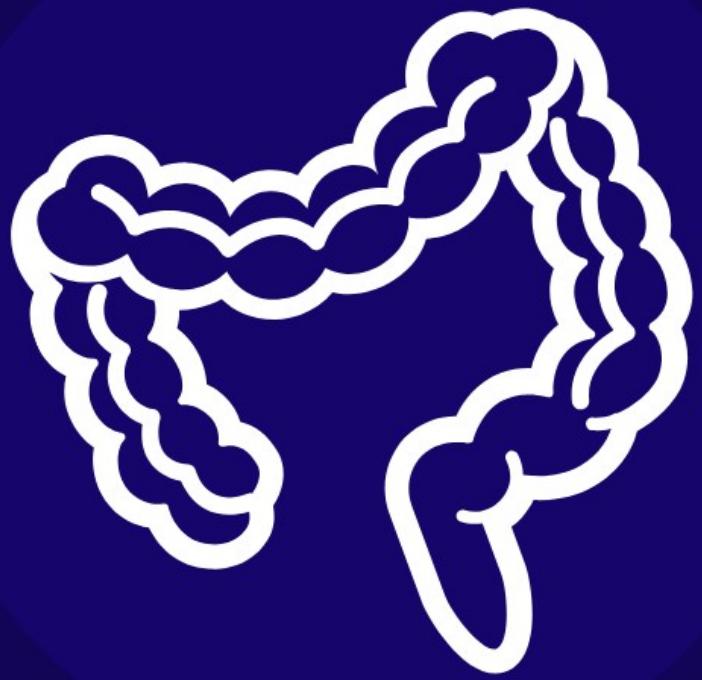
Műtéti megoldások IBD-ben



Dr. Ábrahám Szabolcs

Szegedi Tudományegyetem, Sebészeti Klinika

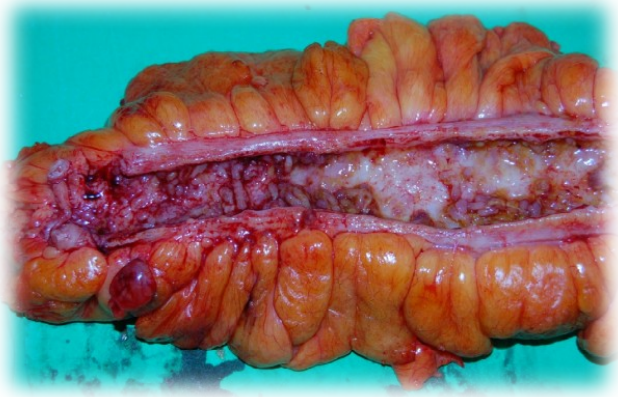
IBD LICENCKÉPZÉS

Magyar Gasztroenterológiai Társaság
COLON SZEKCIÓ
1996 óta

MORBUS CROHN

A sebész célja Crohn-betegségben

- Recurrentia esélyének csökkentése
- Bélmentés
- Varratelégtelenség kockázatának csökkentése

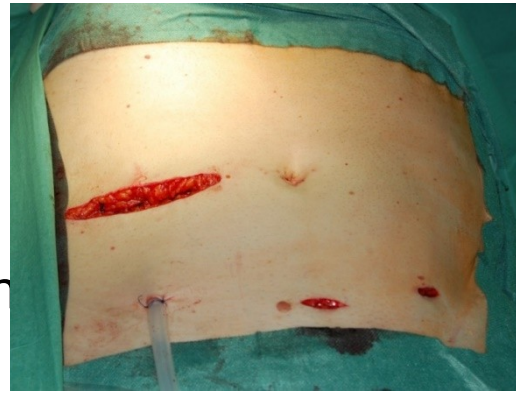


Laparoscopia *vs.* nyitott műtét Crohn-betegségben?

Statement 4.11: ECCO CD Treatment GL - SURGICAL [2024]
We recommend a laparoscopic approach as the first line in abdominal surgery for CD [EL2]

Laparoscopos műtét jobb: Per os [illegible]lás felépítés

- Passage megindulása
- Kórházi bentfekvés ideje
- Perioperatív komplikációk előfurdulása
- Mortalitás, morbiditás
- Reoperációk posztop. sérv vagy adhesiok m
- Kozmetikai eredmények



Laparoscopia *vs.* nyitott műtét Crohn betegségben?

Hosszú távú recurrenctia és varratelégtelenség szempontjából azonos eredmények a nyitott és laparoscopos műtéteknél

Table I. Recurrent disease on 27 LC versus 29 OC patients

	LC (patients, %)	*OC (patients, %)*	P *value*
Mean follow-up, yrs (SD)	9.97 ± 3.17	10.98 ± 1.38	.64
Colonoscopy during follow-up	18 (66.7%)	22 (75.9%)	.45
Endoscopic recurrence	12 (48.0%)	19 (65.5%)	.2
Radiological recurrence	13 (48.1%)	15 (51.7%)	.89
First surgical recurrence	8 (25.9%)	8 (27.6%)	.89
In-hospital medical treatment for recurrent disease anytime	3 (11.1%)	2 (6.9%)	.83

Perioperative complication	Number of studies	Total number of patients	Laparoscopic	Open surgery		95% Confidence interval	P Value	I2
All	30	2300	12.00%	17.90%		0.58 - 0.86	0.001	0%
Wound infection	25	1670	5.80%	6.10%	0.86	0.60 - 1.25	0.43	0%
Prolonged Ileus/ bowel obstruction	14	1012	3.90%	4.70%	0.83	0.48 – 1.42	0.49	0%
Respiratory complication	11	825	0.80%	2.50%	0.57	0.25 – 1.33	0.19	0%
Urinary tract infection	5	367	1.90%	3.30%	0.65	0.21 – 2.02	0.46	0%
Anastamotic leak	12	1261	2.70%	2.70%	1	0.55 – 1.82	1	0%
Intraabdominal abscess	15	1121	2.70%	4.40%	0.69	0.39 – 1.20	0.19	0%
<30 day reoperation	13	917	2.40%	4.00%	0.72	0.37 – 1.38	0.32	0%

- Pate SV et al.: Laparoscopic surgery for Crohn's disease: a meta-analysis of perioperative complications and long term outcomes compared with open surgery. BMC Surgery2013 May 24;13:14
- Stocchi L *et al.:* Long-term outcomes of laparoscopic versus open ileocolic resection for Crohn's disease: follow-up of a prospective randomized trial. Surgery. 2008;144(4):622–8.

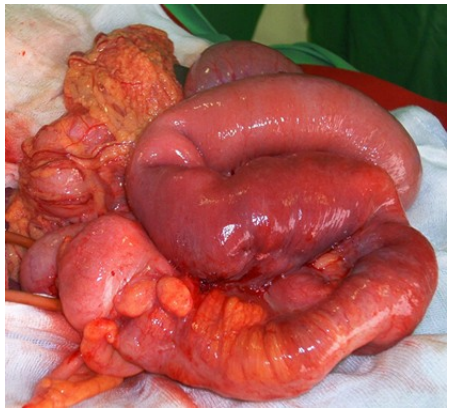
Korai műtét *vs.* hosszú biológiai kezelés? Ballonos tágítás *vs.* műtét

Journal of Crohn's and Colitis, 2024, **18**, 1556–1582
https://doi.org/10.1093/ecco-jcc/jjae089
Advance access publication 15 June 2024
Ecco Guideline/Consensus Paper

ECCO Guidelines on Therapeutics in Crohn's Disease: Surgical Treatment

Statement 4.6: ECCO CD Treatment GL - SURGICAL [2024]
We recommend endoscopic balloon dilatation as a treatment option for small-bowel strictures < 5 cm in length when technical expertise is available [EL2]

Statement 4.12: ECCO CD Treatment GL - SURGICAL [2024]
We recommend laparoscopic resection as an alternative to infliximab [EL2] or adalimumab [EL4] therapy in patients with limited terminal ileal or ileocaecal disease



Előadó fotója

Pozitiv resectios szél mint a recurrentia predictiv faktora?

Digestive and Liver Disease 55 (2023) 1611–1620

Contents lists available at ScienceDirect

Digestive and Liver Disease

journal homepage: www.elsevier.com/locate/dld

Meta-Analysis

Positive margins and plexitis increase the risk of recurrence after ileocecal resection: A systematic review and meta-analysis

Clara Yzet[a,1], Clémentine Riault[a], Franck Brazier[a], Lucien Grados[a], Eric Nguyen-Khac[a], Denis Chatelain[b], Charles Sabbagh[c], Anthony Buisson[d], Momar Diouf[e], Mathurin Fumery[a,f,*]

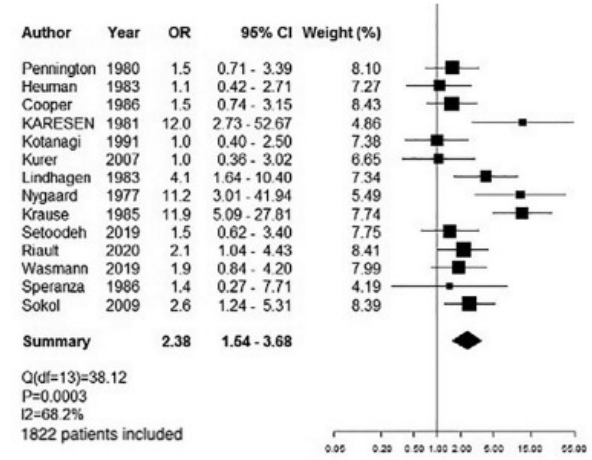


Fig. 1. Risk of clinical recurrence in patient with or without positive margin. OR, Odds Ratio; CI, confidence intervals.

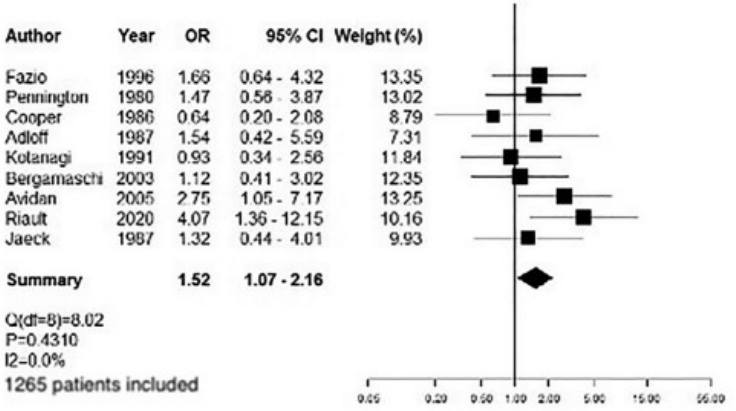


Fig. 2. Risk of surgical recurrence in patient with or without positive margin. OR, Odds Ratio; CI, confidence intervals.

Pozitiv resectios szél és a varratelégtelenség

- **Varratelégtelenség**
  - **Hiányoznak a nagy esetszámú tanulmá[illegible]és metanalizisek**
  - **Schineis C et al.: Microscopic inflamma[illegible]ileocecal specimen does not correspond to a higher anastomotic leakage rate after ileocecal resection in Crohn's disease. PLoS One . 2021 Mar 4;16(3):e0247796.**

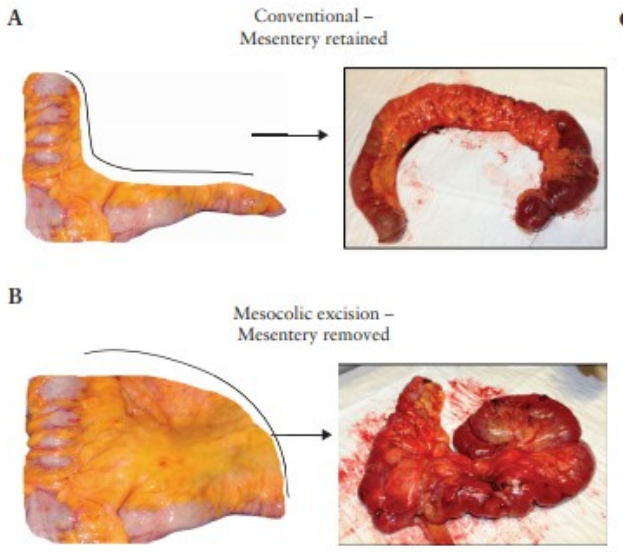
Table 2. Effect of inflammation at the resection margins on anastomotic leakages after ileocecal resection.

