

# Indications and Options for Surgery in Ulcerative Colitis



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## KEYWORDS

- Inflammatory bowel disease • Surgery • Ulcerative colitis • Total proctocolectomy
- Ileal pouch–anal anastomosis

## KEY POINTS

- Current elective indications for surgical therapy in ulcerative colitis include cancer, risk for cancer (dysplasia), stricture, medical intractability, overwhelming side effects of medical treatment, and unresponsive extraintestinal manifestations.
- Patients with ulcerative colitis may require emergency surgery in the setting of acute severe colitis that fails to respond to rescue therapy, fulminant colitis, toxic megacolon, perforation, or stricture.
- Total abdominal colectomy is a surgical treatment option that allows patients who require emergency surgery to reestablish nutrition and withdraw immunosuppressive medication so that pelvic surgery and ileoanal pouch formation is performed when the patient is in good health.
- Anastomotic techniques included double-stapled anastomosis and hand-sewn techniques with mucosectomy. Outcomes for both techniques are acceptable and the clinical circumstances, such as dysplasia, need for oncologic margins, and pouch reach into the pelvis, should determine the technique used.

## INTRODUCTION

Ulcerative colitis (UC) is a chronic inflammatory disease characterized by inflammation that is limited to the mucosa of the colon and rectum.<sup>1</sup> The disease starts at the rectum and extends proximally for varying lengths and in its greatest extent can reach the cecum.<sup>2</sup> Approximately 500,000 people in the United States carry a diagnosis of UC, with an incidence of around 12 per 100,000 per year.<sup>3</sup> Surgery to remove the colon and rectum is considered curative. Between 4% and 9% of

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patients with UC require proctocolectomy within the first year of diagnosis, and the risk of surgical treatment following that is 1% per year.<sup>4–6</sup> Patients with the following risk factors are more likely to develop complications requiring colectomy: disease that extends proximal to the splenic flexure, male gender, patients with corticosteroid resistance, and complications related to corticosteroid administration.<sup>7</sup> Ultimately, patients with UC may require surgery for presence of cancer, accumulating risk for cancer development, medical intractability, or development of a life-threatening complication such as toxic colitis, toxic megacolon, and hemorrhage. Surgical consultation can provide discussion of risks and benefits of surgery, type of surgery for which the individual patient is a candidate, and long-term outcomes of surgical treatment. This article discusses the indications and surgical options for patients with UC.

## **INDICATIONS FOR SURGERY IN PATIENTS WITH ULCERATIVE COLITIS**

### ***Cancer Risk***

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Colorectal cancer is one of the most common causes for mortality in patients with UC.<sup>8</sup> Cumulative risk for colorectal cancer in patients with ulcerative colitis is 2% after 10 years, 8% after 20 years, and 18% after 30 years of diagnosis.<sup>8</sup> Proctocolectomy is recommended in patients with ulcerative colitis who develop colon or rectal cancer, high-grade dysplasia, nonadenomalike dysplasia-associated lesion or mass, and adenoma associated with dysplasia at the base or surrounding areas of inflammation.<sup>9–11</sup> Proctocolectomy in patients with ulcerative colitis with low-grade dysplasia is controversial and should be recommended based on the individual patient's risk for carcinoma development versus surgical complication.<sup>12</sup> Stricture in the setting of ulcerative colitis should also prompt surgical therapy. Although only 25% of strictures that develop in the setting of UC are malignant,<sup>13</sup> biopsy to differentiate benign versus malignant stricture is unreliable.<sup>14</sup>

### ***Intractability***

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The most common indication for elective surgical treatment of UC is intractable disease. Intractability is present when medical therapy fails to control disease symptoms or extraintestinal manifestations, when medication side effects produce poor quality of life or problems with patient compliance, or when effective long-term medication use results in accumulating or unacceptable risks.<sup>12</sup>

### ***Emergency Situations***

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Acute severe UC, the most common indication for emergent surgery, has been defined by passage of more than 6 bloody stools per day with associated fever, tachycardia, hemoglobin level less than 75% of normal, and an increased sedimentation rate. Fulminant colitis occurs when patients have more than 10 bloody stools per day, anemia requiring transfusion, and colonic distention on abdominal radiographs.<sup>15</sup> Severe colitis that is refractory to intravenous steroid treatment may undergo medical salvage therapy with infliximab or cyclosporine. However, presence of impending perforation, multisystem organ dysfunction, or failure to respond to rescue medical therapy is an absolute indication for surgical therapy.<sup>16</sup> Toxic megacolon is defined as the presence of transverse colon dilatation greater than 6 cm, which can progress to pneumatosis and colonic perforation.<sup>17</sup> Because perforation is associated with a mortality between 27% and 57%,<sup>18,19</sup> patients should be taken for surgery if toxic megacolon persists or does not improve with medical treatment.

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