



# How to optimise an IBD pt for surgery

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# Indications for surgery in IBD

- Acute severe/fulminant UC
  - Steroid refractory/intolerant
  - Failure of medical therapy
  - Complicated IBD
  - Malignant risk/Malignancy
  - Inability to survey
- 
- ECCO keeps changing the goalposts

# Surgical heresy

## **ECCO Statement 7I**

Patients with a (unsuspected) diagnosis of Crohn's disease after IPAA present markedly higher complication and failure rates. An IPAA may be discussed in highly selected and motivated patients with Crohn's colitis, pending proof of absent small bowel disease and no existing or previous evidence of perineal involvement. Intensive combined management by IBD physicians is mandatory to maintain an acceptable pouch function in those patients [EL4]



# Acute severe UC

- Involve the surgeon early



A white car with a purple interior is parked on a dirt path in a forest. The car is slightly off-center, facing left. The background is filled with tall, thin trees and green foliage. The text "Top ten idiots with chainsaws!" is overlaid in a large, yellow, stylized font with a black outline.

*Top ten  
idiots with  
chainsaws!*

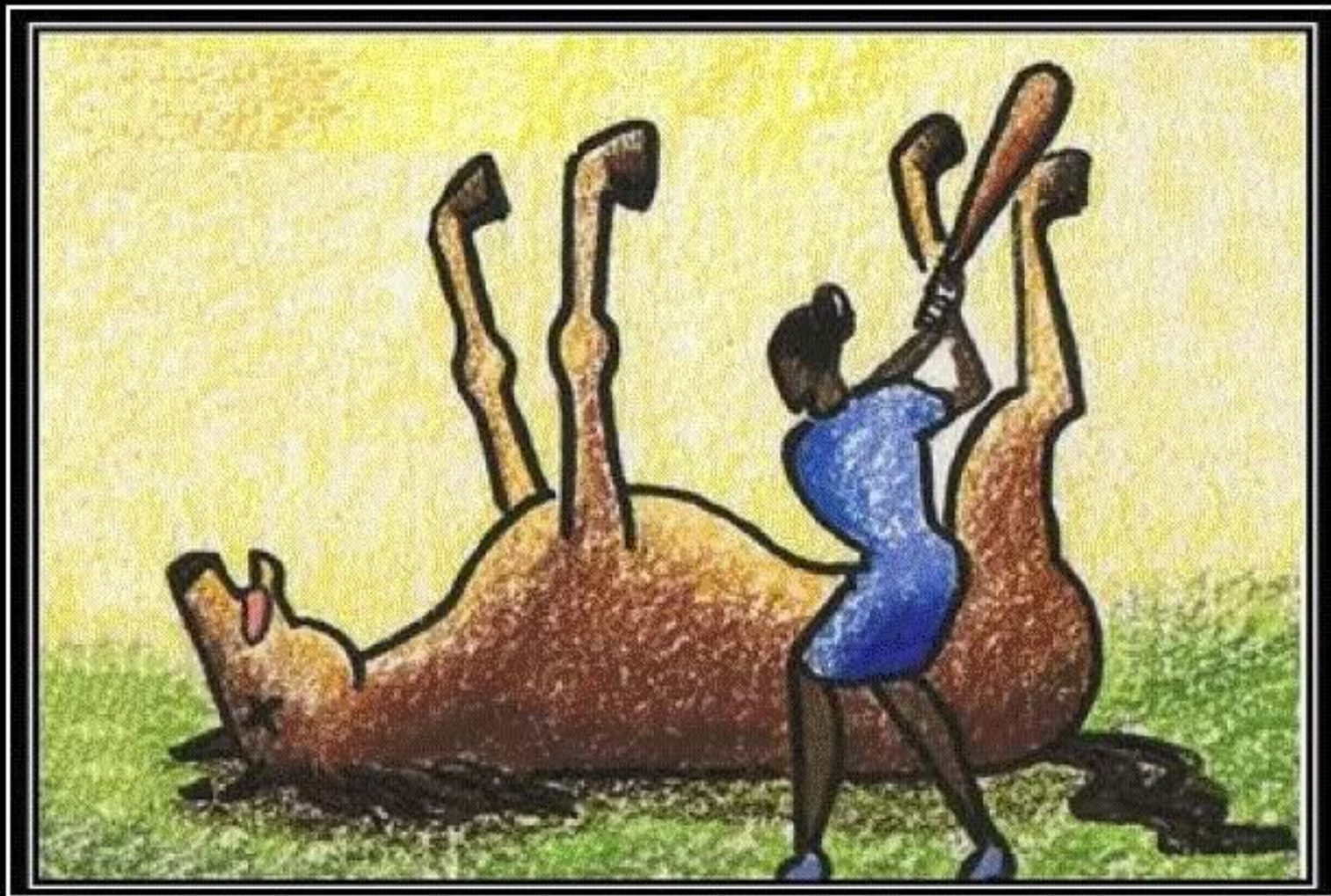
# Acute severe UC

- Involve the surgeon early
  - High dose steroids/anti-TNF
  - Toxic megacolon
  - Perforation and peritonitis

