



CANADIAN ASSOCIATION
of GENERAL SURGEONS

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Dynamic Practice Guidelines for Emergency General Surgery

Committee on Acute Care Surgery, Canadian Association of General Surgeons

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INFLAMMATORY BOWEL DISEASE

Dynamic Practice Guidelines for Emergency General Surgery

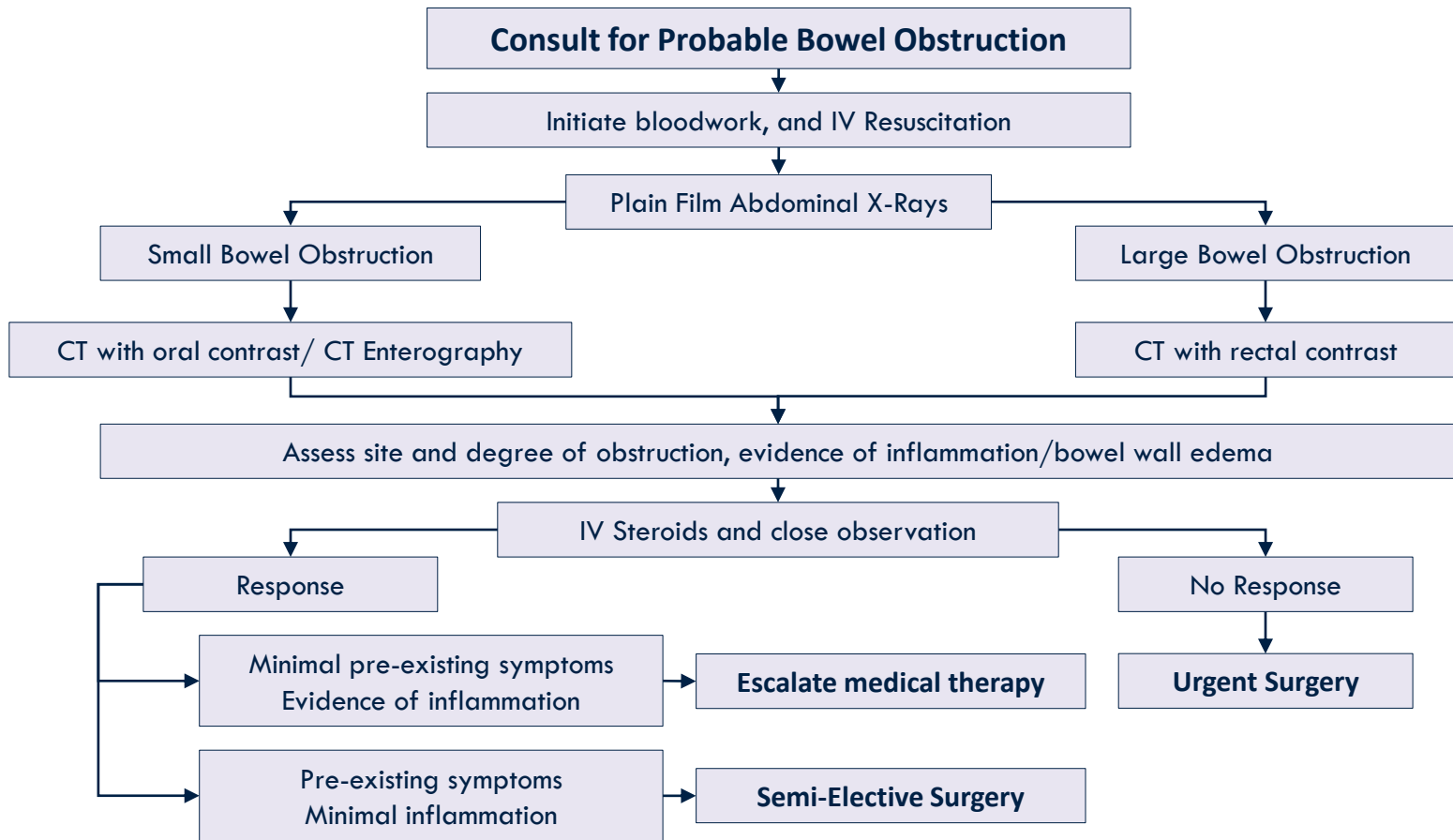
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Clinical Practice Guideline