	No anastomotic leakage, n = 113	Anastomotic leakage, n = 17	p-value
Inflammation at proximal resection margin	23 (20.3)	6 (35.3)	0.17
Inflammation at distal resection margin	3 (2.7)	1 (5.9)	0.47
Inflammation at both ends	11 (9.7)	2 (11.8)	0.80
Any inflammation	37 (32.7)	9 (52.9)	0.11

Ileocoecum resectio +/- meseterium eltávolítása

- Bakteriális transzlokáci
- Keringési zavar?
- Technikai nehézségek?

Statement 4.15: ECCO CD Treatment GL - SURGICAL [2024]
There is insufficient evidence to recommend extensive mesenteric excision in surgery for ileocecal CD [EL4]



Journal of Crohn's and Colitis, 2018, 1139–1150
doi:10.1093/ecco-jcc/jjx187
Advance Access publication January 4, 2018
Original Article

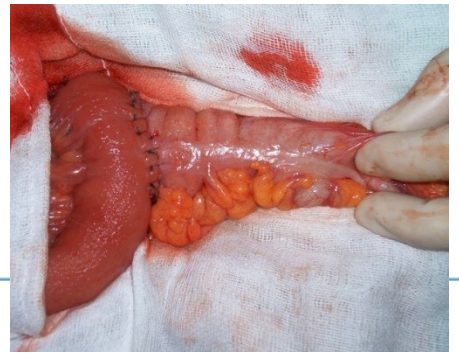
Original Article

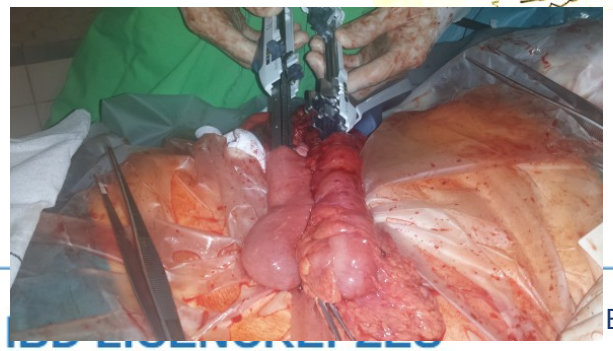
Inclusion of the Mesentery in Ileocolic Resection for Crohn's Disease is Associated With Reduced Surgical Recurrence

Anastomosis: gépi *vs.* kézi; side-to-side *vs.* end-to-end

- Klinikai kimenetelt befolyásoló tényezők resectiot követően, az anastomosis megválasztása:
  - Széklet szabad áramlása
  - Az anastomosis tágassága
  - Széklet stasis csökkentés
  - Bél vérellátása
  - Bacterális túlszaporodás megelőzése

Dr. Sipka Róbert rajzai





Előadó fotói

Anastomosis: gépi *vs.* kézi; side-to-side *vs.* end-to-end

Systematic Review and Meta-Analysis

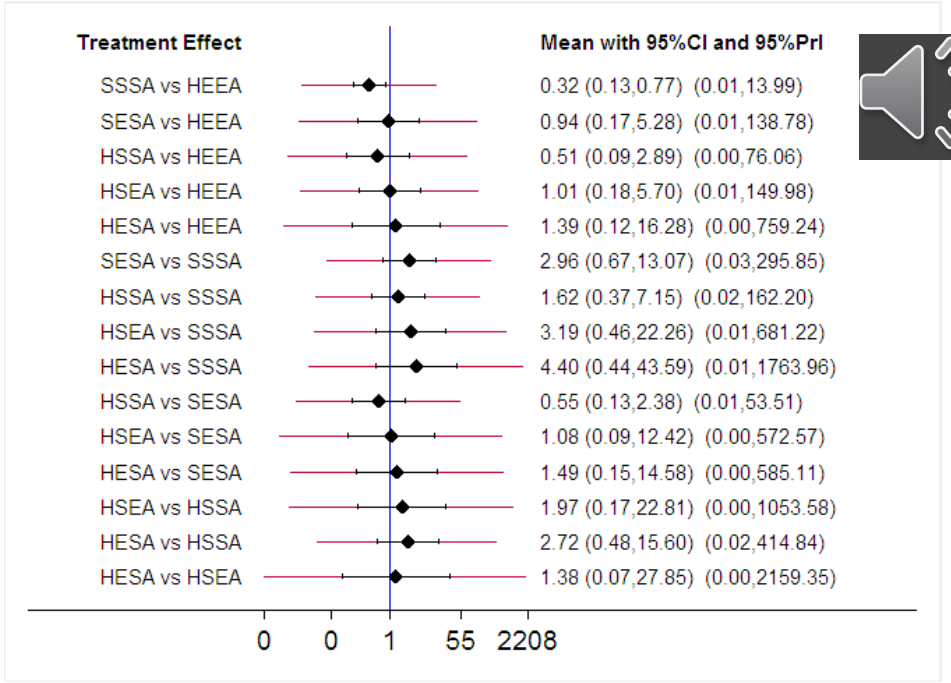
Medicine®

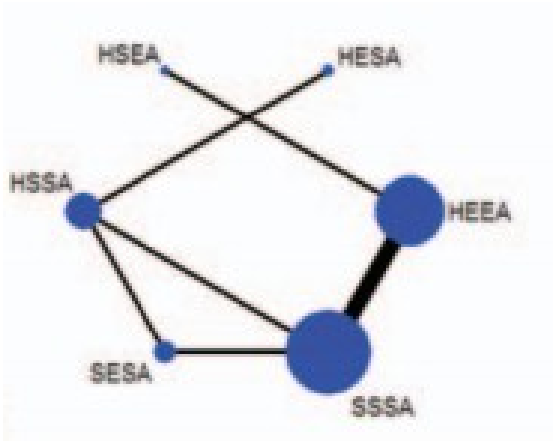
OPEN

Stapled side-to-side anastomosis might be benefit in intestinal resection for Crohn's disease

A systematic review and network meta-analysis

Jin-shan Feng, MD[a,*], Jin-yu Li, MS[b], Zheng Yang, BS[c], Xiu-yan Chen, BS[d], Jia-jie Mo, MS[e], Shang-hai Li, MS[f]





Rövid távú szövődmények:

- varratelégtelenség
- SSI
- egyéb szövődmények

Hosszú távú szövődmények:

- recurrenctia

Anastomosis: ECCO ajánlás (2016, 2019, 2024)

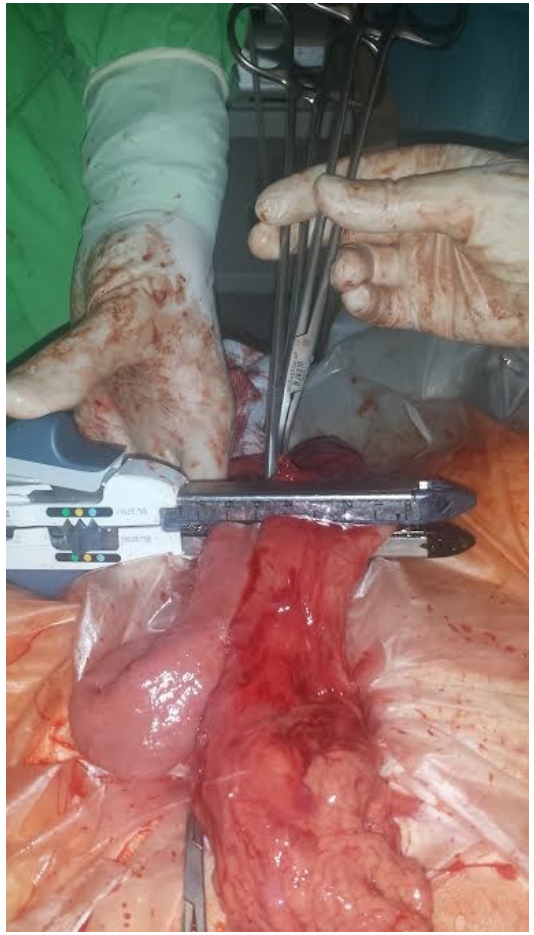
ECCO Statement 7D

Wide lumen stapled ileocolic side-to-side (functional end-to-end) anastomosis is the preferred technique [EL1]

Statement 6.5. ECCO CD Treatment GL [2019]

Stapled small-bowel or ileocolic side-to-side anastomoses are associated with lower rates of postoperative complications than end-to-end anastomoses, in Crohn's disease [EL3].

Statement 4.13: ECCO CD Treatment GL - SURGICAL [2024]
We suggest stapled side-to-side anastomoses in small-bowel or ileocolic resections for CD [EL3]



Előadó fotói

Anastomosis: Kono-S anastomosis

Journal of Crohn's and Colitis, 2024, **18**, 1556–1582
https://doi.org/10.1093/ecco-jcc/jjae089
Advance access publication 15 June 2024

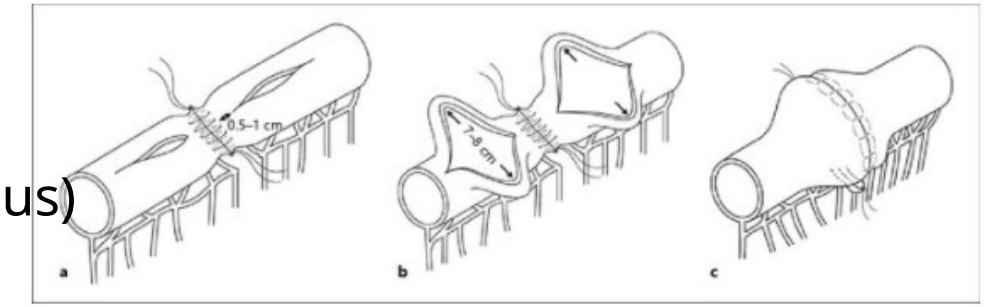
Ecco Guideline/Consensus Paper

Statement 4.14: ECCO CD Treatment GL - SURGICAL [2024]
We suggest that the Kono-S anastomosis can be an alternative surgical approach to other types of anastomoses after ileocaecal resection [EL3]

Anastomosis: Kono-S anastomosis

Kono-S anastomosis:

- kombinált gépi-kézi anastomosis
- funkcionális end-to-end anastomosis
- antimesentericus

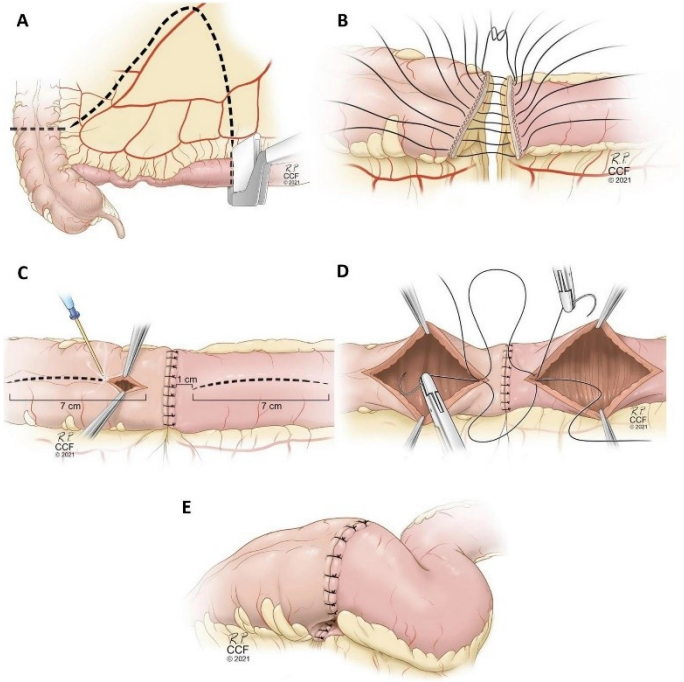


Előnyök: - end-to-end pozíció (peristalticus)

