



Endo Linz 2017

Donnerstag 19. - Freitag 20. Jänner  
Power Tower Linz

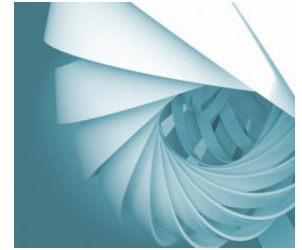
# Schwere Colitis ulcerosa – wann operieren?

Ulrike Enkner

Ordensklinikum Linz, Elisabethinen

Chirurgie

# Schwere Colitis ulcerosa - wann operieren ?



Colitis ulcerosa ist chirurgisch heilbar.

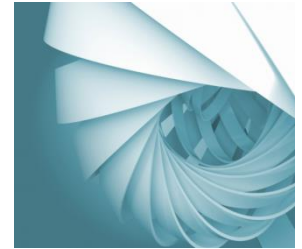
Goldstandart : Proktokolektomie

40% der Patienten mit schwerer Colitis ulcerosa brauchen eine Operation

**European evidence based consensus on surgery for ulcerative colitis.**

Øresland T, Bemelman WA, Sampietro GM, Spinelli A, Windsor A, Ferrante M, Marteau P, Zmora O, Kotze PG, Espin-Basany E, Turet E, Sica G, Panis Y, Faerden AE, Biancone L, Angriman I, Serclova Z, de Buck van Overstraeten A, Gionchetti P, Stassen L, Warusavitarne J, Adamina M, Dignass A, Eliakim R, Magro F, D'Hoore A; **European Crohn's and Colitis Organisation (ECCO)**. J Crohns Colitis. 2015 Jan;9(1):4-25. doi: 10.1016/j.crohns.2014.08.012

# Schwere Colitis ulcerosa - wann operieren ?



- **Akut:**
- Instabile Blutung
- Toxisches Megakolon
- Perforation

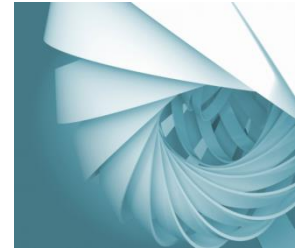


J Crohns Colitis. 2012 Dec;6(10):991-1030. doi: 10.1016/j.crohns.2012.09.002. Epub 2012 Oct 3.

## **Second European evidence-based consensus on the diagnosis and management of ulcerative colitis part 2: current management.**

Dignass A<sup>1</sup>, Lindsay JO, Sturm A, Windsor A, Colombel JF, Allez M, D'Haens G, D'Hoore A, Mantzaris G, Novacek G, Oresland T, Reinisch W, Sans M, Stange E, Vermeire S, Travis S, Van Assche G.

# Schwere Colitis ulcerosa toxisches Megakolon



## **Totale oder segmentale non-obstruktive Kolon-Dilatation mit systemischer Toxizität**

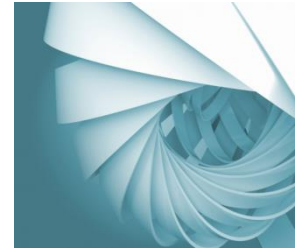
- Kolondurchmesser: > 5,5 cm
- Risikofaktoren:
  - Hypokaliämie, Hypomagnesiämie
  - **wash-out**
  - **Medikation gegen Diarrhoe**
  
- Hohe Letalität



**A experience of ulcerative colitis. Toxic dilatation in 55 cases.**

Jalan KN ,Gastroenterology ;1969,Jul

# Schwere Colitis ulcerosa - wann operieren ?



- **Dringend:**
- Bei Versagen der first line Therapie Tag 1-3:  
**Operation zu überlegen**
- Bei Versagen der second line Therapie Tag 4-7:  
**Operation indiziert**
- **Chirurgische Vorstellung innerhalb von 72 Stunden**
- **Verzögerung verschlechtert die Prognose**