INFLAMMATORY BOWEL DISEASE

Note: The following chapter addresses acute presentations of Inflammatory Bowel Disease



Other Related Topics

Intestinal Obstruction

Perforative Crohn's Disease

Penetrating Disease

Severe Colitis

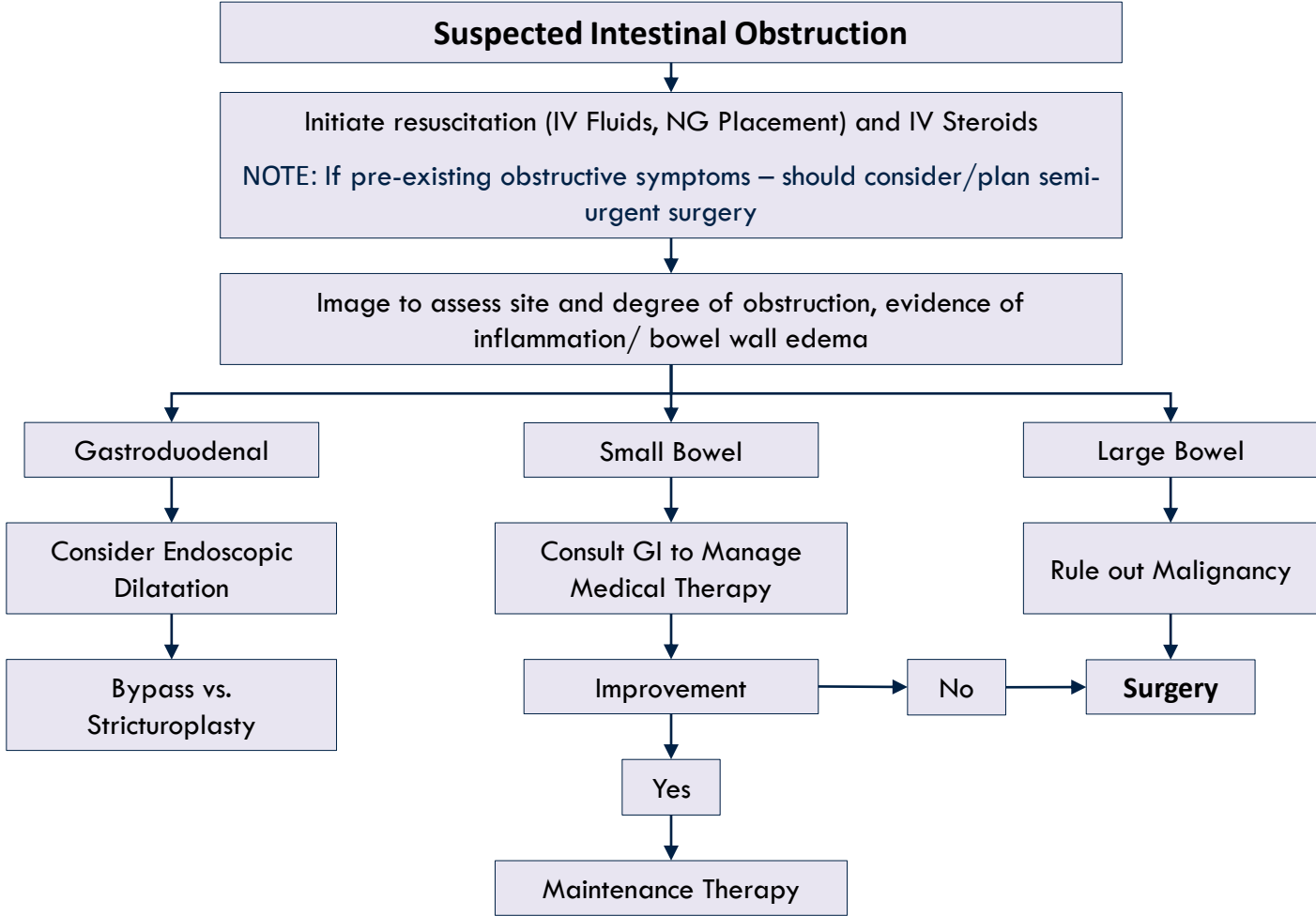
PRESENTATIONS OF IBD

- Fibrostenotic Disease
 - Bowel obstruction
 - Penetrating Disease
 - Free perforation
 - Abscess
 - Fistula
 - Mild-to-Severe Colitis
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INFLAMMATORY BOWEL DISEASE