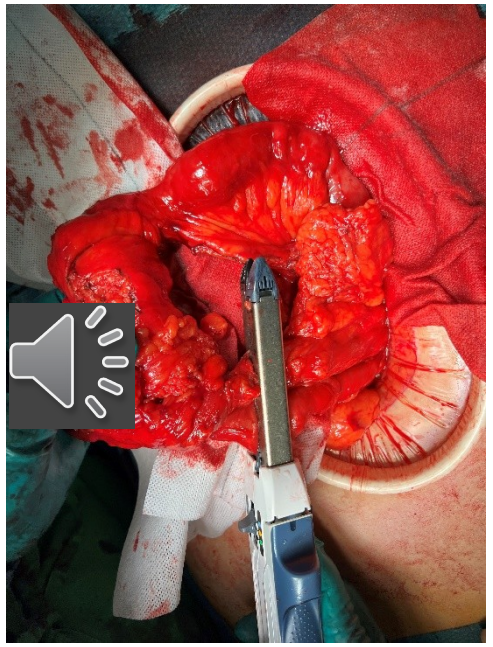
- kézi anastomosis
- széklet akadálymentes áramlása
- antimesenterialis pozíció (technikailag könnyebb kivitelezés)
- tág anastomosis

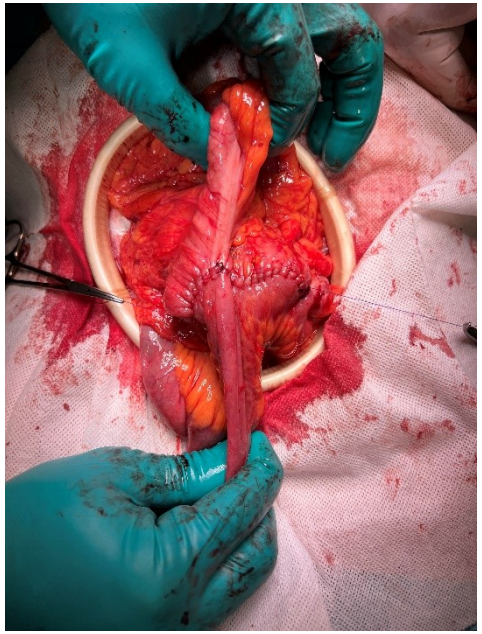
Kono T, Ashida T, Ebisawa Y, *et al.* A new antimesenteric functional end-to-end handsewn anastomosis: surgical prevention of anastomotic recurrence in Crohn's disease. Dis Colon Rectum 2011; 54:586–592

Anastomosis: Kono-S anastomosis



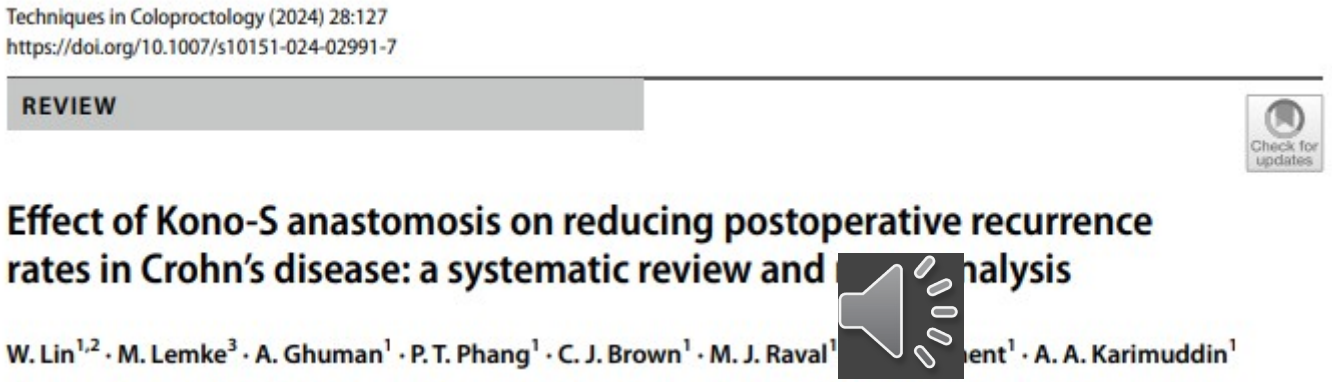
Obi, M., DeRoss, A.L. & Lipman, J. Use of the Kono-S anastomosis in pediatric Crohn's disease a single-institution experience. Pediatr Surg Int 39, 290 (2023). httpsdoi.org10.1007s00383)





Előadó fotói

Anastomosis: Kono-S anastomosis - recurrentia



Techniques in Coloproctology (2024) 28:127
https://doi.org/10.1007/s10151-024-02991-7

REVIEW

Check for updates

Effect of Kono-S anastomosis on reducing postoperative recurrence rates in Crohn's disease: a systematic review and [illegible]nalysis

W. Lin[1,2] · M. Lemke[3] · A. Ghuman[1] · P. T. Phang[1] · C. J. Brown[1] · M. J. Raval[1] [illegible]ent[1] · A. A. Karimuddin[1]

Endoscopos recurrencia ráta: 41% *vs.* 48% (RR 0.86, 95% CI 0.73-1.00, p = 0.05)

Sebészi recurrencia ráta: 2.7% *vs.* 21.0% (RR 0.13, 95% CI 0.06-0.30, p < 0.001)

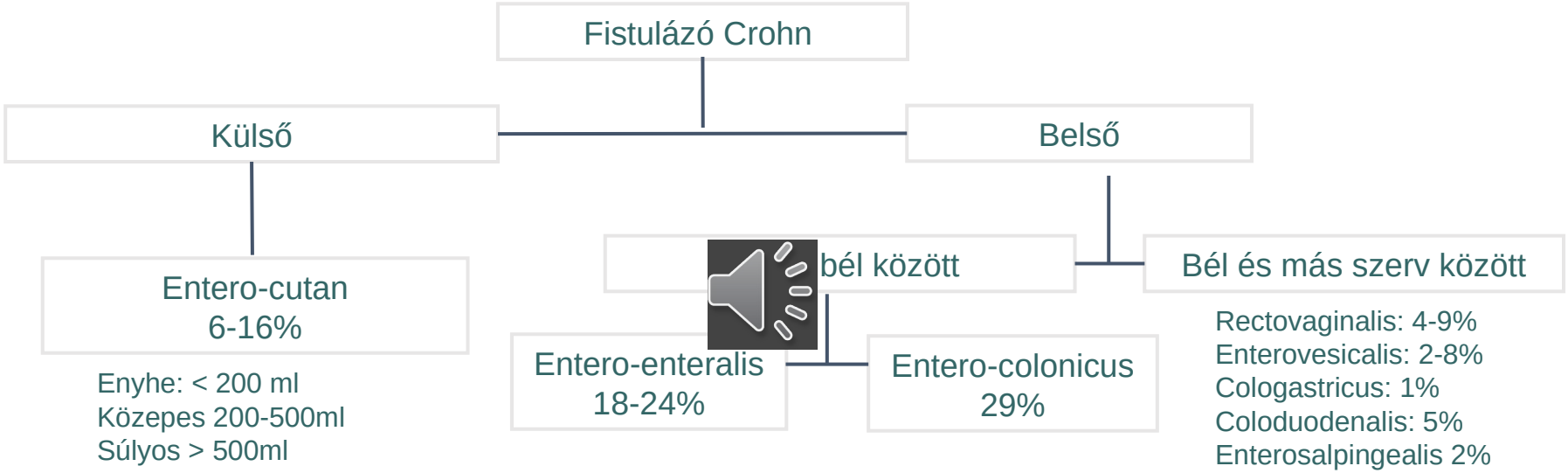
Varratelégtelenség: 1.7% *vs.* 4.9% (RR 0.37, 95% CI 0.19-0.74, p = 0.005)

Penetráló Crohn betegség

Csoportosítása:

- (perianális penetráló Crohn-betegség (PPCD))
- nem-perianális penetráló Crohn-betegség (NPPCD)
    - fistulaképződéssel járó forma
    - tályogképződéssel járó forma
    - kevert

Fistulázó forma csoportosítása



Hirten RP et *al.* : The Management of Intestinal Penetrating Crohn's Disease *Inflamm Bowel Dis.* 2018

Enterocutan fistula kezelése

Enterocutan fistula felismerése

Szepszis management

Folyadék resust. és elektrolit rendezés

Széles spektrumú AB

Képalkotás, diagnosztika

UH/CT vez. drainage: intraabdominalis abs. esetén

Lokális feltárás és drainage: ha szükséges

Sebkezelés

Fistulajáratot azonosítani és elkülöníteni az egyéb sebtől

Meghatározni a ho
-Low-output<200m
-High-output>500mL/24h

NPVT kezelés: ha szükséges

Táplálás optimalizálása

Maghatározni a kiindulási tápláltsági értékeket (albumin, transferrin)

Per os táplálás forszírozása: fistula hozam változás?

Teljes parenteralis táplálás mérlegelése

Multidisciplinaráris döntések meghozatala

Egyéb társbetegségek, kockázatai tényezők felmérése

Bhama AR.: Evaluation and Management of Enterocutaneous Fistula. Diseases of the Colon & Rectum 62(8):p> 906-910, August 2019.

Enterocutan fistula kezelése

Tápláltsági szint optimalizálása → **Anatómiai viszonyok tisztázása** → **Műtét**

Anatómiai viszonyok tisztázása:

- CT (± fistula feltölté
- Vékonybél passag
- Endoscopia
- Fistulographia
- Hasfali reconstructio megtervezése

Műtét:

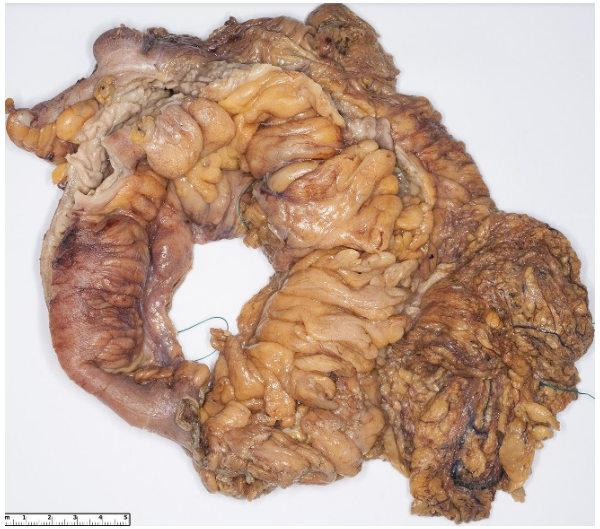
- Időzítés
- ERAS?
- Perioperatív fájdalomcsillapítás
- Óvatos bélpreparálás
- Óvatos adhesiolysis
- Bentmaradó bélszakasz lemérése

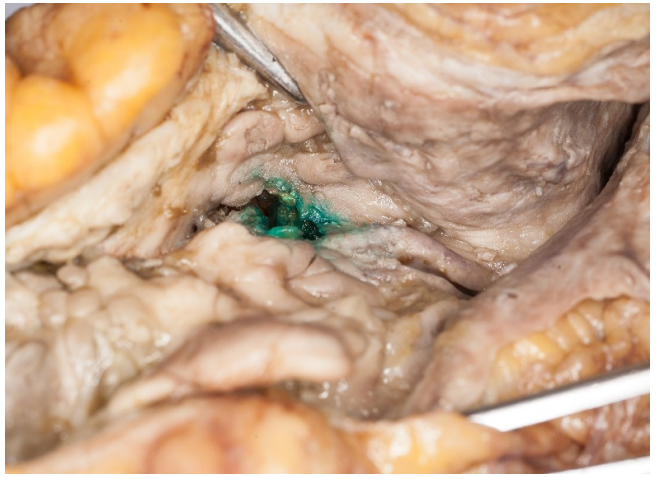
Bhama AR.: Evaluation and Management of Enterocutaneous Fistula. Diseases of the Colon & Rectum 62(8):p> 906-910, August 2019.