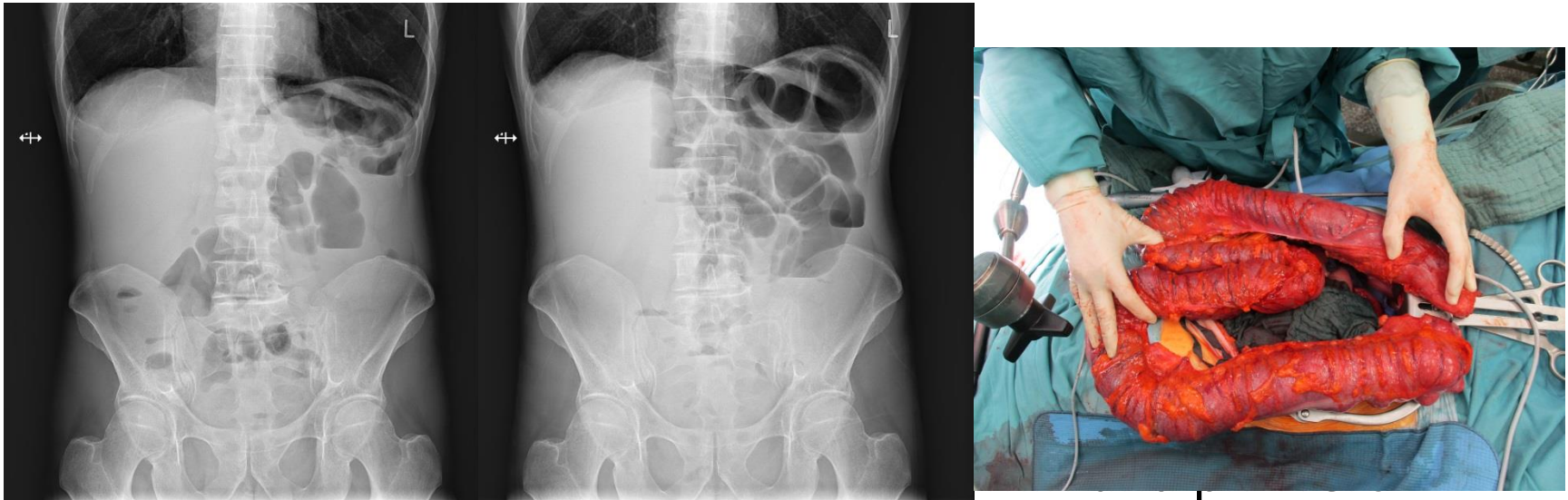
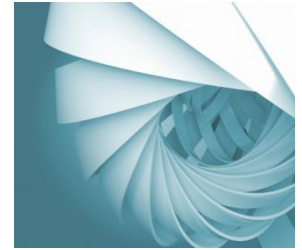
**Delayed surgery for acute severe colitis is associated with increased risk of postoperative complications.**

Randall J1, Singh B, Warren BF, Travis SP, Mortensen NJ, George BD Br J Surg. 2010 Mar;97(3):404-9. doi: 10.1002/bjs.6874

**Management of acute severe ulcerative colitis.**

Kedia S1, Ahuja V1, Tandon R1World J Gastrointest Pathophysiol. 2014 Nov 15;5(4):579-88. doi: 10.4291/wjgp.v5.i4.579.

# Schwere Colitis ulcerosa – wann operieren?



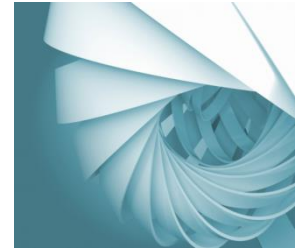
- **Röntgen:** Colon > 5,5 cm DM, 3 oder mehr Dünndarmspiegel
- **Endoskopie:** Sigmoidoskopie : tiefe Ulcerationen
- Transfusionsbedarf, Notwendigkeit parenteraler Ernährung

**Assessment of severity in colitis: a preliminary study.**  
Lennard-Jones JE, Gut. 1975 Aug;16(8):579-84

**Colonoscopy of acute colitis. A safe and reliable tool for assessment of severity.** Carbonnel F1,  
Dig Dis Sci. 1994 Jul;39(7):1550-7.

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# Schwere Colitis ulcerosa - wann operieren ?



- **Elektiv:**
- Schwere therapierefraktäre Colitis ulcerosa (relative Indikation)
- Karzinom , Dysplasie (absolute Indikation)



**Clinical practice guidelines for the medical management of hospitalized ulcerative colitis: the Toronto consensus.**

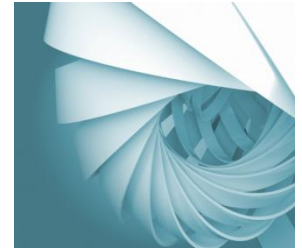
Bressler B1, Toronto Ulcerative Colitis Consensus Group. Gastroenterology. 2015 May;148(5):1035-1058.e3. doi: 10.1053/j.gastro.2015.03.001. Epub 2015 Mar 4.

