



Original article

Perceptions on the Surgical Treatment of Inflammatory Bowel Disease in Spain. Results of a National Survey^{☆,☆☆}



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Introduction: The incidence of inflammatory bowel disease (IBD) is increasing in Spain but there is little information on the availability of multidisciplinary care. This study aims to assess surgeon's opinions on the current situation of surgery for IBD in Spain.

Methods: An electronic closed survey was sent to members of the Spanish Association of Surgeons (AEC) from January to March 2015. This was a 52-item anonymised questionnaire with questions about how the treatment of IBD patients is organized in each center, the existence of specific units, the management strategy in IBD patients, and the opinion of colorectal, general and trainee surgeons about the surgical treatment of IBD in their center and in Spain.

Results: One hundred and ninety-two surgeons responded. Most participants work in tertiary hospitals (45%), most of them from different hospitals, some from the same hospital. Only 50% of hospitals have multidisciplinary teams for IBD. The initial approach is laparoscopic in 56% of cases, and 80% of participants in centers with multidisciplinary teams consider the timing of surgery to be appropriate. The annual number of IBD surgeries in tertiary hospitals is higher than in secondary hospitals in ulcerative colitis (57% vs 24% 10–15 patients/year, $P < .001$) and Crohn's disease (68% vs 28% 3–5 patients/month, $P < .001$). Most centers operate less than 10 ulcerative colitis patients per year, even larger centers (67%) and they perform ≤ 3 J-pouches/month (ulcerative colitis and other indications) ($P < .001$). Ninety-five percent of surgeons consider that centralization of complex cases in specialized units and the creation of national registries should be developed. The majority of participants (70%) believe that there is a deficit in research and educational activities in IBD surgery in Spain.

Conclusion: This survey suggests that most Spanish hospitals have a low volume of IBD surgery, even large tertiary hospitals, and many centers do not have a multidisciplinary

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team dedicated to IBD patients. Most survey participants believe it is necessary to develop registries and increase training and research in IBD surgery in Spain.

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Estado de la cirugía de la enfermedad inflamatoria en España. Resultado de una encuesta nacional

R E S U M E N

Palabras clave:

Enfermedad inflamatoria intestinal
Enfermedad de Crohn
Colitis ulcerosa
Encuesta
Cirugía

Introducción: La incidencia de la enfermedad inflamatoria intestinal (EII) está aumentando en España, pero existe poca información sobre su abordaje multidisciplinar, en particular sobre su manejo quirúrgico. El objetivo de este estudio es evaluar la opinión de los cirujanos españoles sobre la situación actual de la cirugía de la EII en nuestro país.

Métodos: Se realizó un estudio descriptivo del tipo encuesta cerrada que se envió a través de correo electrónico a los miembros de la Asociación Española de Cirujanos (AEC) durante los meses de enero a marzo de 2015. El cuestionario constaba de 52 ítems con preguntas sobre estructura y proceso, sobre el tratamiento quirúrgico y sobre la opinión de los cirujanos acerca de la calidad, satisfacción e investigación sobre la EII en su centro y en España.

Resultados: Un total de 192 cirujanos respondieron a la encuesta, la mayoría procedentes de hospitales de tercer nivel (45%), la mayoría de diferentes hospitales, algunos del mismo centro. Solo el 48,5% de los hospitales tienen equipos multidisciplinarios de EII. El planteamiento quirúrgico inicial es laparoscópico en el 56,1% de los casos y el 80% de los participantes en los centros con equipos multidisciplinarios considera el *timing* apropiado. El número de intervenciones anuales de EII en hospitales de tercer nivel es más alto que en hospitales de segundo nivel tanto en colitis ulcerosa (57 vs 24% operan 10-15 pacientes/año, $p < 0,001$) como en enfermedad de Crohn (68 vs 28% operan 3-5 pacientes/mes, $p < 0,001$). La mayoría de los centros, incluso los grandes hospitales, operan a menos de 10 pacientes con colitis ulcerosa al año y realizan ≤ 3 reservorios en J o pouch al año (por colitis ulcerosa y otras indicaciones) ($p < 0,001$). El 95% de los cirujanos considera que debe promoverse la centralización de casos complejos en unidades especializadas y la creación de registros nacionales.

Conclusiones: Según esta encuesta, parece que el volumen de cirugías de EII en España por centro no es elevado, ni siquiera en grandes hospitales, y muchos centros no cuentan con un equipo multidisciplinar de EII. No existen protocolos claros de derivación quirúrgica a centros de referencia o especializados. La mayoría de los participantes creen necesario el desarrollo de registros y aumentar la formación y la investigación en la cirugía de la EII en nuestro país.

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Introduction

Chronic inflammatory bowel disease (IBD) is a recurrent disease requiring long-term treatment for both intestinal and extraintestinal manifestations, including psychological ones. Crohn's disease (CD) and ulcerative colitis (UC) have a substantial impact on the physical health, social development, and quality of life of patients.¹⁻³ In their lifetimes, about 20% of patients with UC will require surgery, and up to 80% of individuals with CD will be treated with some type of surgical intervention.²⁻⁹

In chronic diseases such as IBD, long-term outcomes can be substantially improved through the implementation of disease management programs. The multidisciplinary treatment of these patients by specialized professionals has been shown to reduce morbidity, need for surgery, and even mortality in patients with IBD.¹⁰⁻¹³ A recent consensus led

by Spanish gastroenterologists² determined that a specialized IBD unit should include at least: nursing staff specialized in IBD, gastroenterologists, radiologists, surgeons, endoscopists and stomal therapists. These multidisciplinary teams (MDT) should be able to offer individualized treatment, both during hospitalization and on an outpatient basis, without breaking the continuity of care. However, there is little information on the actual application of these units in Spain. Several multicenter studies have been conducted in other countries on the surgical management of IBD,¹³ and data on medical treatment and quality of life perceived by the patient have been published in our country.¹⁴⁻¹⁷ To date, no studies have been published on the surgical treatment of IBD in Spain.

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