Fistulázó forma kezelése:

VÉGSŐ CÉL:

- Jobb életminőség, életmentés
- takarékos resectio (bélmentés)
- recurrentia esélyének csökkentése





Dr. Vasas Béla fotói (SZTE Pathológiai Intézet).

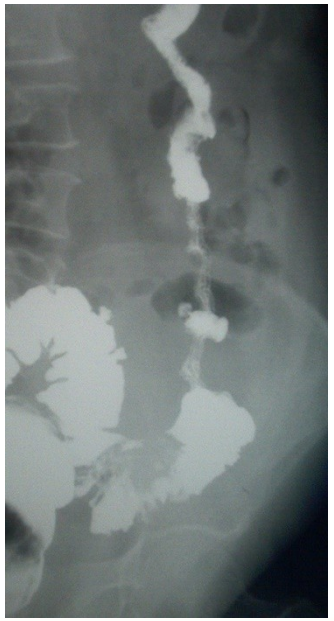
Fistulázó forma kezelése: Műtéti indikáció

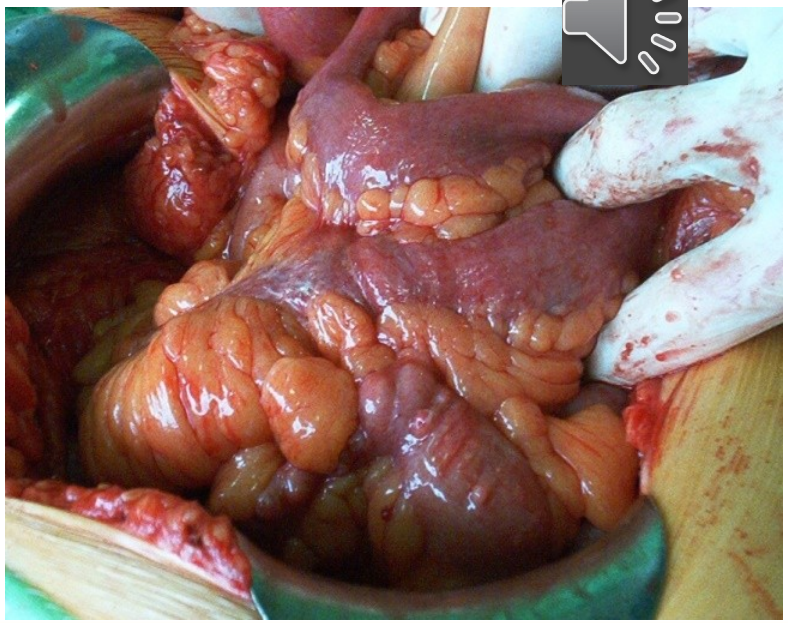
- Állandó hasmenés
- Malabsorptio
- Visszatérő húgyúti infekciók (enterovesicalis sipolynál)
- Szepszis
- Gyógyszeres kezelésre adott válasz hiánya

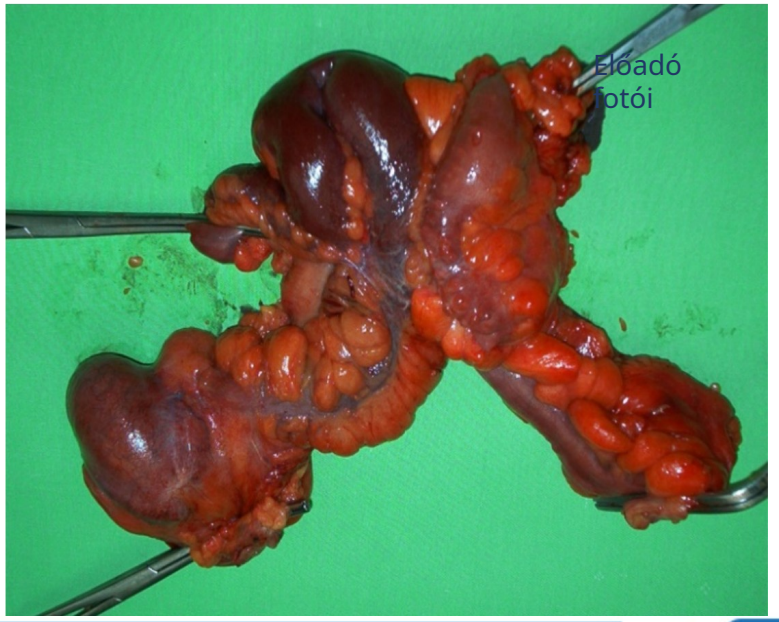
Fistulázó forma kezelése:

MŰTÉTI ELVEK:

- Egyéni megoldások, sokszor multidiszciplinaris sebészi ellátás
- Nyitott *vs.* laparoscopos: ERAS?
- Makroszkóposan az épben: ?
- Bélfal közeli sceletizálás: ?
- Széklet deviáció







Fistulázó forma kezelése
Műtéti lehetőségek

- Fistularendszer kiírtása: akár többszörös resectiok árán
- Sokszor elég az adó/aktív oldal resectioja, a kapó/ép rész elvarrása (pl. entero-vesicalis sipolyoknál)
- Kiterjedt gyulladásban elég l[illegible]ékresectió vagy fistulajárat elvarrása:
  - bélmentés céljából, rövid-bél sy megelőzése céljából
  - POR esélye magas
  - Posztoperatív szövődmények esélye magasabb
- devialó stomakészítés:
  - Posztoperatív szövődmények esélyét csökkenti
  - Gyógyszeres és nutritív kezelés hatását fokozza

Fistulázó forma (appendectomia

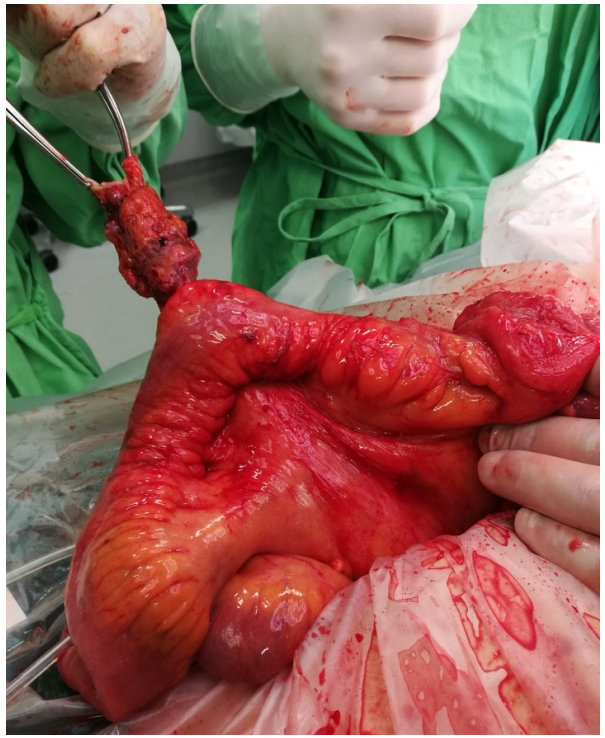
4.3.1.17. ECCO-ESCP Statement 3M

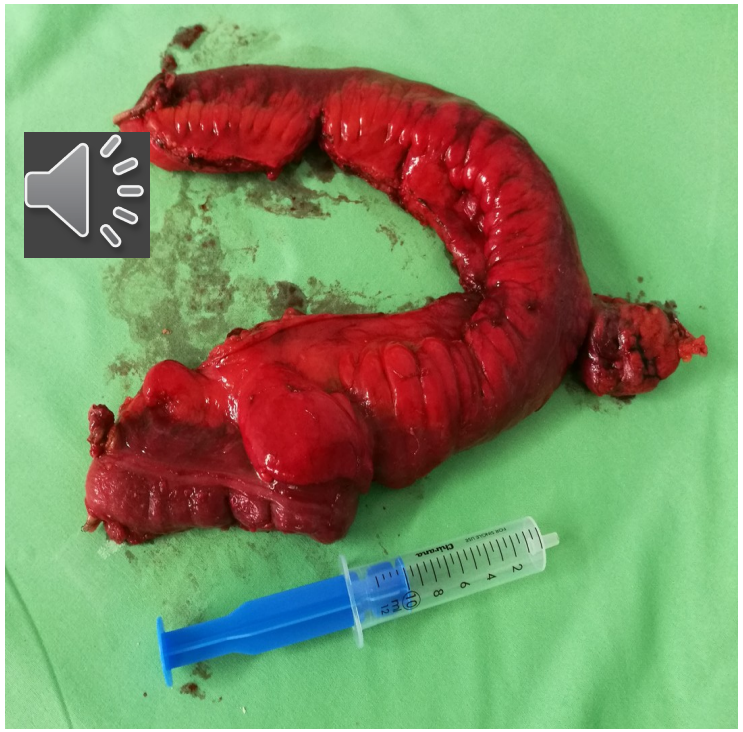
Appendectomy of a macroscopically normal appendix in the presence of terminal ileitis has an elevated risk of intra-abdominal septic complications and fistulas [EL4]

Journal of Crohn's and Colitis, 2018, 1–16
doi:10.1093/ecco-jcc/jjx061
Advance Access publication May 11, 2017
ECCO Guideline/Consensus Paper

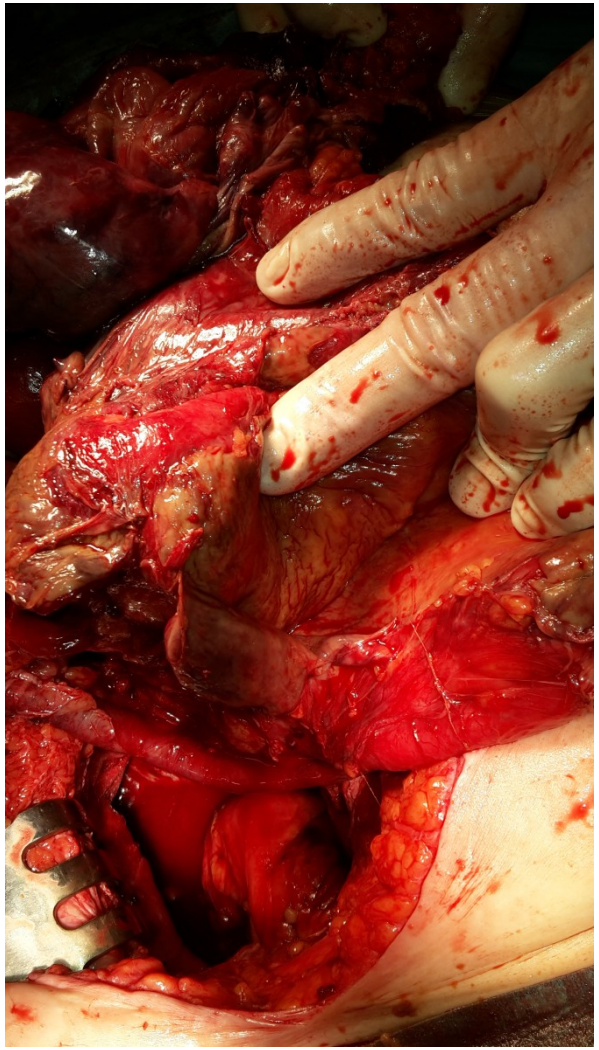
ECCO Guideline/Consensus Paper

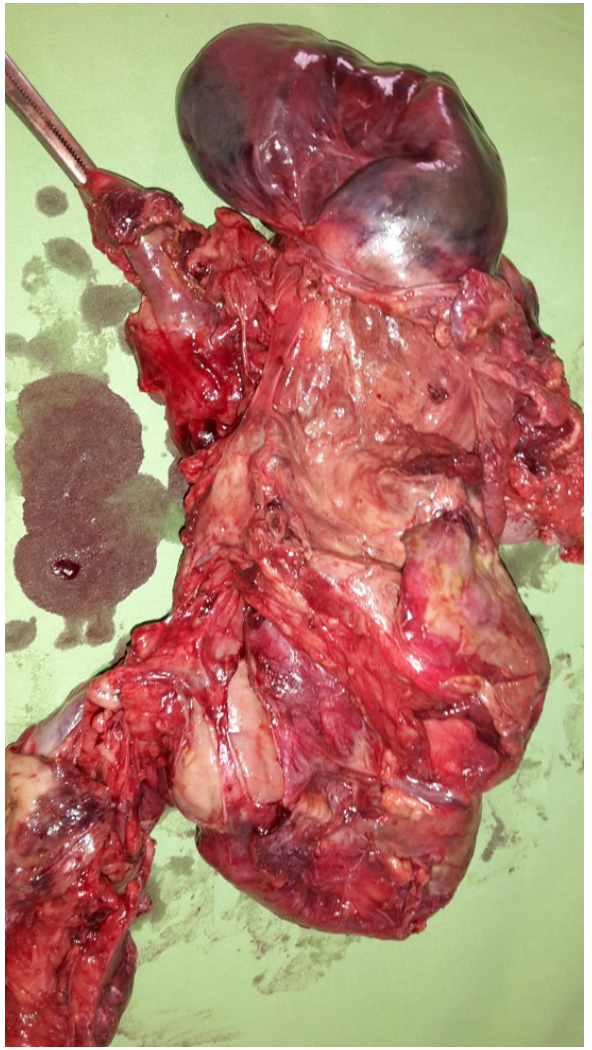
ECCO-ESCP Consensus on Surgery for Crohn's Disease





