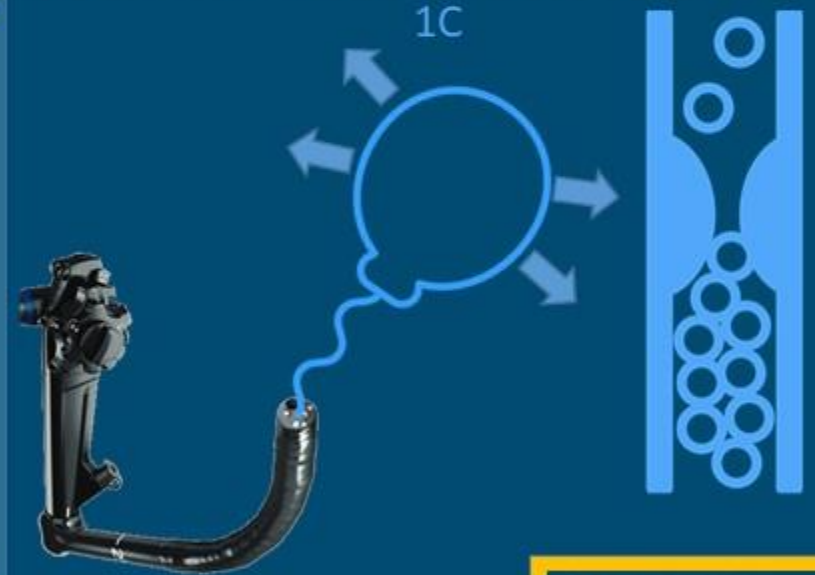
Visual **dysplasia can be removed endoscopically** and have ongoing surveillance. 1B



Surgery recommended when dysplasia: *cannot be endoscopically removed, is found in surrounding flat mucosa, is multifocal, or if adenocarcinoma is present* 1B



Endoscopic dilation can be considered in short-segment non-inflammatory symptomatic bowel or anastomotic strictures



Clinical Practice Guidelines: Surgical Tx of Crohn's Disease (3/4)



Crohn's intra-abdominal abscess can be treated with antibiotics. Consider surgery (based on clinical situation and patient preference) afterwards

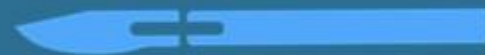
2B



Any suspicions ulcer or mass (especially when undergoing stricturoplasty) should have **biopsy** performed to exclude cancer 1C



Refractory disease (without short bowel syndrome) should undergo escalated medical tx vs. surgery based on multidisciplinary evaluation. Consider stricturoplasty for multifocal disease 1C



Preop **high dose steroids** increase risk of postop infectious complications. 1C



It remains **controversial if monoclonal antibodies influence postop outcomes**. *Delaying surgical intervention based on use of these medications alone is not recommended.* 2C



Smoking cessation may reduce postop morbidity with Crohn's 1C



1C



Clinical Practice Guidelines: Surgical Tx of Crohn's Disease (4/4)



Extent of mesenteric resection remains controversial. **2C**



Anastomosis can be technically created (*side to side, side to end, or end to end*) based on surgeon preference and experience. **1C**



Preop **nutritional support** for patients with malnutrition may decrease postop morbidity **2C**



Postop, medical treatment should be considered to treat residual active disease or to maintain disease remission in higher risk scenarios **1B**



Lightner AL et al. *Dis Colon Rectum* 2020;63(8):1028-52