# Acute severe UC: pre-op prep

- ICU
- MDT
- Not a lot of space for pre-op optimisation
- Settle for pre op resuscitation
- Don't beat a dead horse





NO, REALLY.

You can stop now.



Legend

L

# Acute severe UC: pre-op prep

- Don't panic
- Not failure: bad disease

# Consent

- Emergency: expect worst
- UC: IPAA 20% leak  
10% take down  
Permanent stoma
- Crohn's: 50% reoperation at 2 years
- Fertility
- Lapscope

# ERAS

- Pre-operative optimisation is so much more than just pre-op...

# ERAS

## *Intraoperative*

1. Epidural anesthesia/analgesia
2. Fissureless surgical techniques
3. Protective lung ventilation
4. Single chest tube placement
5. Prevention of hypothermia

## *Preoperative*

1. Preadmission education/counseling
2. Shortened fasting
3. Prophylactic antibiotics
4. Respiratory drug intervention
5. Intensive pulmonary physiologic therapy
6. Physical exercise training
7. Cardiopulmonary exercise testing
8. Optimized diets

## *Postoperative*

1. Epidural analgesia/nonsteroidal analgesic painkillers
2. Measures to promote bowel movements
3. Standardized chest tube management
4. Intravenous fluid restriction
5. Early removal of epidural catheter
6. Early removal of urinary catheter
7. Early oral feeding
8. Early ambulation

# ERAS

- Pre-op
- Intra-op
- Post-op



# ERAS: goals

- Improved patient outcome
- Early return bowel function
- Early return social function
- Without compromising surgical results

# ERAS: how to do it

- Hard work
- Systems
- Practice nurses
- Pre-op education
- Prehabilitation

# Prehabilitation

- Exercise
- Nutrition
- Anxiety

# Exercise

- Lower ECOG score
- No difference in surgical complication rate
- Improved anaesthetic outcomes