Tályogképződéssel járó penetráló Crohn-betegség





Tályogképződéssel járó penetráló Crohn-betegség

Journal of Crohn's and Colitis, 2020, 155–168
doi:10.1093/ecco-jcc/jjz187
Advance Access publication November 19, 2019
ECCO Guideline/Consensus Paper

ECCO Guideline/Consensus Paper

ECCO Guidelines on Therapeutics in Crohn's Disease: Surgical Treatment

Statement 3.2. ECCO CD Treatment GL [2019]

Following successful image-guided drainage of an intra-abdominal abscess, medical management without surgery may be considered. A low threshold for surgery is recommended in the event that medical management is not successful [EL4].

Statement 4.4: ECCO CD Treatment GL - SURGICAL [2024]
We suggest use of intravenous antibiotics and percutaneous, image-guided drainage as the first-line treatment for intra-abdominal abscesses related to CD [EL3]

Tályogképződéssel járó penetráló Crohn-betegség

- Mi lehet a sebész célja a percutan drainage indikálásával „szörnyű Crohn”-ban?

  - Műtétet elkerülni?
  - Gyulladásos környezet konszolidálása? Stoma elkerülése?
  - Bélmentés?
  - Multivisceralis resectio esetleges elkerülése?
  - Időt nyerni?: műtétet halasztani
  - Beteg előkésztés-roborálás?

Journal of Crohn's and Colitis, 2016, 202–208
doi:10.1093/ecco-jcc/jjv198
Advance Access publication October 28, 2015
Original Article

Original Article

A Meta-analysis of Percutaneous Drainage Versus Surgery as the Initial Treatment of Crohn's Disease-related Intra-abdominal Abscess

Cillian Clancy, Therese Boland, Joseph Deasy, Deborah McNamara, John P. Burke

- Drainage utáni optimális műtéti időzítés bizonytalan
- Közvetlen a drainage után a beteg[illegible] %-a elkerülheti a műtétet
- a tályog kiújulása akár 6,5-szer gya[illegible]b csak PD-t követően, mint PD+műtét után
- Sürgősségi műtét - megelőző PD nélkül - magasabb posztoperatív komplikációkkal és stoma aránnyal jár mint PD + műtét esetében

Clancy C et al.: A meta-analysis of percutaneous drainage versus surgery as the initial treatment of Crohn's disease-related intra-abdominal abscess. J Crohns Colitis 2016;10:202–8.
He X et al.: Preoperative percutaneous drainage of spontaneous intra-abdominal abscess in patients with Crohn's disease: a metaanalysis. J Clin Gastroenterol 2015;49:e82–90.

Tályogképződéssel járó penetráló Crohn-betegség: műtét *vs.* PD+műtét

International Journal of Colorectal Disease (2022) 37:1421–1428
https://doi.org/10.1007/s00384-022-04183-x

ORIGINAL ARTICLE

High complication rate in Crohn's disease surgery following percutaneous drainage of intra-abdominal abscess: a multicentre study

Valerio Celentano[1,2,3] · Mariano Cesare Giglio[4] · Gianluca Pellino[5] · Matteo Rottoli[6,7] · Gianluca Sampietro[8] · Antonino Spinelli[9,10] · Francesco Selvaggi[5] · on behalf of the Italian Society of Colorectal Surgery SICCR

Postoperative outcomes

Outcome		All patients ($n=575$)	Preoperative drainage		p
			No ($N=539$)	Yes ($N=36$)	
Postoperative morbidity	No	433 (75.3)	413 (76.6)	20 (55.6)	0.008
	Yes	142 (24.7)	126 (23.4)	16 (44.4)	
Wound infection	No	554 (96.3)	521 (96.7)	33 (91.7)	0.138
	Yes	21 (3.7)	18 (3.3)	3 (8.3)	
Intra-abdominal collection	No	552 (96.0)	522 (96.8)	30 (83.3)	0.002
	Yes	23 (4.0)	17 (3.2)	6 (16.7)	
Anastomotic leak	No	557 (96.9)	525 (97.4)	32 (88.9)	0.021
	Yes	18 (3.1)	14 (2.6)	4 (11.1)	
Reoperation	No	543 (94.6)	514 (95.5)	29 (80.6)	0.002
	Yes	31 (5.4)	24 (4.5)	7 (19.4)	
Readmission	No	537 (93.9)	506 (94.4)	31 (86.1)	0.060
	Yes	35 (6.1)	30 (5.6)	5 (13.9)	
LOS, *median (IQR)*		7.0 (6.0 to 9.0)	7.0 (6.0 to 9.0)	10.0 (6.8 to 15.0)	<0.001

Drainage után a műtét időzítése

OXFORD

BJS Open, 2021, zrab075
DOI: 10.1093/bjsopen/zrab075
Original Article

Postoperative complications and waiting time for surgical intervention after radiologically guided drainage of intra-abdominal abscess in patients with Crohn's disease

A. El-Hussuna[1,*], M. L. M. Karer[1], N. N. Uldall Nielsen[1], A. Mujukian[2], P. R. Fleshner[2], I. Iesalnieks[3], N. Horesh[4,5], U. Kopylov[4,5], H. Jacoby[4,5], H. M.Al-Qaisi[6], F. Colombo[7], G. M. Sampietro[8], M. V. Marino[9], M. Ellebæk[10], C. Steenholdt[11], N. Sørensen[6], V. Celentano[12], N. Ladwa[13], J. Warusavitarne[13], G. Pellino[14,15], A. Zeb[16], F. Di Candido[17,18], L. Hurtado-Pardo[19], M. Frasson[19], L. Kunovsky[20,21], A. Yalcinkaya[22], O. C. Tatar[23], S. Alonso[24], M. Pera[24], A. G. Granero[25], C. A. Rodríguez[26,27], A. Minaya[26,27], A. Spinelli[17,18], N. Qvist[10], on behalf of OpenSourceResearch Collaboration[1,4,6,13,22,26,27]

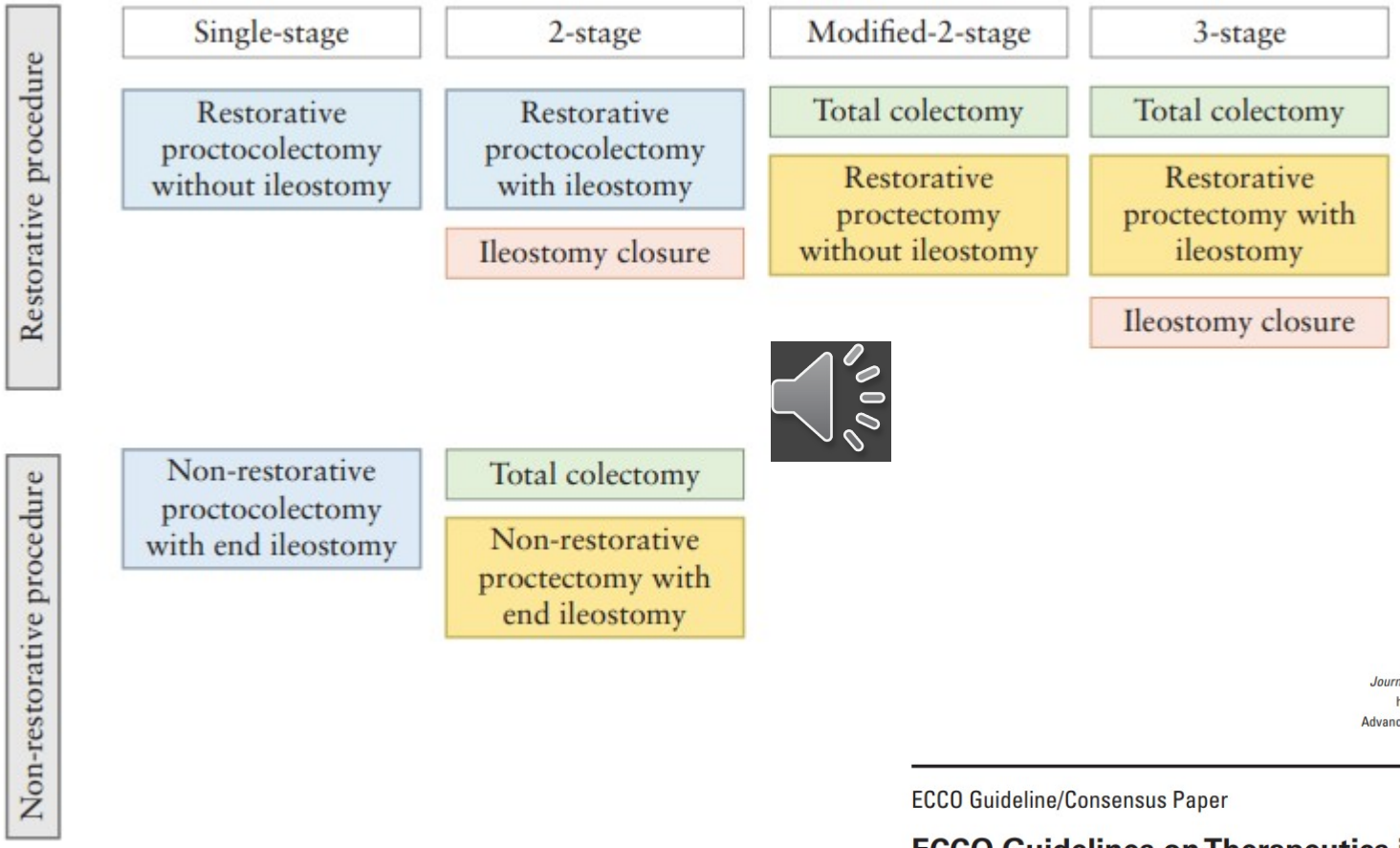
Table 3 Association between length of waiting interval after ultrasound- or CT-guided percutaneous drainage of intra-abdominal abscess in patients with Crohn's disease and outcome after drainage

Outcome variable	Short interval (0–14 days) ($n = 188$)	Intermediate interval (15–30 days) ($n = 58$)	Long interval (more than 30 days) ($n = 68$)	Univariable analysis P
Overall postoperative complications	62 (33)	20 (35)	22 (32)	ns
Severe postoperative complications (grade 3 or more)	13 (7)	8 (14)	7 (10)	ns
Stoma construction	45 of 186 (24)	17 of 56 (30)	25 (36)	<0.002
UIAE	12 of 157 (8)	2 of 36 (6)	3 of 57 (5)	ns
Death	5 (3)	0 (0)	0 (0)	ns
Reoperation	19 of 186 (10)	6 of 56 (11)	9 of 63 (14)	ns
LOS (days)*	8 (6–12)	8 (6–11)	8 (6–12)	ns
Readmission	19 (10)	7 (12)	9 (13)	ns
Recurrence of abscess	33 (18)	5 (9)	5 (7)	0.001

Values in parentheses are percentages unless indicated otherwise; *values are median (i.q.r.). The denominator might be different from the total number of patients in each group due to some missing values. ns, non-significant; UIAEs, unplanned intraoperative adverse event; LOS: length of postoperative stay at hospital. Complications are classified according to Clavien–Dindo classification of surgical complications.

