Inflammatory Bowel Disease Standardized Care Protocols

**Title: Post-operative Management of Crohn's Disease**

**Objective:** provide direction for management of patients with Crohn's disease after a bowel resection

**Patient population:** adult patients (>18years) with Crohn's disease with a recent surgical resection

## INTRODUCTION

Surgical resection is often required in 80% of Crohn's disease patients for medically refractory disease or complications such as bowel obstruction, abscesses or fistulas. Although surgery is not curative, it is an important intervention to correct irreversible disease. Clinical remission is often achieved with surgery however 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 or the need to adopt a clinical monitoring approach.

- Patients should be stratified based on patient -, 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 for endoscopic recurrence in the neo-terminal ileum.
- **Goal of therapy**: reduce endoscopic and clinical recurrence, palliation of active symptoms and disease remission.
- **5-ASA is not effective in preventing post-operative recurrence.**

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

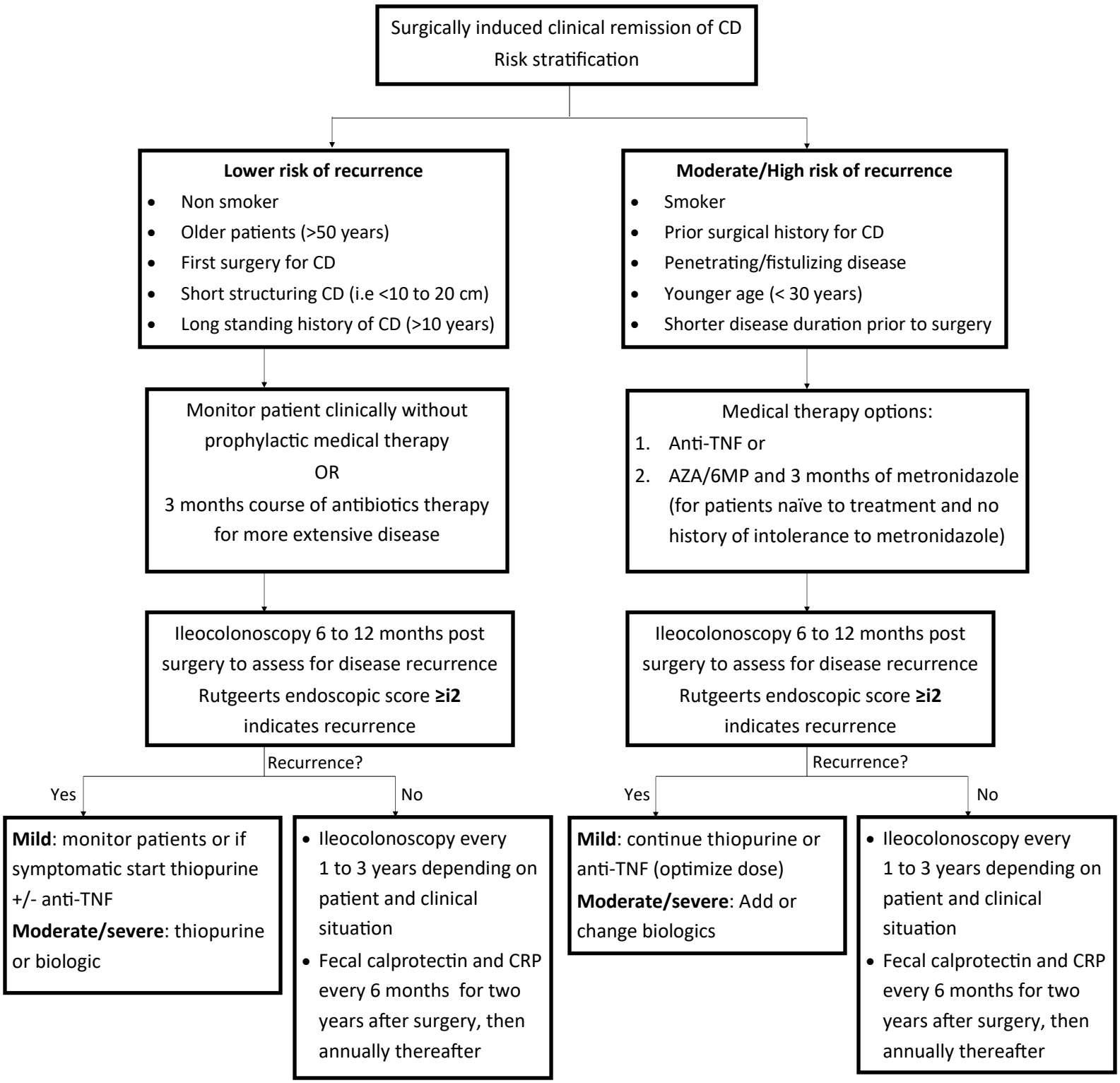


**Figure 1** Algorithm for the management of Crohn's disease after surgical resection.

- The 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 | More than 5 aphthous lesions with normal mucosa between the lesions, or skip areas of larger lesions or ulcers up to 1 cm confined to ileocolonic anastomosis | Substantial post-surgery recurrence |
| i3 | Diffuse aphthous ileitis with diffusely inflamed mucosa between the multiple aphthae | Advanced post-surgery recurrence |
| i4 | Diffuse inflammation, with larger lessions: large ulcers and/or nodules/cobble and/or narrowing/stenosis | Advanced post-surgery recurrence |

**REFERENCES**

Nguyen GC et al. American Gastroenterological Institute guideline on the management of Crohn's disease after surgical resection. Gastroenterology 2016; 152:271-275

Singh, S. and Nguyen GC. Management of Crohn's Disease after Surgical Resection. Gastroenterology Clinical of North America 2017; 46(3):563-575

Lamb C et al. British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults. Gut 2019; 1-106

**Links to additional resources for patients**

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

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

American Gastroenterological Association Institute. Managing Crohn's Disease After Surgery: A Patient Guide. Gastroenterology 2017; 152:296-297