



crohn's colitis

Name of Clinical Care Pathway

Post-operative Management of Crohn's Disease

Objective

Provide direction for the management of patients with Crohn's disease after a bowel resection

Patient Population

Adult patients (> 18 years) with Crohn's disease with a recent surgical resection

Dr. Seth R Shaffer MD, MS, FRCPC (University of Manitoba)
Dr. Alain Bitton MD, FRCPC (McGill University and McGill University Health Centre)

PACE Inflammatory Bowel Disease Clinical Care Pathways



Highlight Box

Surgery is often required in up to 80% of Crohn's disease patients for medically refractory disease or complications such as a bowel obstruction, abscess or fistula.

- Patients should be stratified based on disease and surgery-related risk factors.
- Smoking is associated with a higher risk of postoperative disease recurrence; therefore, all patients should receive smoking cessation counselling.
- All patients should have an ileocolonoscopy 6 to 12 months after surgery to assess for endoscopic recurrence in the neo-terminal ileum.
- Goals of therapy: Reduce endoscopic and clinical recurrence and maintain disease remission.

Introduction

Although surgery is not curative, it is an important intervention to correct irreversible disease, such as a fibrotic stricture or medically refractory disease.

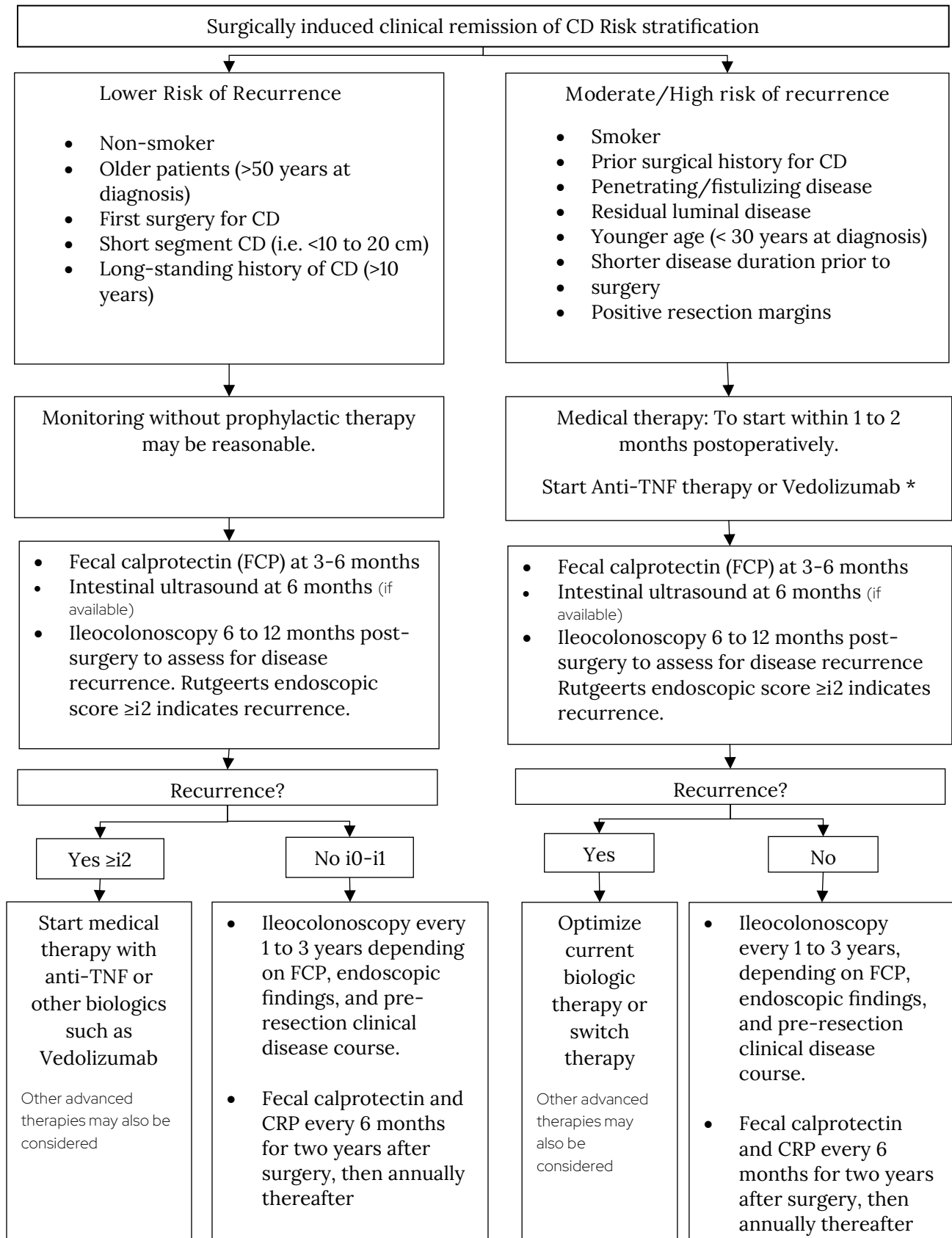
Clinical remission is often achieved with surgery; however, the majority of patients have postoperative disease recurrence, which is manifested by histologic or endoscopic findings with or without clinical symptoms.

The identification of risk factors for recurrence is important to determine the need for early medical prophylaxis after surgery versus not starting therapy and adopting a clinical monitoring approach.

There is no role for 5-ASA in the prevention of postoperative recurrence.

The algorithm below is a best-practice clinical pathway for the management of patients with Crohn's disease in clinical remission after surgery

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*Choice of biologic may depend on pre-resection advanced therapy used

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The modified Rutgeerts endoscopic scoring system predicts clinical occurrence based on endoscopic findings. The neo-terminal ileum is assessed during initial postoperative endoscopy and scored by the following scale:

Rutgeerts grade	Endoscopic finding	Decoding
i0	No lesions in the distal ileum	Post-surgery remission
i1	Not more than 5 anastomotic aphthous lesions in the distal ileum	Post-surgery remission
i2*	i2a: lesions confined to the ileocolonic anastomosis i2b: > 5 aphthous lesions in neoterminal ileum with or without lesions at the ileocolonic anastomosis	Substantial post-surgery recurrence
i3	Diffuse aphthous ileitis with diffusely inflamed mucosa between the multiple apthae	Advanced post-surgery recurrence
i4	Diffuse inflammation, with larger lesions: large ulcers and/or nodules/cobble and/or narrowing/stenosis	Advanced post-surgery recurrence

*No clinical or surgical post-operative difference was observed between the i2a and i2b subcategories. The same treatment can be used for all patients classified under the i2 Rutgeerts category until more prospective studies are available (Rivière, Pauline et al.).

Other Resources

UpToDate® - Patient education: Crohn's disease (Beyond the Basics) (freely accessible)

https://www.uptodate.com/contents/crohn-disease-beyond-the-basics?search=undefined&source=search_result&selectedTitle=1~20&usage_type=default&display_rank=1

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References

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