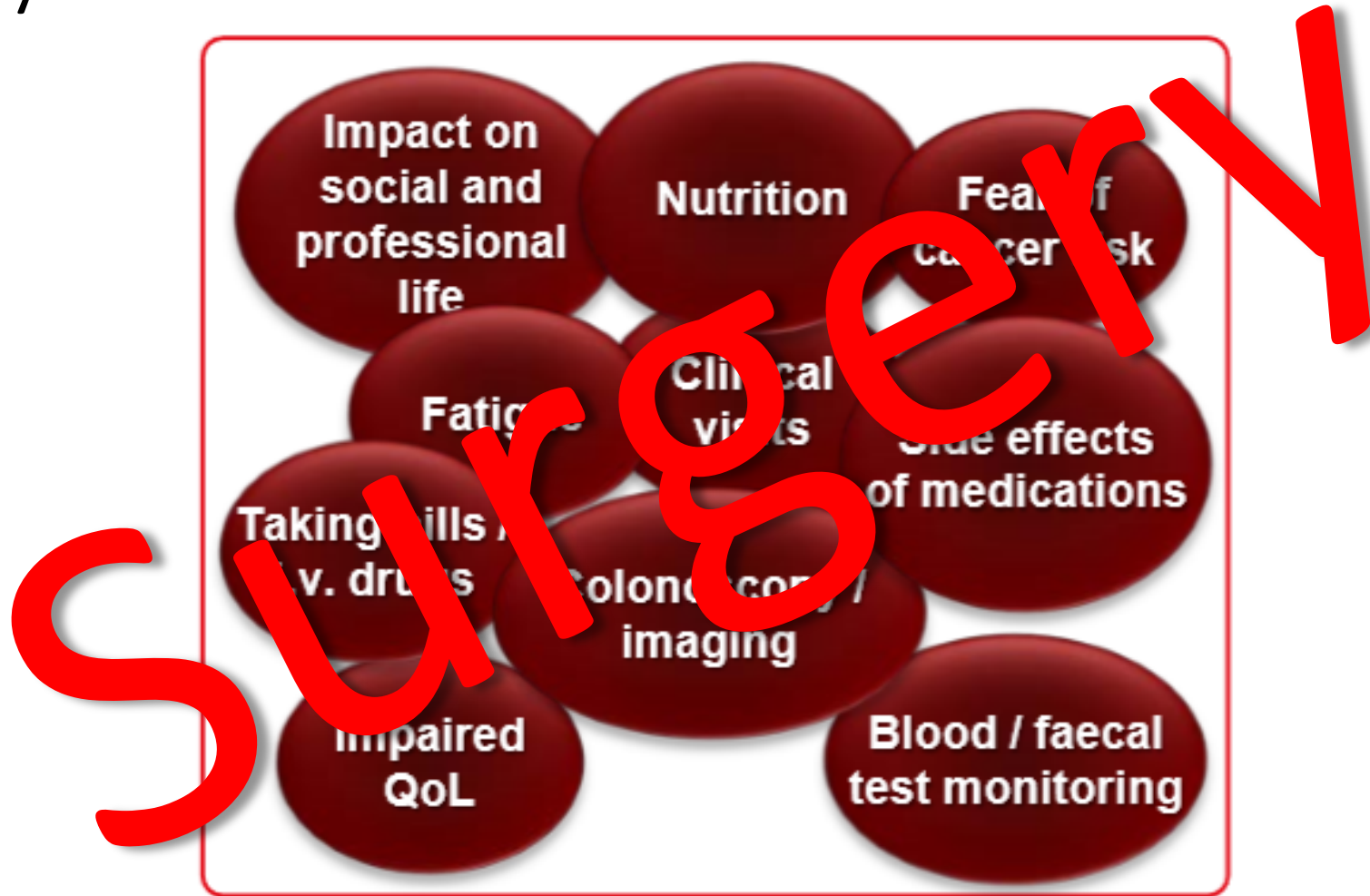
# Nutrition

- IBD usually nutritionally deficient
- Worse outcome alb <30
- Set realistic goals
- Fe deficiency
  - Oral
  - Ivi

# Nutrition

- Carbohydrate drink up to 2 hours before surgery

# Anxiety





# Anxiety

- Involve MDT early
  - Psychologist is often forgotten member

# Bowel prep

- Controversial

**MAKE  
AMERICA**



**AGAIN**

The great Trans  
Atlantic divide

# Bowel prep

- Left sided colonic surgery
- Oral antibiotic with MBP
  - NSQIP: Reduce anastomotic leaks and infection
  - SELECT: Reduce infection but not leak
- Effect on microbiome

# Sepsis

- Manage sepsis before surgery
  - Antibiotics
  - Percutaneous drainage
  - Endoscopic
- Surgery for sepsis before definitive management
  - Drainage
  - Diversion
  - Resection