Intestinal Obstruction

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Pathophysiology of Bowel Obstructions

- Mix of fixed scar and acute inflammation
 - Imaging can help estimate degree of acute inflammation
 - Most will respond to conservative measures, but may continue to have intermittent obstructive symptoms
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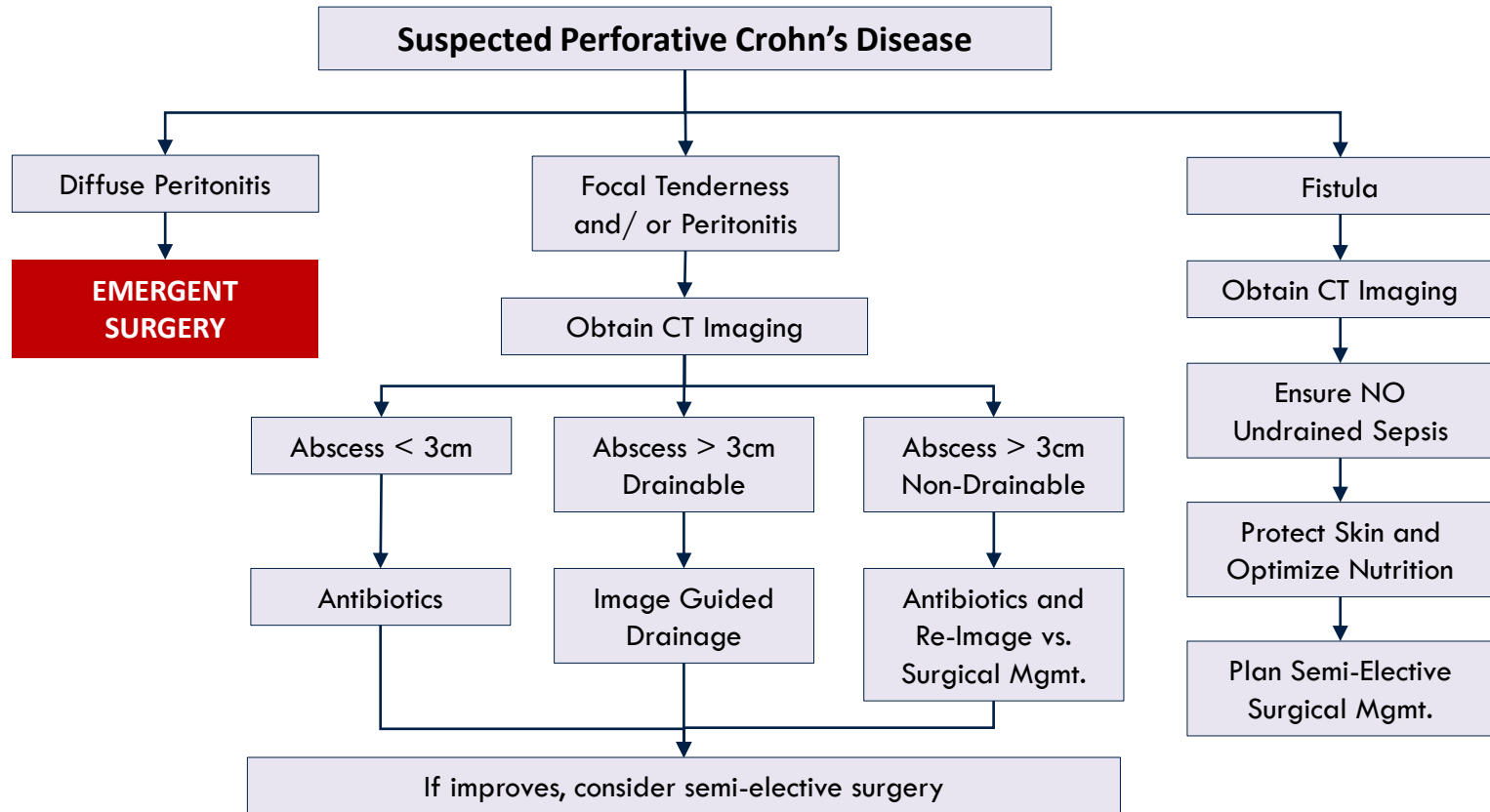
Imaging of Bowel Obstructions

