Clinical Practice Guidelines: Surgical Tx of Ulcerative Colitis (1/3)

Severe, medically refractory or fulminant UC should undergo **total abdominal colectomy with end-ileostomy** 1C

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

A **staged approach** for an IPAA is considered with high-dose **corticosteroids** or **anti-monoclonal antibodies** 1C

A **2 or 3-stage** approach to IPAA is preferred for most patients 1B

Extended post-op VTE prophylaxis considered if exposed to tofacitinib 2C

black box warning related to rheumatoid arthritis pts

Pts undergoing proctectomy should be counseled regarding **possible effects on fertility, pregnancy, sexual function, and urinary function** 1B

infertility rates of 26%-63%

Holubar SD, Lightner AL et al. *Dis Colon Rectum* 2021;64(7):783-804

Clinical Practice Guidelines: Surgical Tx of Ulcerative Colitis (2/3)

UC of >8 years duration should undergo **endoscopic surveillance for dysplasia / cancer** by an expert 1B

Patients with **visible dysplasia** that is completely excised endoscopically should undergo surveillance 1B

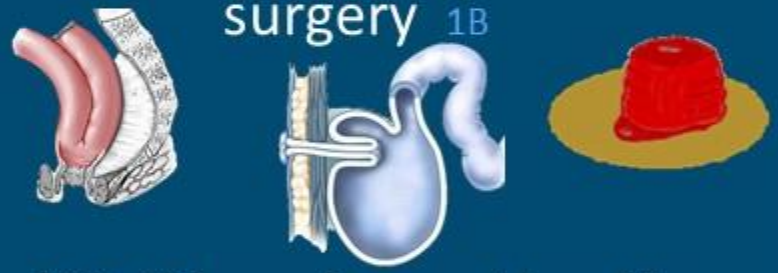
Dysplasia **not amenable** to endoscopic excision, **invisible** dysplasia, **or colorectal CA** should undergo surgery (total proctocolectomy with or without ileal pouch-anal anastomosis) 1B

Indefinite dysplasia patients should undergo:
1) **medical Tx** to achieve mucosal healing
2) **repeat colonoscopy** using high-definition / chromoendoscopy *with targeted and repeat random biopsies within 3 to 12 months* 1C

Holubar SD, Lightner AL et al. *Dis Colon Rectum* 2021;64(7):783-804

Clinical Practice Guidelines: Surgical Tx of Ulcerative Colitis (3/3)

Total proctocolectomy with **IPAA**, **end ileostomy**, or **continent ileostomy** are acceptable options for patients with UC undergoing elective surgery 1B



TAC+IRA may be considered in selected UC patients with relative rectal sparing 2B

Endoscopic surveillance should be performed after IPAA *at 1 year and then every 3-5 years thereafter (every 1-3 years if prior neoplasia)* 1C

Pouchitis after IPAA is classified according to its responsiveness to antibiotics 1B

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DISEASES OF THE COLON & RECTUM