**Guidelines for the management of inflammatory bowel disease in adults**

M J Carter, A J Lobo, S P L Travis, on behalf of the IBD Section of the British Society of Gastroenterology Gut 2004;53(Suppl V):v1-v16. doi: 10.1136/gut.2004.043372

Ulrike Enkner, Chirurgie

# Schwere Colitis ulcerosa - wann operieren ?

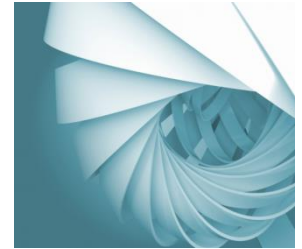


- Erkrankung medikamentös nicht mehr beeinflussbar
- Hohe Nebenwirkungen
- Cortisonabhängigkeit
- Wachstumsstörungen
- Entwicklungsverzögerung
- Junge Patienten
- Patientenwunsch





# Schwere Colitis ulcerosa - wann operieren?



- **Elektive Operation**
- **Zeitige chirurgische Vorstellung**
- **Interdisziplinäre Konferenz**

## 2.1.3.1. ECCO Statement 2

Patients' nutritional status and general conditions (including possible) should be optimized

## 2.7.2.1. ECCO Statement 4C

Prednisolone 20 mg daily or equivalent for more than six weeks prior to surgery is a risk factor for surgical complications (EL3). Therefore, corticosteroids should be weaned if possible. Failure to wean from prednisolone 20 mg daily or equivalent for more than six weeks prior to surgery, should postpone pouch construction to a second stage (EL5)

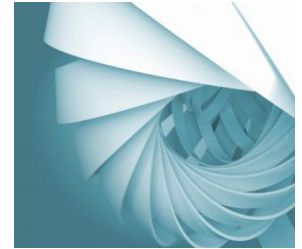
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## 2.7.2.3. ECCO Statement 4E

As long as the data surrounding pre-operative use of anti-TNF agents remain conflicting it is recommended that surgeons avoid the use of single stage proctocolectomy and ileoanal pouch in anti-TNF treated patients. (EL 5)

# Schwere Colitis ulcerosa

## Proktokolektomie



- **einzeitig, zweizeitig, dreizeitig**
- **laparoskopisch / offen**

A staged proctocolectomy (subtotal colectomy first) is considered to be a wise first step in the surgical treatment of acute severe colitis or if patients are saturated with steroids.

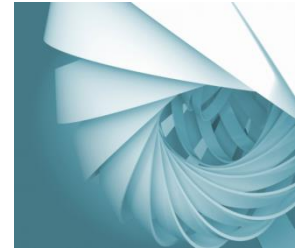
### Sonderfälle: Kolektomie mit ileorektaler Anastomose

[J Crohns Colitis](#), 2012 Dec;6(10):991-1030. doi: 10.1016/j.crohns.2012.09.002. Epub 2012 Oct 3.

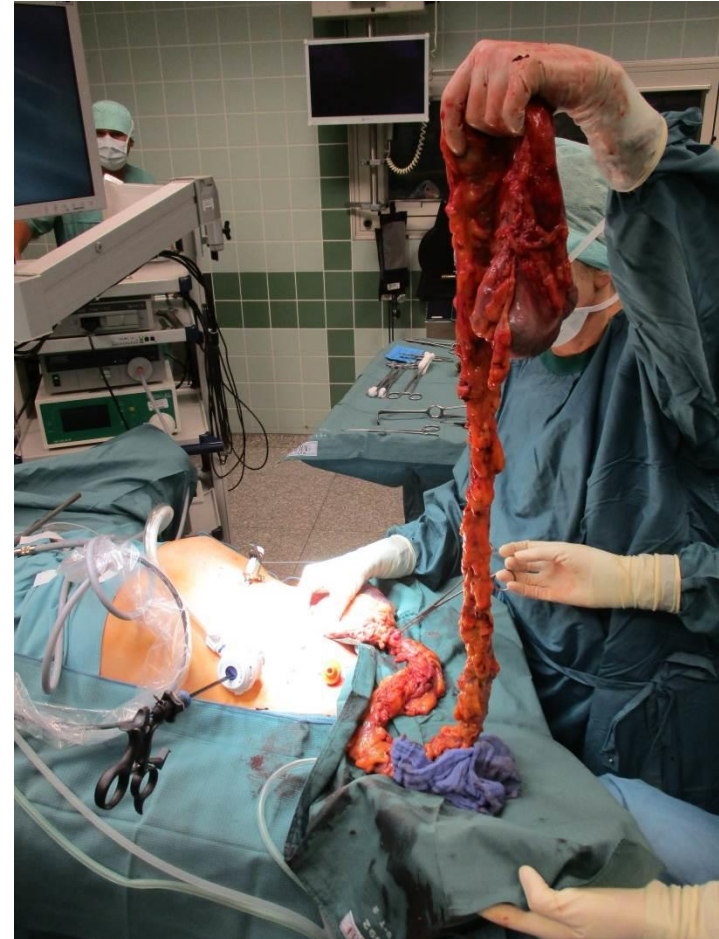
**Second European evidence-based consensus on the diagnosis and management of ulcerative colitis part 2: current management.**

