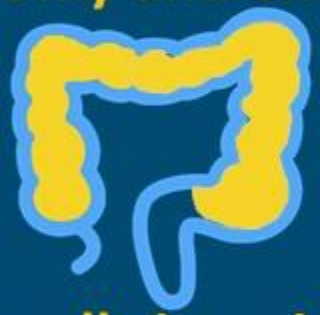
Clinical Practice Guidelines: Surgical Tx of Crohn's Disease (1/4)

Procedure of choice for acute colitis requiring emergency surgery (for failure of medical Tx, perforation) is **total colectomy and end ileostomy** 1C

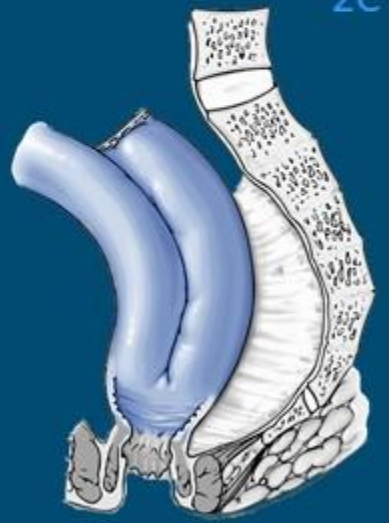


A **minimally invasive approach** should be considered (where possible) for surgery. 1B

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

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



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

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

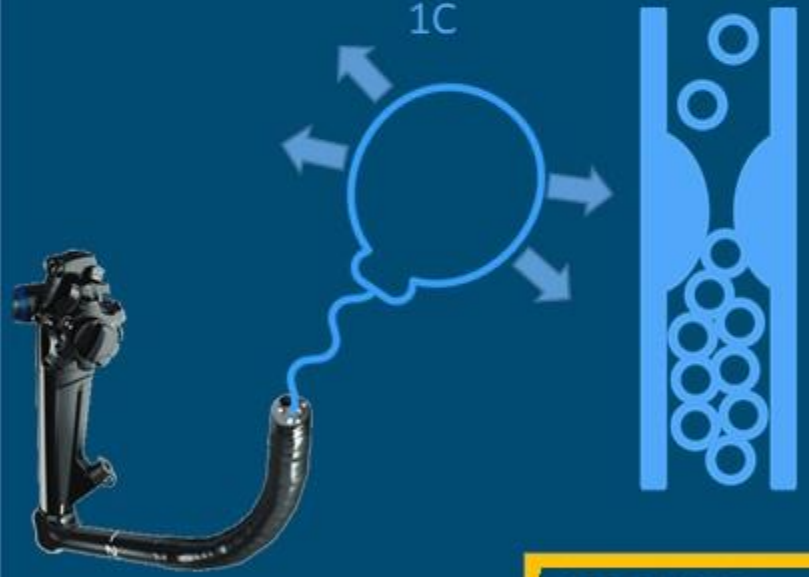
Crohn's disease of >8 years and >1/3 of the colon (or >1 segment) should undergo **endoscopic surveillance for cancer** 1B

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 1C



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

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

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

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