# Sepsis

- Prophylactic ivi antibiotics

# Immune compromise

- Steroids



**BE AFRAID...**



**BE VERY AFRAID**

# Immune compromise

- Steroids



- Azathioprine/6MP

**DON'T BE AFRAID**



**IT'LL BE FUN**

# Immune compromise

- Steroids

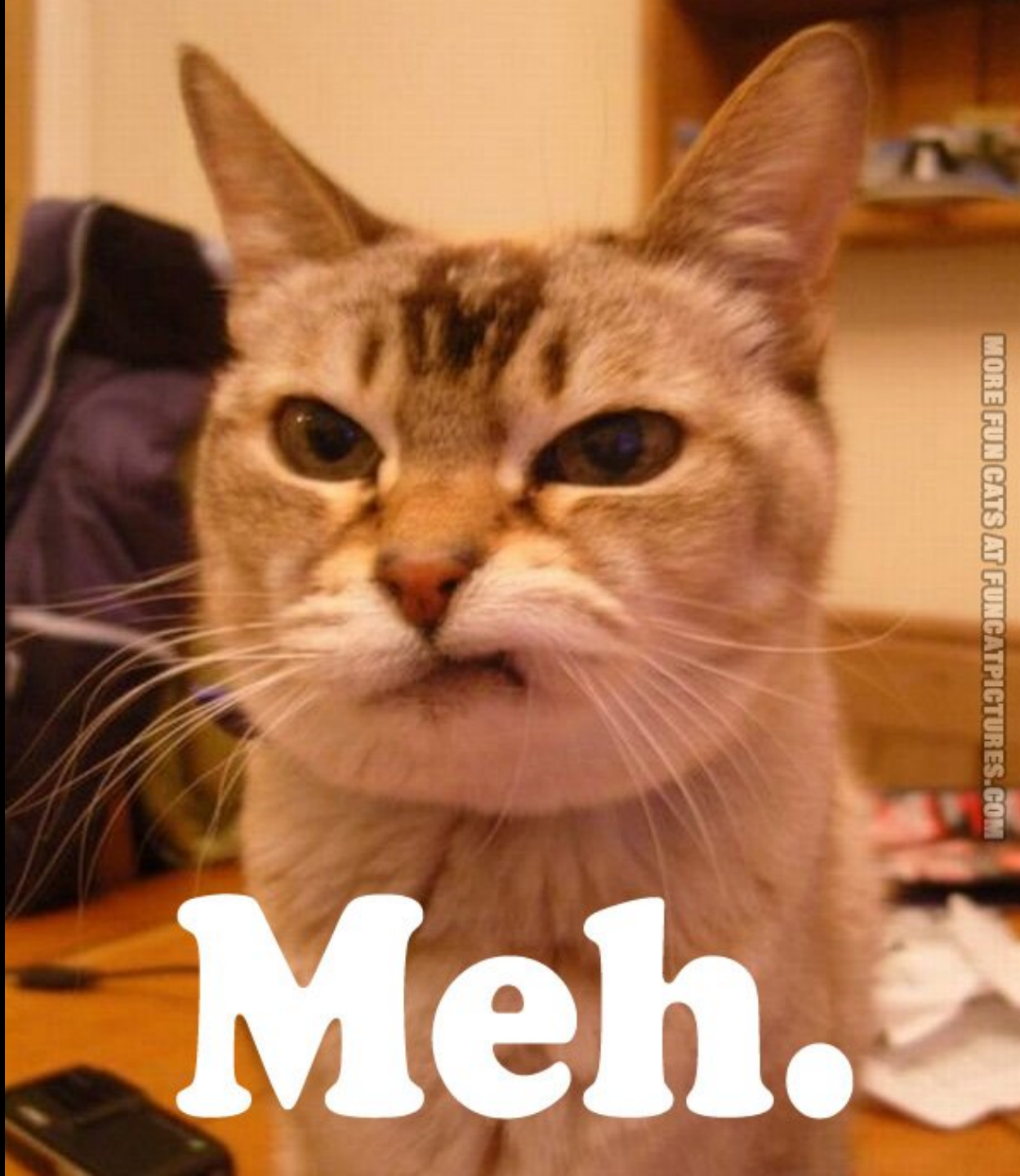


- Azathioprine/6MP



- MTX





MORE FUN CATS AT FUNCATPICTURES.COM

**Meh.**

# Immune compromise

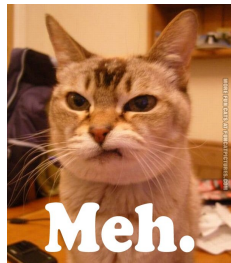
- Steroids



- Azathioprine/6MP



- MTX



- Anti-TNF

My boss said he wanted "2 weeks  
notice".

I figure, in two weeks  
he'll NOTICE i'm  
not there.



som<sup>ee</sup>cards  
user card

# Immune compromise

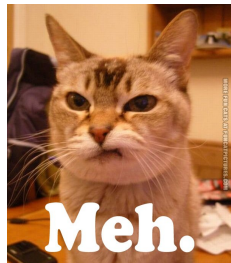
- Steroids



- Azathioprine/6MP



- MTX



- Anti-TNF



- Newer biologics



# Immune compromise

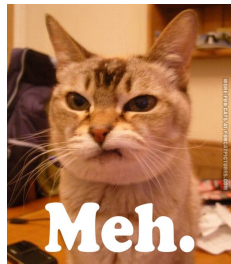
- Steroids



- Azathioprine/6MP



- MTX



- Anti-TNF



- Newer biologics ?mostly same

# Thromboprophylaxis

- 3x increase DVT
- LMW heparin
- Hold on day of surgery

# Smoking

- Double edged sword
  - Drive to get out of bed
  - Anastomosis/wound healing/sepsis worse

# Smoking

- Elective:
  - Stop min 2 weeks pre surgery
  - 6-8 weeks recommended
- Urgent:
  - Don't stop

# Take home messages

- Involve surgeon early
- Don't flog a dead horse
- MDT
- Preoperative workup includes
  - Preop
  - Consent
  - Intraop
  - Postop

**Department of Gastroenterology**



Let's call it a day, I'm pooped.

# References

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