[Dignass A<sup>1</sup>](#), [Lindsay JO](#), [Sturm A](#), [Windsor A](#), [Colombel JF](#), [Allez M](#), [D'Haens G](#), [D'Hoore A](#), [Mantzaris G](#), [Novacek G](#), [Oresland T](#), [Reinisch W](#), [Sans M](#), [Stange E](#), [Vermeire S](#), [Travis S](#), [Van Assche G](#).

# Schwere Colitis ulcerosa - wann operieren ?



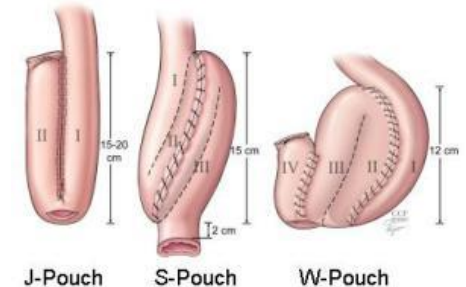
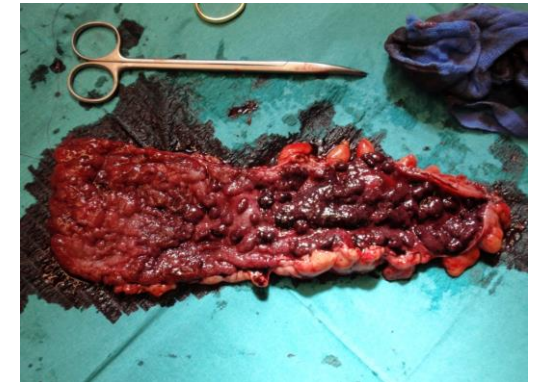
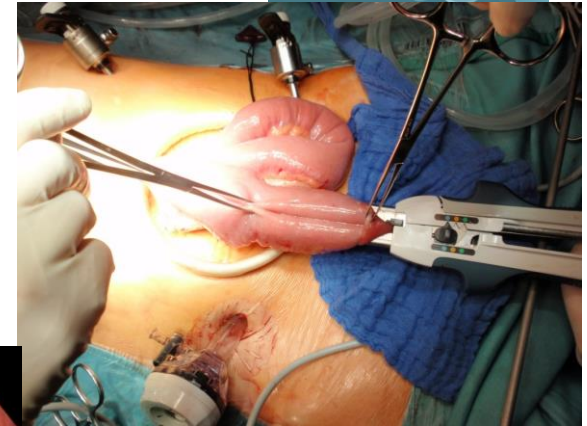
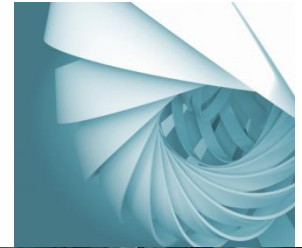
- Proktokolektomie
- **1.Schritt:**
- Entfernung des Kolons
- Terminales Ileostoma
- Versorgung des Rektumstumpfes
  - Verschluss nach Hartmann
  - Subcutanverlagerung
  - Schleimfistel



# Schwere Colitis ulcerosa - wann operieren ?

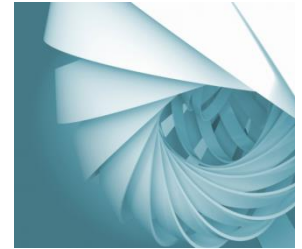
## IPAA (ileo-pouch-anale Anastomose)