COLITIS ULCEROSA

Sebészi ellátás algoritmusa (ECCO, 2022)



Journal of Crohn's and Colitis, 2022, 179–189
https://doi.org/10.1093/ecco-jcc/jjab177
Advance Access publication October 12, 2021
ECCO Guideline/Consensus Paper

OXFORD

ECCO Guideline/Consensus Paper

ECCO Guidelines on Therapeutics in Ulcerative Colitis: Surgical Treatment

Antonino Spinelli,[a] Stefanos Bonovas,[b,c] Johan Burisch,[c,c]

JCC

Sebészi ellátás algoritmusa

1 LÉPCSŐS ELLÁTÁS

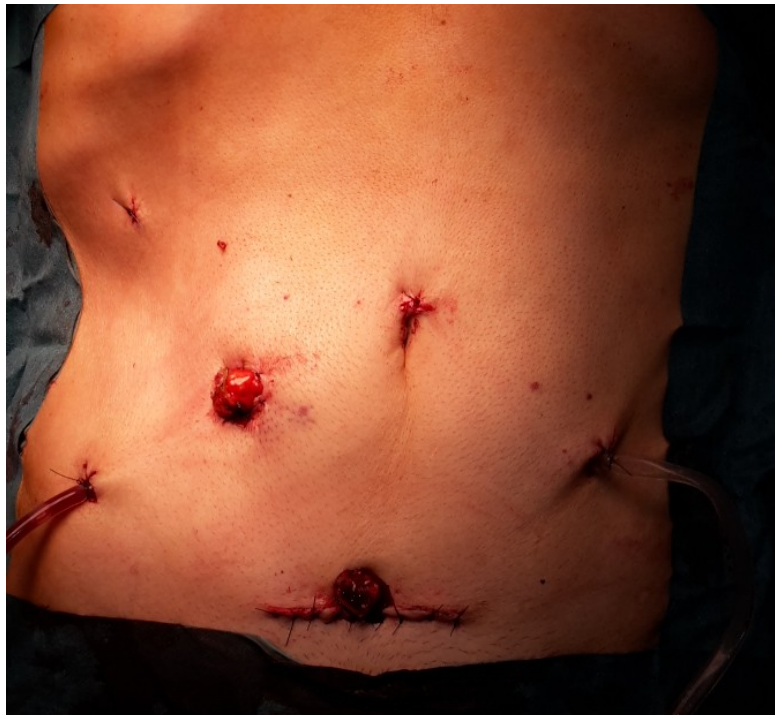
Total colectomia
+ ileo-rectalis anastomosis

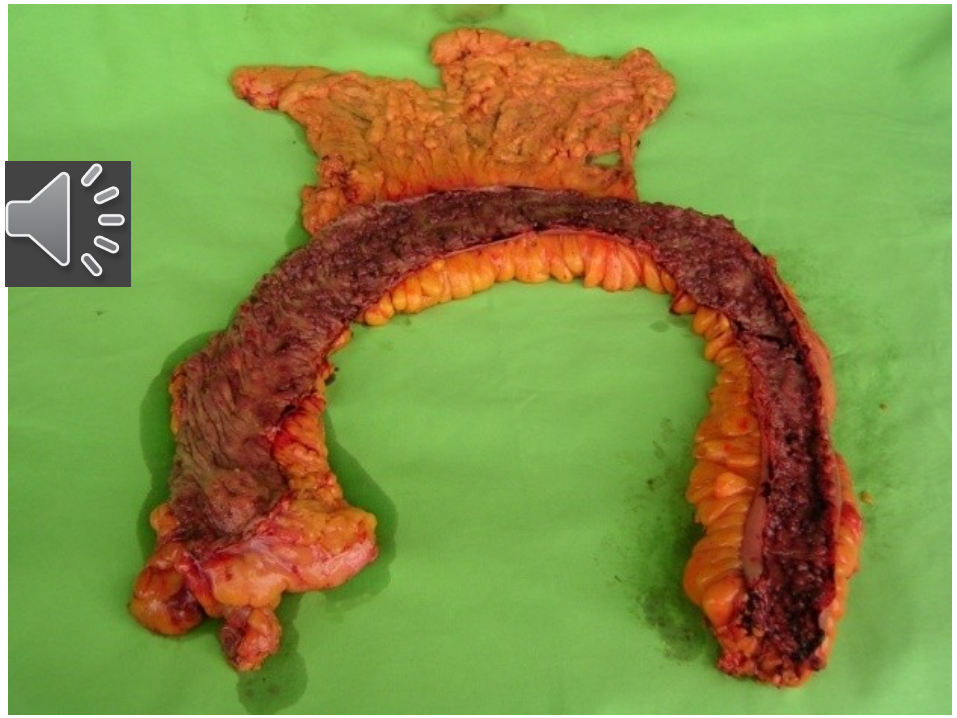
Journal of Crohn's and Colitis, 2022, 179–189
https://doi.org/10.1093/ecco-jcc/jjab177
Advance Access publication October 12, 2021
ECCO Guideline/Consensus Paper

5.3.Statement 5.3.

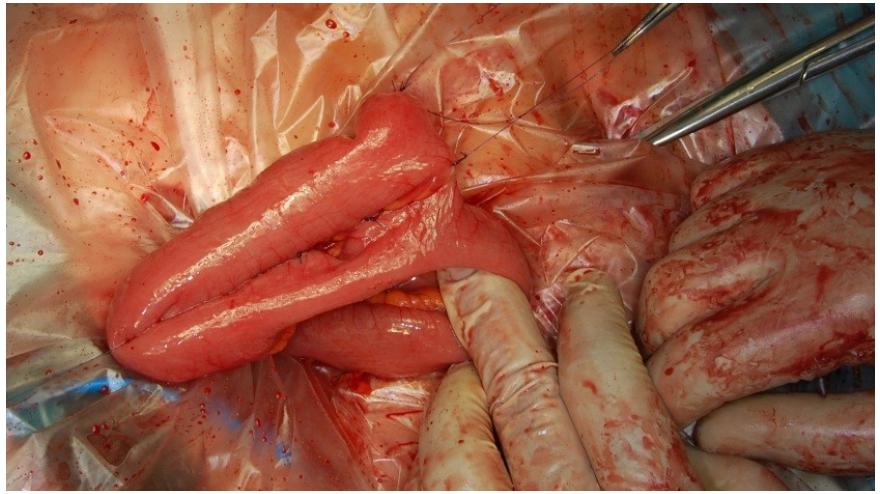
Although associated with an increased risk of rectal dysplasia, cancer, and dysplasia or cancer recurrence, patients with UC and a minimally affected rectum can be offered the option of an ileo-rectal anastomosis [IRA] [EL4]

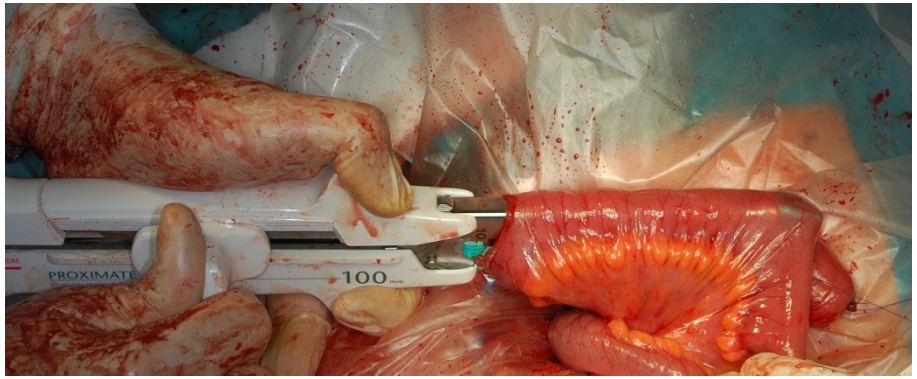
Laparoscopos subtotális colectomia + vég-ileostoma + nyákfistula

