The Role of Surgery in Inflammatory Bowel Disease

Cory D Barrat, MD
Colon and Rectal Surgeon
Mercy Health
THANKS FOR INVITING ME!

I have no financial disclosures
Outline

- Who am I and what do I do?
- Basics of IBD
- When do patients choose surgery in IBD?
- Types of surgery
- Common questions
- My contact info
Who am I?

- Board certified general surgeon with subspecialty training and additional board certification in colon and rectal surgery
- I focus on surgical and non-surgical diseases of the colon, rectum, anus, and small intestine
- I work closely with gastroenterologists, gynecologists, family doctors, oncologists (cancer doctors)
Who am I?

- ⅓ of my time in the operating room:
  - Open
  - Laparoscopic (keyhole surgery)
  - Robotic
- ⅓ of my time in the office:
  - Evaluating surgical and non surgical colorectal problems
- ⅓ of my time doing colonoscopy
  - Screening (looking for precancerous growths to prevent cancer)
  - Diagnostic (searching for specific problems/symptoms)
Basics of IBD

- Multifactorial disease affecting various aspects of the gut, and sometimes other body systems
  - Complex interplay of:
    - Genetics
    - Environment
    - Gut bacteria
    - Diet, exercise, other medical problems, medications
    - Even geography!
  - Most of these risk factors are not well established
  - SO much about IBD we don’t know!
Basics of IBD

- **Crohn’s Disease**
  - Can affect anywhere in GI tract from mouth to anus
  - Most commonly found in small intestine, colon, rectum, and anus
  - Also occasionally affects liver, eye, skin, joints
  - Goal is not “cure” but instead symptom control and improving quality of life
  - Most common complications:
    - Fistula (abnormal connections between organs)
    - Stricture (narrowing)
    - Infection/perforation/abscess
  - 50% of patients will require surgery at some point in their lives
Basics of IBD

- **Ulcerative Colitis (UC)**
  - Affects the colon and rectum, but not the upper GI tract
  - Occasionally other organs (liver, eye, skin, joints)
  - Most common complications:
    - Bleeding
    - Massive diarrhea causing malnutrition, dehydration
    - Infection
    - Cancer
  - Can be “cured” with surgery, though surgery typically involves taking out the entire colon and rectum (big surgery)
  - ⅓ of patients with UC will require surgery at some point in their lives
Basics of IBD

- **Indeterminate colitis (IC):**
  - This term is reserved for patients that do not have a definitive diagnosis of either Crohn’s or UC, even after surgical removal of the colon
  - Most will end up having UC, but some will end up having Crohn’s
Basics of IBD

- IBD = inflammatory bowel disease should NOT be confused with IBS = irritable bowel syndrome
  - IBD is diagnosed by changes on colonoscopy, under the microscope on biopsies, as well as clinical symptoms
  - IBS is a functional disorder, meaning patients will typically have a NORMAL colonoscopy and NORMAL tissues samples/biopsies
When do patients choose surgery?

- **Elective:**
  - Inability to control symptoms with medications
  - Severe side effects from medications
  - Malnutrition (especially in children)
  - Cancer or inability to assess for cancer

- **Emergency:**
  - Bleeding
  - Perforation/severe infection
  - Toxic colitis
  - Obstruction
When do patients choose surgery?

- Most common reason for surgery is failure of medical therapy
- There are many reasons for “failure” of medical therapy
  - Side effects of drugs
    - Ie. High dose steroids causing osteoporosis, infections, or other bad side effects
  - Cost of drugs
  - Persistence of symptoms despite trial of multiple medicines
  - Non compliance with medications
- The decision for surgery should be a thoughtful discussion between you, your family, your surgeon, and your gastroenterologist
What different operations are offered?

- Depends on
  - Crohn’s vs Ulcerative colitis
  - Reason for the operation
  - Emergency vs elective
  - How much and which part of the intestine is affected
  - Previous operations and body shape
  - Other medical conditions, nutrition, medications
  - Issues with incontinence (difficulty controlling stool)

- Surgeries can be performed laparoscopic (keyhole), robotic, or open depending on various factors
What different operations are offered?