- Plain films typically add little to management but are efficient and economical for diagnostic purposes.
 - CT Scans are the most useful at determining the transition point or involved pathology
 - Ultrasound may have a role in centers with the relevant expertise
 - The role of MRI continues to evolve
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INFLAMMATORY BOWEL DISEASE

Perforative Crohn's Disease

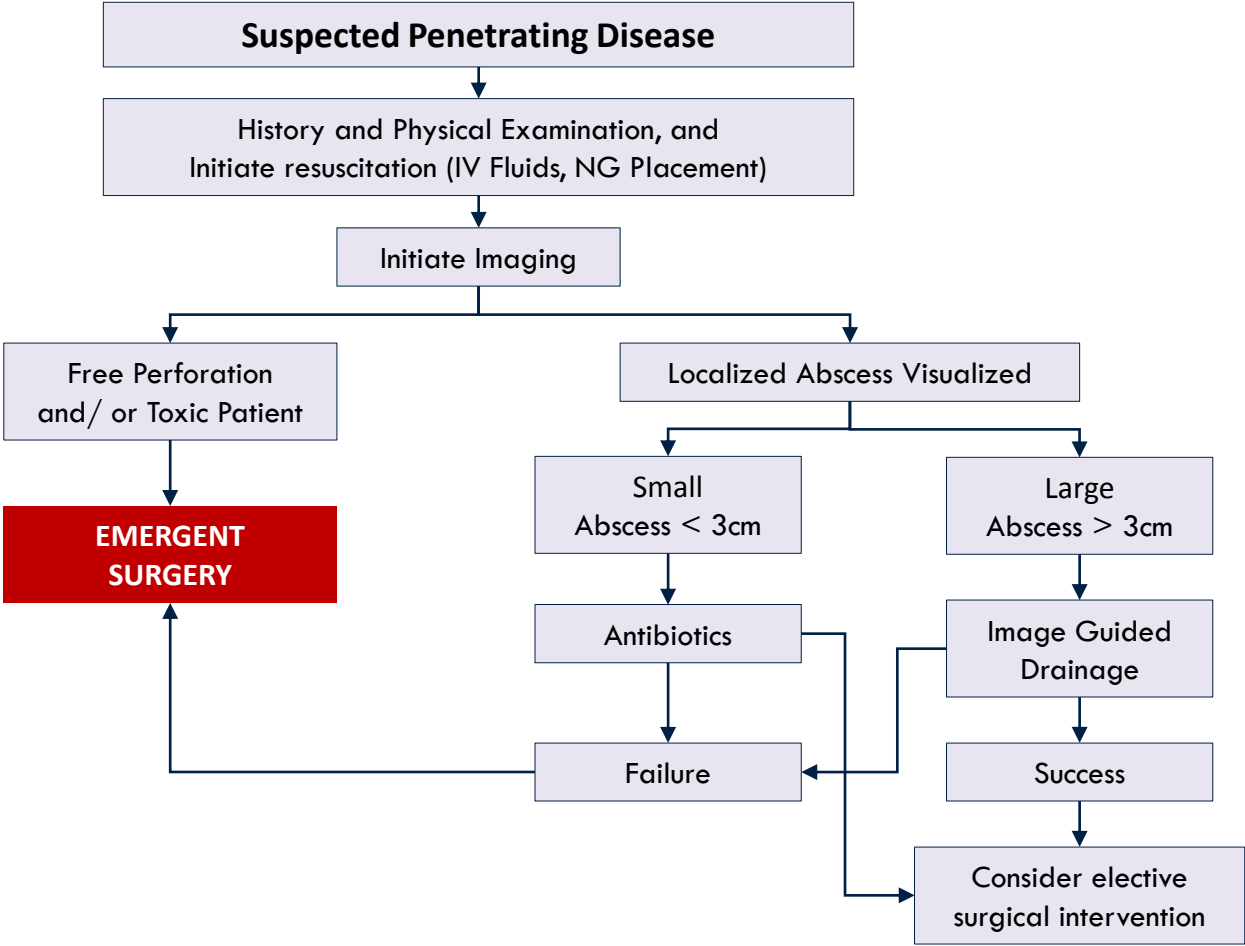
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INFLAMMATORY BOWEL DISEASE