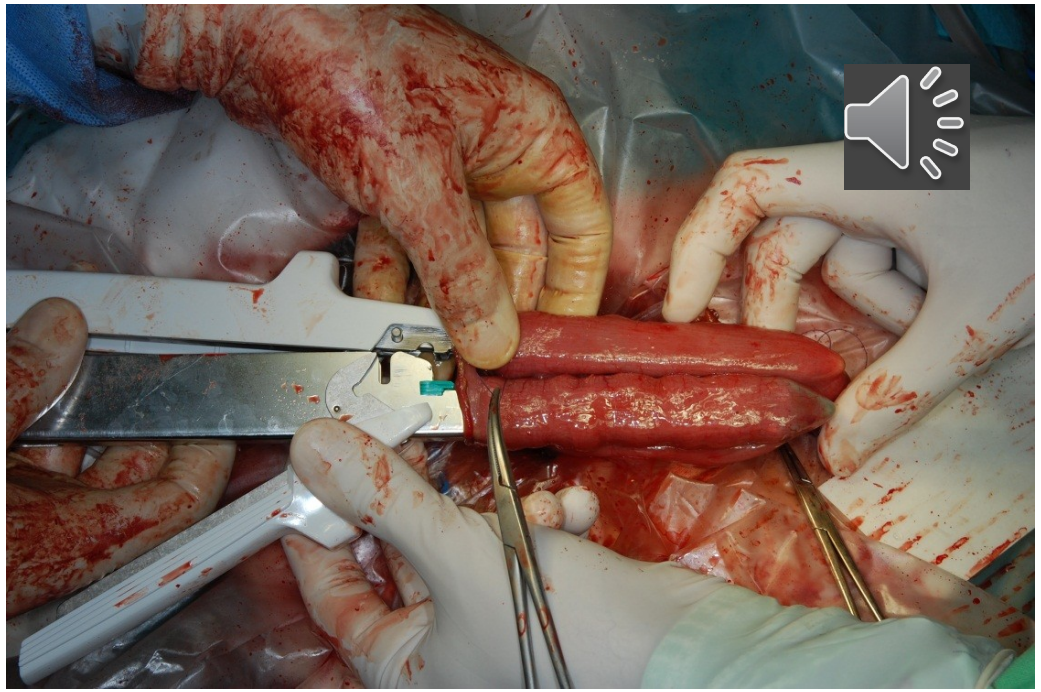


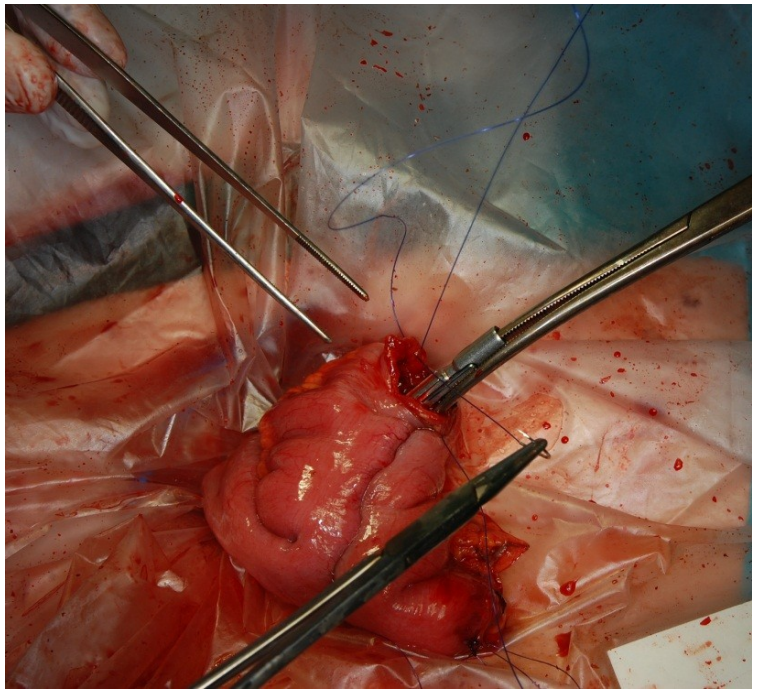


SZTE Sebészeti Klinika fotók



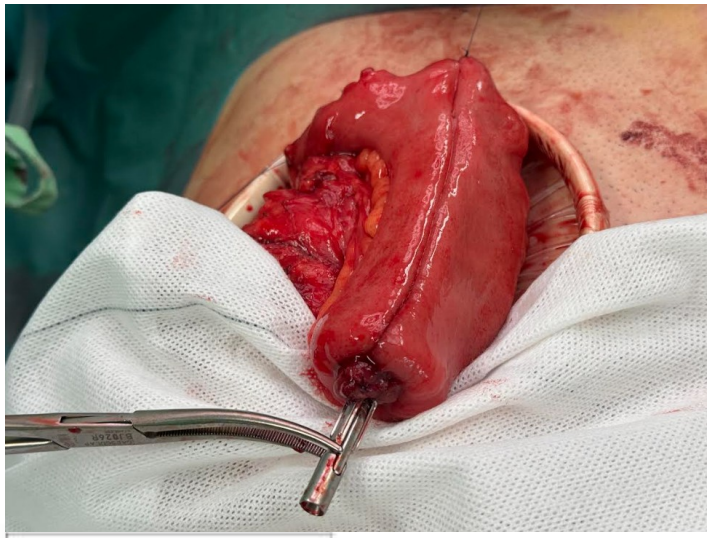


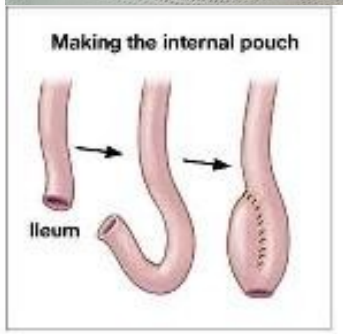


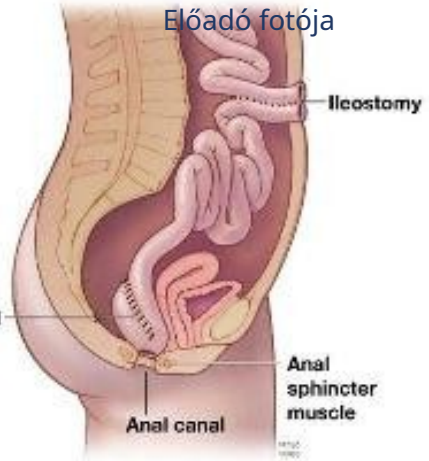


SZTE Sebészeti Klinika fotók

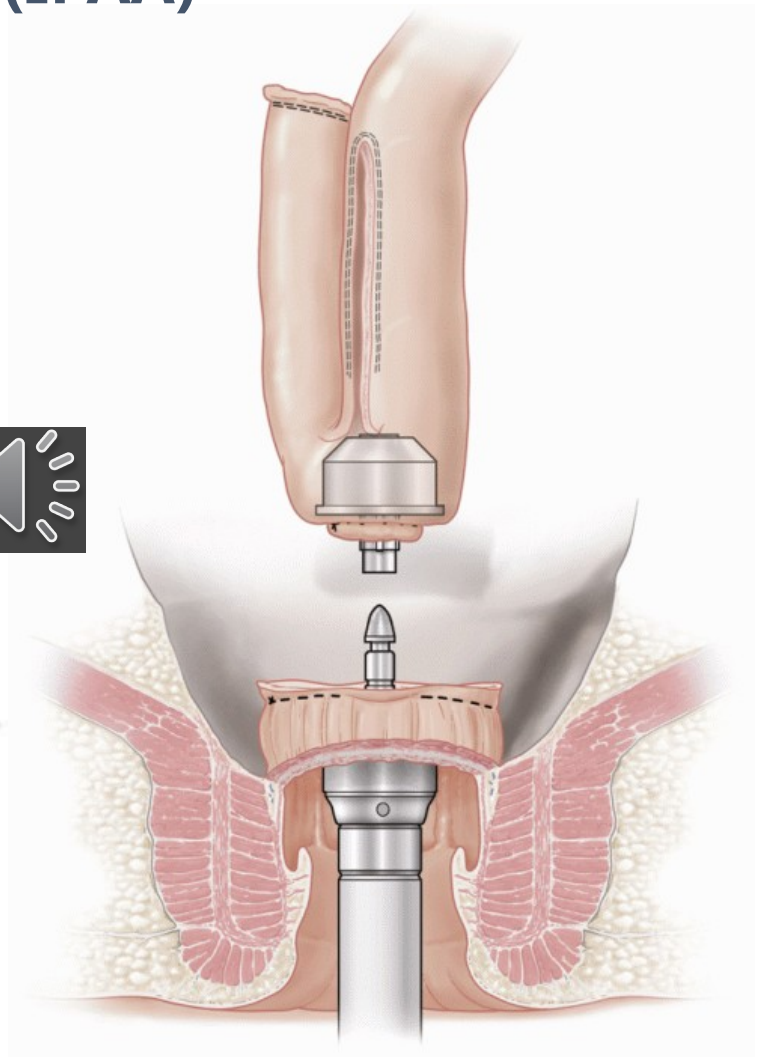
J pouch - ileum pouch-analis anastomosis (IPAA)



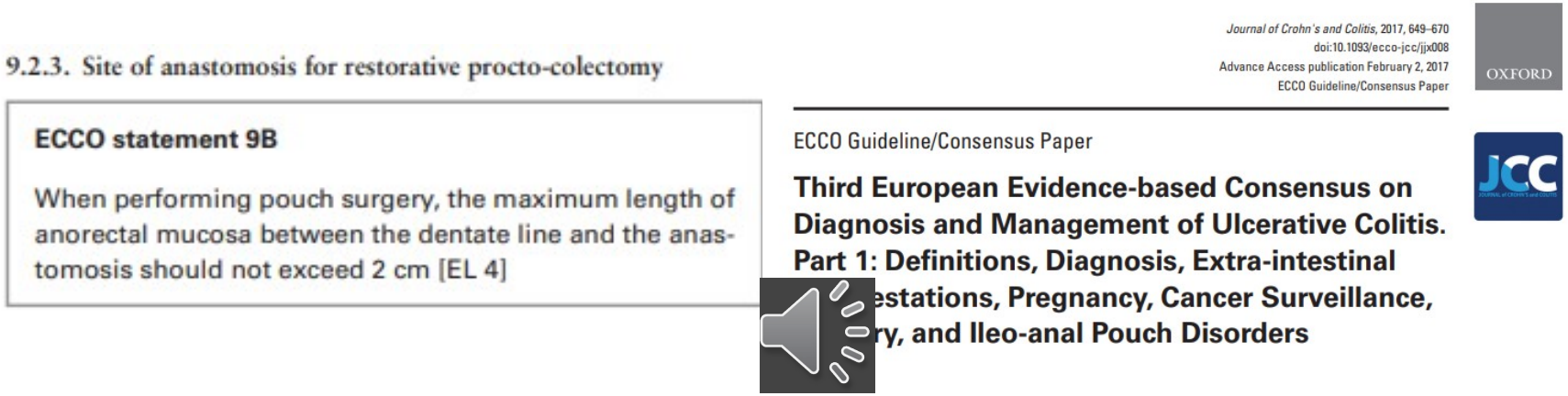




Előadó fotója



A cuff



9.2.3. Site of anastomosis for restorative procto-colectomy

ECCO statement 9B

When performing pouch surgery, the maximum length of anorectal mucosa between the dentate line and the anastomosis should not exceed 2 cm [EL 4]

Journal of Crohn's and Colitis, 2017, 649–670
doi:10.1093/ecco-jcc/jjx008
Advance Access publication February 2, 2017
ECCO Guideline/Consensus Paper

OXFORD

JCC

ECCO Guideline/Consensus Paper

Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 1: Definitions, Diagnosis, Extra-intestinal estations, Pregnancy, Cancer Surveillance, ry, and Ileo-anal Pouch Disorders

- Minimalizálni a későbbi cuffitis esélyét
- Minimalizálni a dysplasia kialakulásának esélyét

Rectumfalhoz közeli preparáció – módosított („bad”) TME

2.8.3.1. ECCO Statement 5D

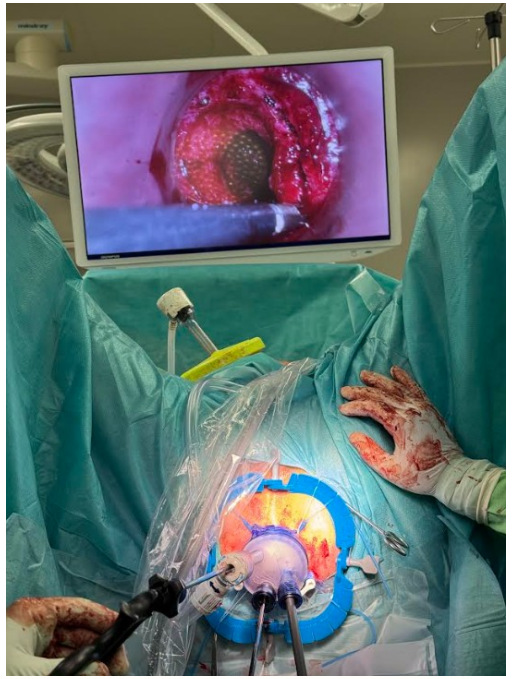
In absence of dysplasia or cancer of the rectum a close rectal resection can be performed. Anterolateral resection posterior to Denonvillier's fascia might preserve the autonomic nerves better and thus minimize the risk for urogenital complications (EL 4)

Journal of Crohn's and Colitis, 2015, 4–25
doi:10.1016/j.crohns.2014.08.012
ECCO Guidelines/Consensus Paper

ECCO Guidelines/Consensus Paper

European evidence based consensus on surgery for ulcerative colitis

- Varratelégtelenség kockázata csökkenthető
- Vérellátási és beidegzési zavarok (szexuális dysfunctio, urogenitalis problémák, LARS) csökkenthetők
- Transanalis megközelítés!!!!
  - Pfannenstiel metszés elkerülehető



Transabdominális vagy transanális IPAA?