- **2. Schritt:**
  - Entfernung des Rektum
  - Pouch
  - ileoanale Anastomose
  - Protektives Ileostoma
- 
- **3. Schritt:**
  - Ileostomieverschluss



# Schwere Colitis ulcerosa

## Proktokolektomie - Diskonnektion



- **Terminales Ileostoma**

„Also bei jüngeren Menschen versuchen sie IMMER, einen pouch aufzuschwatzen „

[www.croehnchen-klub .de](http://www.croehnchen-klub.de)

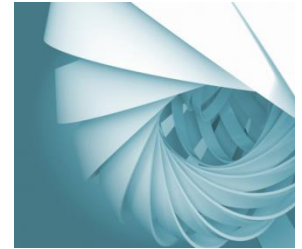
### CONCLUSIONS:

...both total proctocolectomy with **ileostomy and IPAA appear equivalent in**

- **terms of overall health-related quality of life. Most patients are satisfied with their choice regardless of procedure.**

# Schwere Colitis ulcerosa

## Proktokolektomie: MM



- **perioperative Mortalität**
- akut: 5-8 % (1% Zentren)
- **Morbidität : 27-51 %**
  
- **3 Jahresmortalität :**
- elektive : 3,7 % , akute 13,2 %
- konservativ: 13,6 %

**Mortality in patients with and without colectomy admitted to hospital for ulcerative colitis and Crohn's disease: record linkage studies,** Stephen E Roberts

BMJ 2007; 335 doi: <http://dx.doi.org/10.1136/bmj.39345.714039.55> (Published 15 November 2007) Cite this as: BMJ 2007;335:1033

**Laparoscopic emergency and elective surgery for ulcerative colitis.**

Fowkes L1, Krishna K, Menon A, Greenslade GL, Dixon AR. Colorectal Dis. 2008 May;10(4):373-8. Epub 2007 Aug 20.

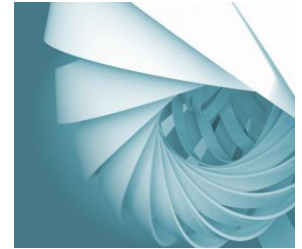
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# Schwere Colitis ulcerosa

## Langzeitfolgen IPAA



- **Stuhlfrequenz:** ca 5-6/d
- Medikation notwendig in 44%
- **Inkontinenz :**
- nachts: 12-24% , tags: 7-10% in 10-15 Jahren
- **Pouchitis , Cuffitis :** 45-60 %
- Pouchversagen : 9% in 10 Jahren
- **Infertilität** bis 30%

**Long-term follow up of ileal pouch anal anastomosis in a large cohort of pediatric and young adult patients with ulcerative colitis.**

Shannon A1, Eng K1, Kay M1, Blanchard S2, Wyllie R1, Mahajan L1, Worley S3, Lavery I4, Fazio V ,J Pediatr Surg. 2016 Jul;51(7):1181-6. doi: 10.1016/j.jpedsurg.2015.12.012. Epub 2016 Jan 8.

**Role of surgery in severe ulcerative colitis in the era of medical rescue therapy**

Bosmat Dayan and Dan Turner, World J Gastroenterol. 2012 Aug 7; 18(29): 3833–3838.

