



BIT'S 3<sup>RD</sup> ANNUAL WORLD CONGRESS OF

## DIGESTIVE DISEASE-2018

Time: Nov. 30 - Dec. 2, 2018

Place: Rome, Italy



### **ELECTIVE SURGERY OF ULCERATIVE COLITIS. ILEO-RECTAL ANASTOMOSIS V/S RESTORATIVE PROCTOCOLECTOMY.**

Giuseppe Caristo, Marco Frascio, Emanuela Stratta, Marco Casaccia, Rosario Fornaro.

University of Genoa, Department of Surgery, San Martino Hospital - Genova

Largo Rosanna Benzi n 10, 16132 Genova, Italy

[rfornero@unige.it](mailto:rfornero@unige.it)

**Background:** Despite advances in the medical management of Ulcerative Colitis (UC) surgery is required in about a third of patients. The indications for surgery vary according to the severity and extent of the disease, as well as to the type of complication.

**Methods and Results:** The Aa conducted a review of literature of the last 20 years in order to analyze the results of Ileo-Rectal Anastomosis (IRA) and to compare them to those of Ileal Pouch-Anal Anastomosis (IPAA) in the treatment of mild-to-moderate UC. The Aa evaluated on one side postoperative complications and functional results, whereas on the other the risk of developing cancer in each one of the two groups of patients (patients undergoing IRA and IPAA, respectively). Patients with UC who underwent IRA, had low postoperative morbidity and mortality rates, varying from 8 to 28% and from 0 to 4% respectively. Numerous meta-analysis evidence a 6.8% (95% CI: 5.4% -8, 4%) risk of failure of the pouch that increases to 8.5% (95% CI: 5.4% -13.2%) in patients with a follow-up greater than 5 years. Most patients are satisfied after IPAA, with a good quality of life and a satisfying life of relationship.

**Discussion:** An average percentage varying from 20 to 30% (and more) of patients with UC require surgery sooner or later. The indications and timing of surgery are established in the context of a multidisciplinary team in which most importantly the patient himself must also take part in addition to the gastroenterologist and the surgeon. The general condition, nutritional status and eventual immunosuppressive therapy of the patient, not only have an impact on surgical outcomes and complication rates, but also affect the choice of the type of surgery to be performed. The improvement of the nutritional status and the rationalization of the pre- and post-operative therapy can help reduce the risks of surgery.

**Conclusions:** About a third of patients with UC require surgery. Patients requiring elective surgery for UC should be counselled regarding all surgical options. Today IPAA represents the gold standard surgical treatment for patients with UC. IPAA is indicated especially when the rectum is involved in the disease and when the coexistence of either dysplasia or cancer in the colon and rectum are documented. IRA still has a role in selected patients and it remains the procedure of choice in patients at high risk of pouch failure. It is also indicated in patients who refuse an ileostomy and it can be proposed as a possible interim procedure in young women, because it does not need a pelvic dissection and because the risk of infertility is minimal or absent when compared to IPAA.