Journal of Crohn's and Colitis, 2020, 726–733
doi:10.1093/ecco-jcc/jjz174
Advance Access publication October 22, 2019
Original Article

Original Article

Transanal Ileal Pouch-Anal Anastomosis for Ulcerative Colitis has Comparable Long-Term Functional Outcomes to Transabdominal Approach: A Multicentre Comparative Study

Pramodh Chandrasinghe,[a,b,c,*] Michele Carvello,[d,*] Karin Wasmann,[e] Caterina Foppa,[f] Pieter Tanis,[e] Zarah Perry-Woodford,[b] Janindra Warusavitarne,[a,b] Antonino Spinelli,[d,f] Willem Bemelman[e]

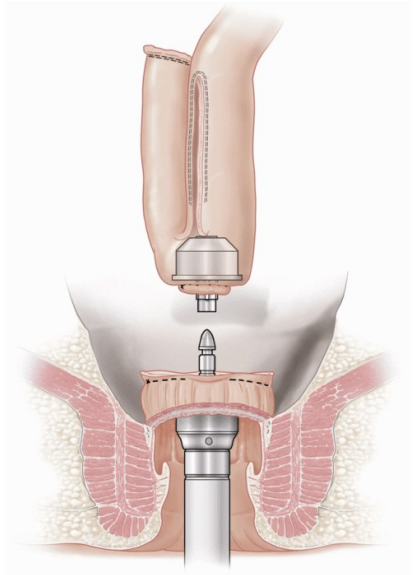


Table 1. Patient characteristics, surgical technique, and short- and long-term outcome following IPAA

Characteristics	Abd-IPAA [*n* = 274]	Ta-IPAA [*n* = 100]	*p* value
Age, years, mean ± SD [range]	39.23 ± 13.24 [9–71]	38.73 ± 12.78 [16–67]	0.74
Female, % [*n*]	45% [122]	45% [45]	1.00
Su			
Su , % [*n*]			<0.0001
	21% [57]	1% [1]	
	18% [49]	11% [11]	
tage	32% [87]	54% [54]	
Three-stage	30% [81]	34% [34]	
Postoperative complication, % [*n*]	41% [111]	33% [33]	0.22
None	59% [163]	67% [67]	
Clavien–Dindo I	9% [25]	7% [7]	
Clavien–Dindo II	7% [19]	11% [11]	
Clavien–Dindo III	23% [62]	15% [15]	
Clavien–Dindo IV	2% [5]	—	
Anastomotic leakage	13% [35]	6% [6]	0.09
Pouch failure at 12 months, % [*n*]	3% [7]	1% [1]	0.85
Pouch complication at 4 years follow-up, % [*n*]	35% [95]	25% [25]	0.10
Time to stoma closure, months, mean ± SD	5.83 ± 6.93	5.35 ± 3.51	0.64
Stool frequency	Abd-IPAA [*n* = 239]	TaIPAA [*n* = 96]	
Stool frequency at 12 months, % [*n*]			1.00
<10/24 h	79% [188]	78% [75]	
>10/24 h	21% [51]	22% [21]	
Major incontinence	Abd-IPAA [*n* = 264]	TaIPAA [*n* = 100]	
Major incontinence at 12 months, % [*n*]	26% [69]	27% [27]	0.89
Functional questionnaires	Abd-IPAA [*n* = 232]	TaIPAA [*n* = 98]	
CGQL 12 months	0.71 ± 0.14	0.75 ± 0.11	0.11

Ileostoma – tenni vagy tenni?

- 2014. ECCO irányelv
  - 10 %-os anastomosis insuffitientiara és/vagy kismedencei gyulladásra lehet számítani

Journal of Crohn's and Colitis, 2015, 4–25
doi:10.1016/j.crohns.2014.08.012
ECCO Guidelines/Consensus Paper

ECCO Guidelines/Consensus Paper

European evidence based consensus on surgery for ulcerative colitis

2.8.6.1. ECCO Statement 5J

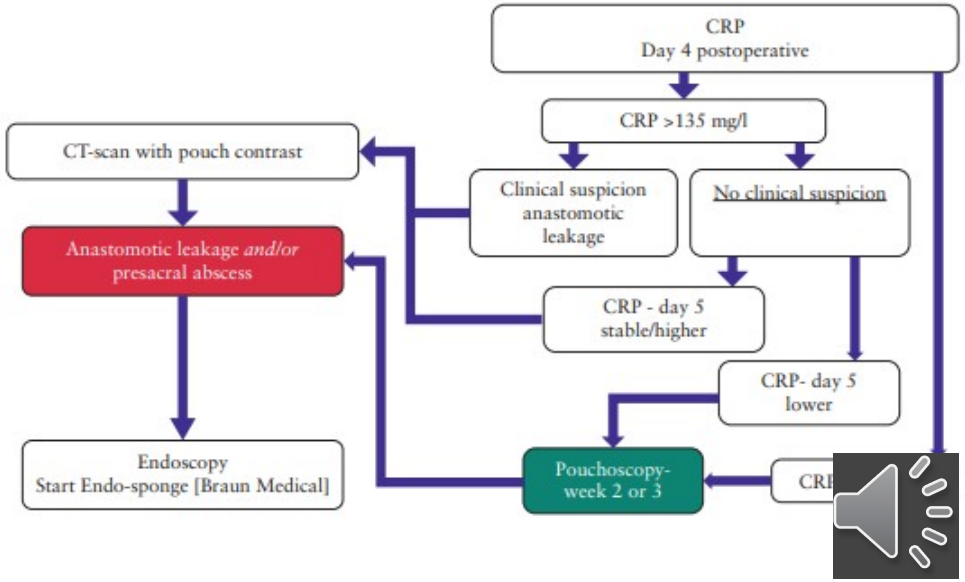
Evidence suggests that a temporary loop ileostomy at the time of ileo-anal pouch surgery reduces the risk for clinical leakage by 50%. (EL 2) However, in selected patients a temporary ileostomy can be avoided (EL 2)

- 2022. ECCO irányelv:
- módosított 2 lépcsős stratégia
  - 1. lépcső Total colectomia (végileostomával)
  - 2. lépcső Proctectomia+IPAA
    (ileostoma nélkül)

4.2.Statement 4.2.

IPAA may be performed as a two or three stage procedure. Modified two-stage IPAA may be associated with fewer complications and shorter length of stay than three-stage or two-stage IPAA in patients with medically refractory UC operated in expert centres, but more evidence is needed [EL3]

Anastomosis elégtelenség kezelése

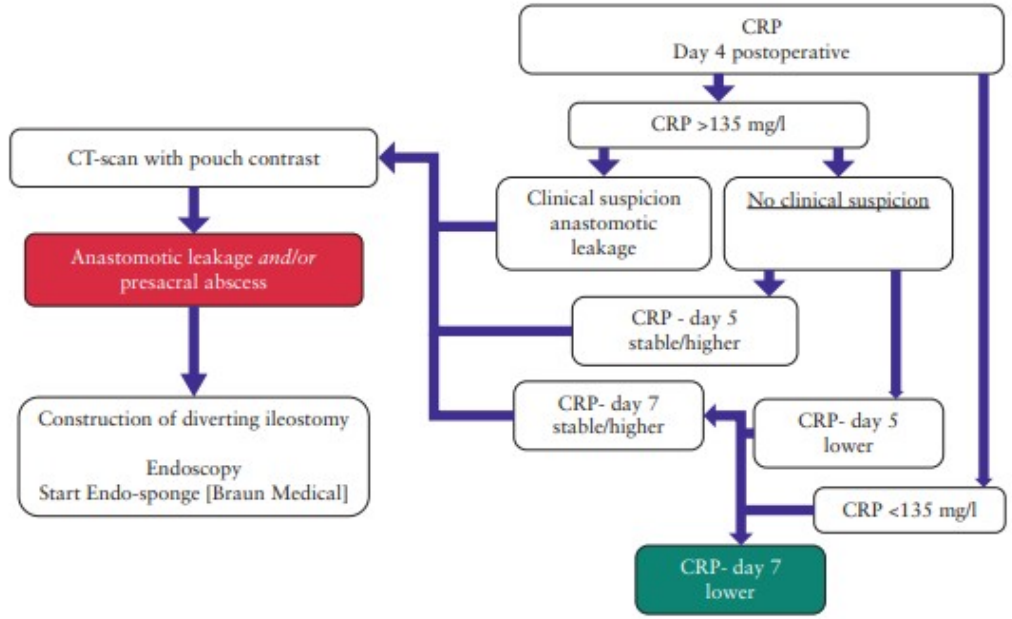


Journal of Crohn's and Colitis, 2019, 1537–1545
doi:10.1093/ecco-jcc/jjz093
Advance Access publication May 4, 2019
Original Article

Original Article

Endo-sponge Assisted Early Surgical Closure of Ileal Pouch-anal Anastomotic Leakage Preserves Long-term Function: A Cohort Study

Karin A. Wasmann,[a] Maud A. Reijntjes,[a] Merel E. Stellingwerf,[a] Cyriel Y. Ponsioen,[b] Christianne J. Buskens,[a] Roel Hompes,[a] Pieter J. Tanis,[a] Willem A. Bemelman[a]



Anastomosis elégtelenség kezelése – a vákumtherápia

Journal of Crohn's and Colitis, 2019, 1537–1545
doi:10.1093/ecco-jcc/jjz093
Advance Access publication May 4, 2019
Original Article

Original Article

Endo-sponge Assisted Early Surgical Closure of Ileal Pouch-anal Anastomotic Leakage Preserves Long-term Function: A Cohort Study

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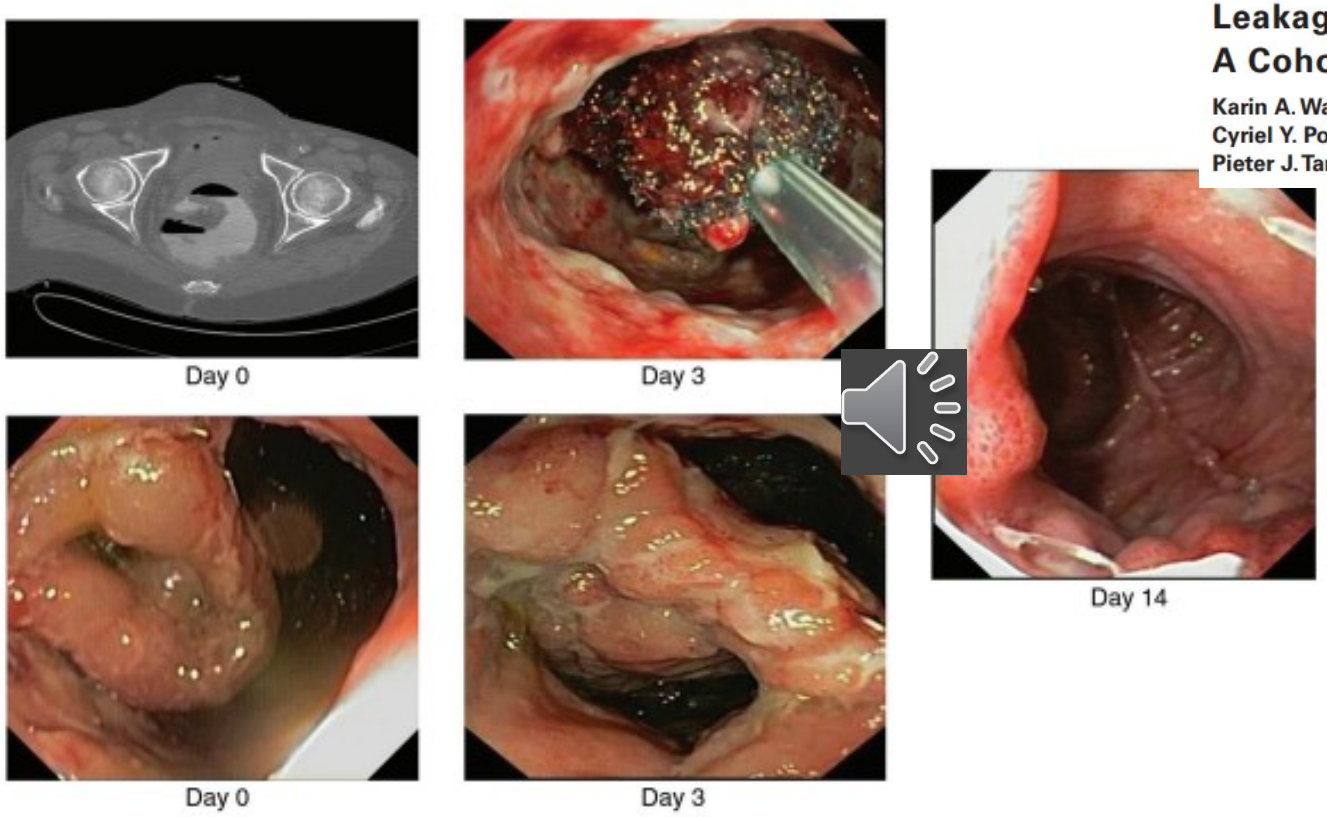

Összefoglalás

- IBD sebészete centrumban történjen
- IBD gasztroneterológus – sebész – intervenciós radiológus együttműködés

Köszönöm a figyelmet!