Published online 2012 Aug 7. doi: 10.3748/wjg.v18.i29.3833

PMCID: PMC3413055

# Chirurgie der Colitis ulcerosa

## Langzeitergebnisse

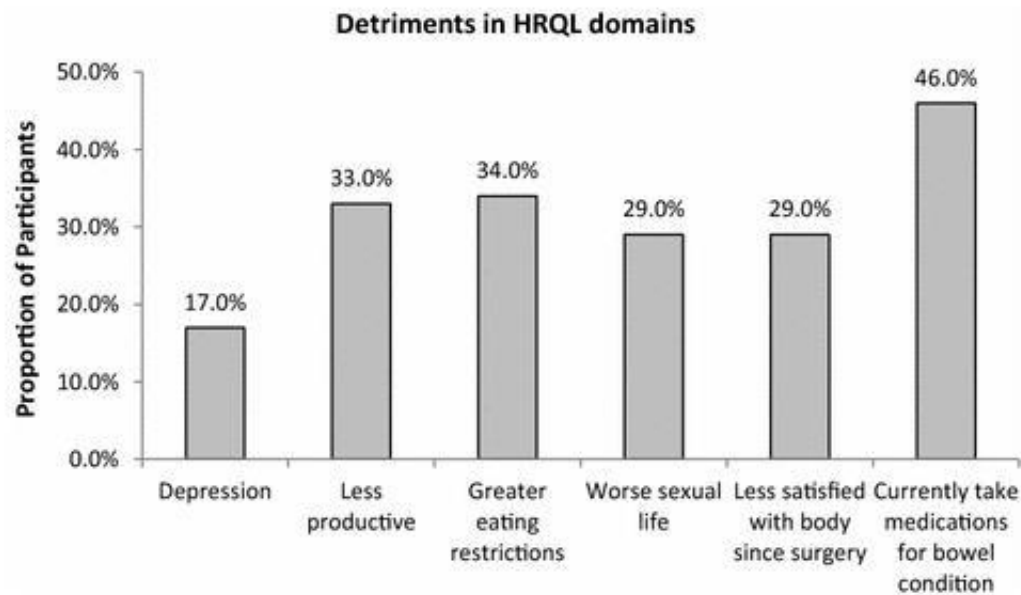
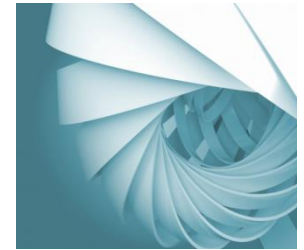


Fig. 4

Proportion of LOCUS respondents with detriments in health-related quality of life (HRQL) domains

Springerplus. 2015 Oct 5;4:573. doi: 10.1186/s40064-015-1350-7. eCollection 2015.

**IBD Derm Invisible Body Disability among patients with ulcerative colitis.**

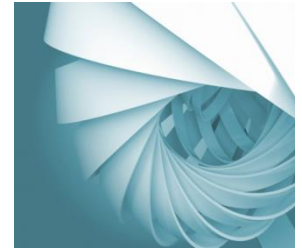
Brown C<sup>1</sup>, Gibson PR<sup>2</sup>, Hart A<sup>3</sup>, Kaplan GG<sup>4</sup>, Kachroo S<sup>5</sup>, Ding Q<sup>6</sup>, Hautamaki E<sup>7</sup>, Fan T<sup>8</sup>, Black CM<sup>5</sup>, Hu X<sup>5</sup>, Beusterien K<sup>9</sup>.

Enkner, Chirurgie



# Chirurgie der Colitis ulcerosa

## Ergebnis



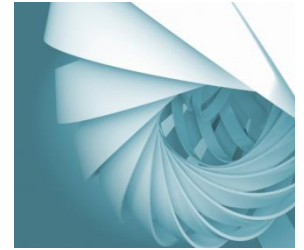
„Wir CED -ler sind ja psychisch „weich gekocht“ und wollen nur noch, dass es endlich vorbei ist. Wir akzeptieren viel eher ...“ (connykati, [www.croehnchen-klub.de](http://www.croehnchen-klub.de))

**de fato - über das Schicksal**, M.T. Cicero, 44 v.Ch

**Odyssee** , 19, 592 f. Homer , 850 (?) v.Ch

„Für jedweddes Ding haben die Unsterblichen jedem Sterblichen seinen Anteil bestimmt.“

# Schwere Colitis ulcerosa - wann operieren ?

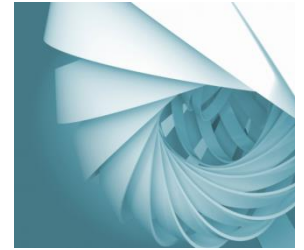


Operationstrauma  
und Folgen

Leben mit Krankheit  
und Medikamenten



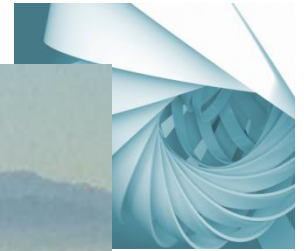
# Schwere Colitis ulcerosa - wann operieren ?



**jetzt , sofort**

**nie**





Nicht, was wir erleben, sondern wie wir empfinden,  
was wir erleben, macht unser Schicksal aus .  
Marie von Ebner-Eschenbach