Penetrating Disease

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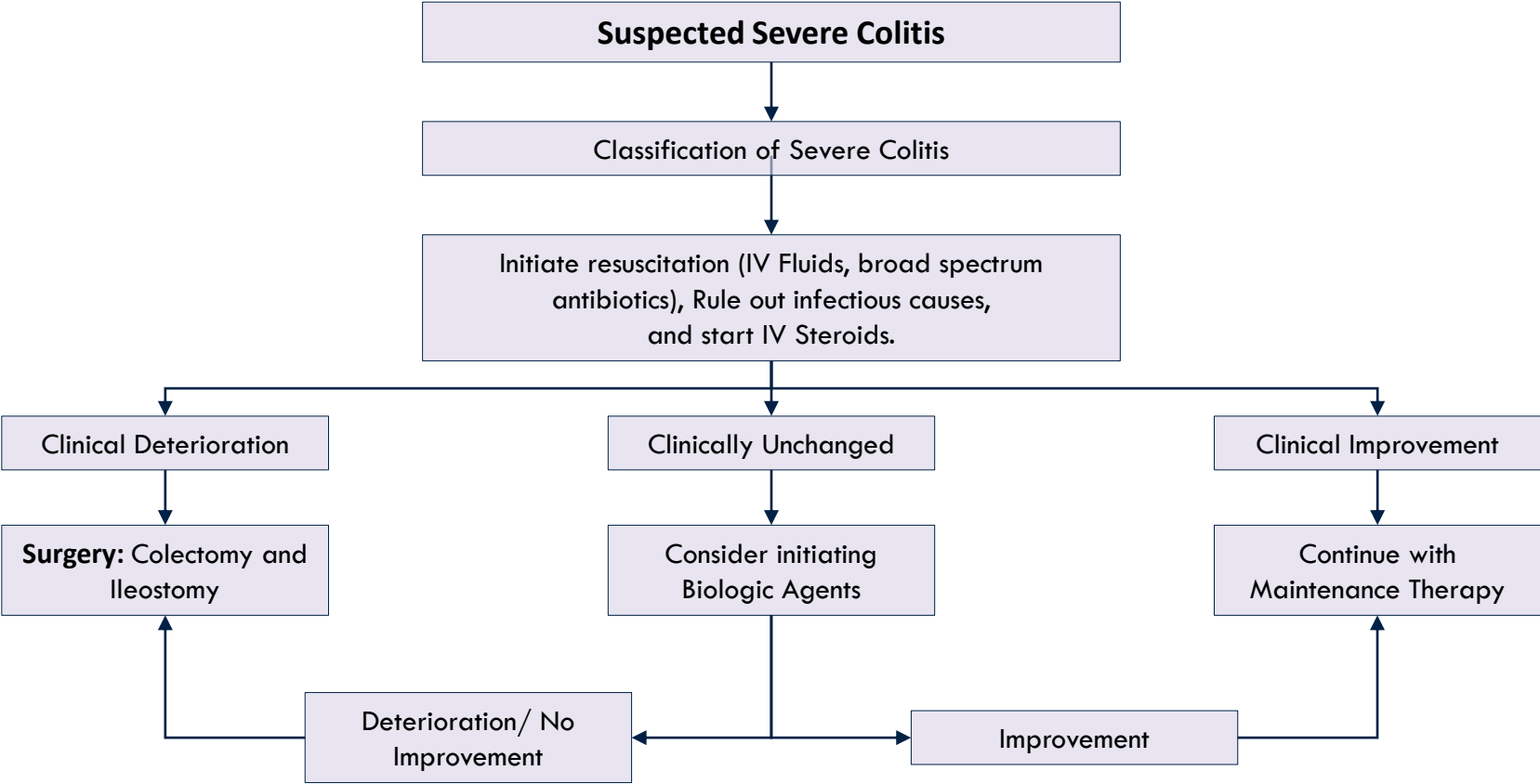
PENETRATING DISEASE