Crohn’s Disease:
- Small intestine disease:
  - Resection (removal) and anastomosis (reconnection)
  - Temporary or permanent ostomy (bag)
  - Stricturoplasty (altering intestine without removal)
What different operations are offered?

Crohn’s Disease:
- Colon disease:
  - Partial colon removal
  - Total colon removal
  - Reconnection or ostomy
What different operations are offered?

Crohn’s Disease:
- Anorectal disease
  - Abscess drainage, seton placement, fistula surgery
What different operations are offered?

Ulcerative colitis:
- Subtotal/abdominal colectomy = removal of most of the colon, but leaving the rectum in place (typically needs removed at a later date)
- Total proctocolectomy = removal of the entire colon and rectum
  - Ileostomy (bag)
  - J-pouch (connecting small intestine to anus)
- Can be done in 1, 2, or 3 stages
What different operations are offered?

J-pouch (connecting small intestine to anus):
- Preferred choice in most younger patients with UC
- Requires a temporary bag during healing
- Can average 6-8 BMs/day
- Not advisable in patients with incontinence
- Avoids permanent bag
- Not for Crohn’s patients
Positives of surgery

- Can be curative (in UC)
- Can reduce symptoms and medication use
- Can help relieve pain or obstruction
- Can reduce the risk of cancer
- Can potentially cure cancer that has already formed
- Can be life saving in emergency situations
- Can usually be done minimally invasively (small incisions)
Negatives of surgery

- Procedural risks
- Anesthesia risks
- Hospital stay and time off activities and work
- Risks of infection, non healing, hernia, other complications
- Potential need for ostomy (“bag”), either temporary or permanent
- Occasional need for multiple operations
What’s the deal with ostomies?

What is an ostomy?
- Connection of the open intestine to the skin for waste to drain
- Also known as a “bag”
  - though technically the collection bag itself is called the appliance
- Can be temporary or permanent
- Can be small intestine (ileostomy) or large intestine (colostomy)
- 750,000 Americans live with ostomies
- Reasons for ostomies: IBD, cancer, incontinence, diverticulitis
What’s the deal with ostomies?

Common questions:
- Can I swim, go to the beach, workout, etc?
- Can I lead a normal life with an ostomy?
- Can I become pregnant with an ostomy?
- Are there complications?
  - Hernia, prolapse, skin irritation, stenosis
  - Best treatment is preventative with good placement and working closely with an ostomy nurse
- Is this reversible?
  - Depends
What’s the deal with ostomies?

Rolf Benirschke

Marvin Bush

Jerry Kramer

Al Geiberger
What’s the deal with ostomies?
Some questions I received

“What do I think about ... medical treatment?”

- I am familiar with most IBD medications, but I am by no means an expert in medical treatments. Your gastroenterologist is the person to ask regarding specific medical treatments, side effects, and expectations.
Some questions I received

“Can an ileostomy help induce remission, and potentially be reversed in the future?”

- Yes, that is typically the goal
- Though there should be an understanding of the potential that the ileostomy may need to be permanent
Some questions I received

“Anything other than biologics that help reduce fistulas?”

- Not to my knowledge
Some questions I received

“Pregnancy and IBD”

- Can be tricky, as some medications have undesirable side effects for mother and baby. But on the flips side of the coin, having uncontrolled disease can also be unsafe during pregnancy
- As far as surgery, certain procedures (such as the J pouch operation) can reduce future fertility due to scar tissue
- Ostomies are safe to have during pregnancy
Some questions I received

Pouchitis (inflammation of a small intestine pouch) treatment:

- Need to make sure it is truly pouchitis, not Crohn’s or infection
  - Scope, biopsy, sometimes X-ray studies
- Usually treated with a combination of antibiotics, probiotics, or IBD medications
- Very rarely requires ostomy or surgical removal of the pouch
Some questions I received

“What advice do I have for patients with IBD?”

- Always be positive
- Help support each other
- Get involved!
- Learn as much as you can about all of your medical and surgical options
- Get second opinions
- Don’t forget to get colonoscopies to reduce the risk of cancer!
OTHER QUESTIONS??

My contact info:
Cory D Barrat, MD
4750 E Galbraith Rd, #207
(across the street from Mercy Jewish Hospital in Kenwood)
Office: 513-686-5392
Fax: 513-686-5394
THANKS SO MUCH!