

Surgical Outcome of Inflammatory Bowel Disease - Experience of a Tertiary Center

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Abstract

Backgrounds/Aim: Despite advances in medical treatment, a large number of patients with inflammatory bowel disease (IBD) require surgery. We aim to evaluate the efficacy and outcome of surgical interventions in patients with chronic inflammatory bowel diseases.

Material and Methods: We retrospectively analysed the medical records from 221 patients admitted to our institution between 2009-2012 with the diagnosis of IBD. Out of these patients, 55 (24.88 %) were diagnosed with Crohn's disease, while the remaining 166 patients (75.11%) had ulcerative colitis.

Results: Seventeen of 55 patients with Crohn's disease (30.91%) required surgical management before or during this period. Nine with disease proximal to the transverse colon underwent segmental resections (enteral or colonic) with primary anastomosis, without morbidity. The other 8 patients, with disease distal to the transverse colon, underwent segmental colonic resections (two with primary anastomosis, three with stoma formation) or major colonic resection- subtotal colectomy with ileostomy (1 case) and total proctocolectomy with ileo-stomy (2 cases). Sixteen of 166 patients with ulcerative colitis (9.64%) required surgery before or during this period. The surgical procedure used included total proctocolectomy with definitive ileostomy (3 cases) and total colectomy with ileostomy (13 cases). 7 of the 13 patients had restorative surgery after total colectomy, 1 remaining with definitive ileostomy due to short vascular pedicle and 5 patients refused restorative surgery. Median daily stool frequency after reconstructive surgery was 7 (range 3–12).

Conclusion: For patients with Crohn's disease proximal to the transverse colon, limited resection with primary anastomosis is safe. Major colonic resection (subtotal colectomy or proctocolectomy) is indicated if the disease is located distal to the transverse colon and primary anastomosis should be avoided. Due to unsatisfactory quality of life after reconstructive surgery (stool frequency remains high), total proctocolectomy with end-ileostomy remains a viable alternative for patients with ulcerative colitis.

Key words: Crohn's disease, ulcerative colitis, subtotal colectomy, proctocolectomy, segmental resection

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