MEDICAL PROCEDURES

Inflammatory Bowel Disease

Sussex Surgical Specialists

Inflammatory Bowel Disease is a term used to encompass a variety of benign inflammatory conditions of the large and small bowel. The severity of these conditions themselves may vary from being no more than a nuisance to an emergency or even a life-threatening condition. Confusingly the terms used to name different conditions are often used interchangeably and in some cases disease may exhibit features of more than one type. In these cases a delay or even a failure to achieve a firm diagnosis is not uncommon.

Broadly speaking when considering Inflammatory Bowel Disease the entities of Ulcerative Colitis and Crohn's Disease are what clinicians are referring too. Unfortunately both may be called "colitis" (more normally although not exclusively meaning Ulcerative Colitis rather than Crohn's colitis) and many doctors believe that both are different ends of the spectrum of the same disease. Indeed a number of patients do not satisfactorily fit the criteria necessary to diagnose one condition or other confidently and are labelled as "indeterminant colitis", neither one nor the other. The causes of these conditions have been exhaustively investigated without any firm evidence yet convincingly demonstrated."Colitis" may be caused by other recognised insults to the bowel for example infection, radiation or compromised blood supply. These conditions are not considered to be Inflammatory Bowel Disease.
The pharmacological management of both Ulcerative Colitis and Crohn's Disease is similar and becoming more so. Surgical procedures when needed for these diseases however have quite distinct and important differences.

Symptoms

- Abdominal Pain- usually cramp-like in nature
- Change in bowel habit- usually to diarrhoea
- Rectal bleeding- often mixed into the stools
- Anaemia- showing a deficiency in the body's iron stores
- Weight loss
- Fever
- Skin problems
- Joint pains

Some, none or all of the above may be present in people with inflammatory bowel disease.

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Treatment

Pharmacological treatment of Inflammatory Bowel Disease is undertaken by specialist physicians (gastroenterologists) and consists of anti-inflammatory and immune-modulating drugs as well as nutritional and supportive care. When surgery is required specialist colorectal surgeons seek to remove affected bowel that has not responded to treatment, drain infection and attempt to restore normal bowel function.

Surgery

A variety of operations may be used for the treatment of inflammatory bowel disease. Just as there are similarities between the clinical features of Crohn's Disease and Ulcerative Colitis and their pharmacological treatment so there is significant cross-over in the choice of surgical treatment.
The principles of surgical treatment do however differ.

Ulcerative Colitis

Where surgery is undertaken it is with the intention of removing all or nearly all of the colon and rectum. The disease is thought to affect the whole large bowel either at the time of operation or if not then at some time in the future. The exact nature of the surgery performed will depend on the possibility or desire to achieve restoration of bowel continuity in the future. Operations are:

Panproctocolectomy: All the rectum, colon and anal canal are removed. This is a single operation that creates a permanent end ileostomy, effectively curing the disease.

Subtotal Colectomy: Virtually all the colon is removed an ileostomy is created. The end of the colon and rectum downstream is closed.

Ileorectal anastomosis: After subtotal colectomy the small bowel (ileum)is rejoined to the rectum.

Ileal Pouch Anal Anastomosis: The whole colon and rectum is removed and the small bowel joined (after creation of a pouch) to the anal canal.

Crohn's Disease

When surgery is performed it is with the aim of removing only the segment or segments of bowel that appears to be involved with the disease when inspected at operation. Conservation of bowel is of paramount importance as repeat surgery is sadly common. Operations are:

Ileo-caecal Resection: The last part of the small bowel and first part of the large bowel are removed and the bowel rejoined.

Small Bowel Resection: A segment of small bowel is removed and the bowel rejoined

Stricturoplasty: An involved segment of bowel is identified and opened along its length. The bowel is then stitched closed in a fashion that leaves the suture line at 90 degrees to the original cut effectively widening the lumen of the bowel. For reasons not entirely clear the disease usually then regresses.

Segmental Colectomy: An affected segment of large bowel is removed and where possible rejoined.

Follow-up

After surgery for either condition close follow up is essential.

Ulcerative Colitis

Ileal pouch patients will be kept under close review by their surgeons as will patients who have a rectal stump. There is a risk of malignancy developing in bowel that still contains ulcerative colitis and generally it is advised that any rectum not rejoined to the ileum at some point should be removed. Patients who have had an ileorectal anastomosis should have regular endoscopic assessment of the lower bowel.

Crohn's Disease

For the most part surgeons refer their patients after surgery to gastroenterologist colleagues. It is to be hoped that at this point there will be no obvious disease remaining and certain pharmacological treatments are available to reduce the risk of recurrence of disease.

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