Surgical options of ulcerative colitis

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Indication for operation in chronic ulcerative colitis (CUC)

- CUC Refractory to Medical management.
- Onset of complications of medical management.
- Elevated Risk or Diagnosis of colonic carcinoma.
Treatment decision making in (CUC)

- CUC Refractory to Medical management
  Steroid dependent
  Multiple flares.
- Onset of complications of medical management.
- Increased Risk of carcinoma
  Duration $> 10$ years
  Dysplasia or “DALM”.
- Patient choice
Patient choice

To optimize the outcome of surgery, patients should be taken to surgery in good general condition.

Albumin level of less than 2.5g/dl have an increased rate of postop. Morbidity. Hgb level should be corrected to within normal limits.
TECHNIQUE OF OPERATION

- Ileal pouch- Anal anastomosis.
- Ileal pouch- Anal anastomosis without Mucosectomy
CURRENT ROLE OF OTHER SURGICAL ALTERNATIVES

- The continent ileostomy of Kock
- Proctocolectomy and Brock ileostomy
- Colectomy with ileorectal Anastomosis
Surgical Options in Ulcerative Colitis

- Conventional ileostomy (Brooke)
- Continent ileostomy (Kock pouch)
- Ileal pouch-anal anastomosis
- Ileorectal anastomosis
Ulcerative Colitis - Ileal Pouch-Anal Anastomosis
ILEAL POUCH- ANAL ANASTOMOSIS

This procedure entail resection of the cecum, colon, Pioximal rectum, and distal rectal mucosa, thus fully eradicating all colonic and rectal manifestations of the disease and its cancer risk.

The addition of an ileal reservoir anastomosed to the anal canal allows restablishment of intestinal continuity and preservation of fecal continence.
IPAA

Patient will average six bowel movements per day, with reasonable ability to discriminate gas from stool.

Genuine preoperative in continence is a strong contraindication to pouch surgery.
IPAA

In addition a variable degree of nocturnal minor incontinence must be expected, and the patient must be healthy enough to undergo a two-stage procedure.
Patients whose lifestyle of Profession would not permit such limitations must be considered for alternative procedures.
Ulcerative Colitis - Ileal Pouch-Anal Anastomosis
IPAA- Technique of operation

- Two stage operation

- Restorative proctocolectomy protected by diverting ileostomy $\rightarrow$ first stage

- Take down of ileostomy is the second stage.
Ileal pouch- Analcanal Anastomosis without mucosectomy.

A technique of double stapling of the anastomosis, transecting with a stapler the very distal rectum or pioximal anal canal, avoiding a mucosectomy and anastomosing the pouch by means of a circular end-to-end stapler.
Postoperative morbidity of IPAA

Complication about 19% (Pelvis abscess or phlegmon) mortality rate 0/2%

Pouchitis with cumulative risk of 48% at 10 years.
The incidence of bowel obstruction at 5-years follow-up was 14.5% and at 10 years was 22.3%

Anastomotic stricture is common

The cumulative risk of pouch failure at 10 years was 8.9%
Functional results

89% of patients has excellent daytime continence. More than 30% had minor leakage at night. Overall 94% regarded their result as satisfactory, and only 6% indicated that they would prefer a change.
A J-shaped IPAA with mucosectomy for CUC is safe and effective and provides patients with a good quality of life.
Ulcerative Colitis

Surgical Options

Ileal pouch-anal anastomosis

Conventional ileostomy (Brooke)

 Continent ileostomy (Kock pouch)

Ileorectal anastomosis
Ulcerative Colitis - Ileal Pouch-Anal Anastomosis
Contraindications

Absolute contraindications: Presence of true incontinence
Findings of Crohn’s disease
Rectal cancer (1/2 distal)
Relative contraindication:

- age > 55
- gross obesity
- poor general condition
- obese or tall body habitus
Colectomy with ileorectal anastomosis

A more limited option

Advantages:
- simplicity
- avoids a two-stage operation
- should avoid the risk of loss of sexual function

Disadvantages:
- failing to remove the rectum
Colectomy with IRA has a clear role in the following patients:

1- Patient with advanced PSC.

2- Patient with uncontrolled CUC and shortened life span.
Thanks for your Attention