- If the patient has a proven free perforation this should lead to Surgery
 - For patients with abscesses
 - Drain if $\geq 4\text{cm}$ and accessible
 - If the size of the abscess is small, then treat with antibiotics
 - If large and inaccessible, can initially treat with antibiotics and re-image to see if becomes drainable, or go to surgery
 - If the patient has a fistula; prioritize skin protection, nutrition as well
 - If patient's condition improves, arrange semi-urgent surgery after optimized
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INFLAMMATORY BOWEL DISEASE

Severe Colitis

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COLITIS

- Most common flare of disease
 - Must rule out:
 - Clostridium Difficile infection
 - CMV colitis
 - Other infectious etiologies
 - Treatment
 - Hospital admission
 - Fluid resuscitation
 - Investigation
 - Flexible Sigmoidoscopy with biopsies to rule-out CMV colitis
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INFLAMMATORY BOWEL DISEASE

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Classification of Colitis

Truelove and Witts' Criteria of Disease Activity

Criteria	Mild Activity	Severe Activity
Daily Bowel Movements	≤ 5	>5
Hematochezia	Small amounts	Large amounts
Temperature	$< 37.5^{\circ}\text{C}$	$\geq 37.5^{\circ}\text{C}$
Pulse	< 90 bpm	≥ 90 bpm
Sedimentation rate	< 30 mm/hr	≥ 30 mm/hr
Hemoglobin	> 10 g/100mL	≤ 10 g/100mL

Risk of Colectomy based on Truelove and Witts' Criteria

1 severe criteria = 9%

2 severe criteria = 31%

3 severe criteria = 48%

If 3 days IV Steroids but >8 BMs/day or 3-8 BMs/day + CRP > 45 = 85%

Role of Infliximab

- Only 1 RCT in severe colitis patients
 - 45 patients, all hospitalized
 - 14/21 (67%) placebo had colectomy, compared to 7/24 (29%) administered infliximab at 90 days
 - Long-term data unavailable

Role of Surgical Management

- When surgical management is required: proceed with a total abdominal colectomy with ileostomy
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