Colorectal Disease: Advancements in Management and Treatment

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Introduction

- IBD
  - Ulcerative Colitis
  - Crohn’s disease
- Colorectal Cancer
- Complex reoperative surgery
- Innovation
INTRODUCTION

Restorative proctocolectomy is the standard surgical treatment for patients with ulcerative colitis and familial adenomatous polyposis
Creation of IPAA
TPC and IPAA
OBJECTIVE

- Review outcomes for all patients undergoing the ileoanal pouch at a single center
RESULTS

- 3174 patients in the database
- Exclusions: patients who underwent previous IPAA elsewhere and then presented to CCF
- 3080 patients between 1983 and 2006
- Mean age: 37.8 years
- Median follow-up: 6.1 years (2.6-11.1)
### 30 DAY COMPLICATION RATE (%)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound infection</td>
<td>5</td>
</tr>
<tr>
<td>Sepsis</td>
<td>3.7</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>3.2</td>
</tr>
<tr>
<td>Obstruction</td>
<td>3.7</td>
</tr>
<tr>
<td>Fistula</td>
<td>1.1</td>
</tr>
<tr>
<td>Anastomotic stricture</td>
<td>0.2</td>
</tr>
<tr>
<td>Anastomotic separation</td>
<td>2.5</td>
</tr>
<tr>
<td>Pouch Failure</td>
<td>0.07</td>
</tr>
</tbody>
</table>
# COMPLICATION RATE (%)

<table>
<thead>
<tr>
<th>Follow-up duration</th>
<th>5 years</th>
<th>10 years</th>
<th>15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis</td>
<td>7.7</td>
<td>7.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Fistula</td>
<td>7.5</td>
<td>9.4</td>
<td>11.3</td>
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<tr>
<td>Anastomotic stricture</td>
<td>15.4</td>
<td>16.7</td>
<td>18.5</td>
</tr>
<tr>
<td>Obstruction</td>
<td>15.8</td>
<td>19</td>
<td>23.3</td>
</tr>
<tr>
<td>Pouch failure</td>
<td>4</td>
<td>5.4</td>
<td>7.2</td>
</tr>
<tr>
<td>Pouchitis</td>
<td>32.1</td>
<td>43</td>
<td>51.8</td>
</tr>
</tbody>
</table>
Incontinence

Rate or No Incontinence (%)
Happiness with the results of surgery

Happiness with the results of surgery (mean)

3 mo 6 mo 1 yr 3 yrs 5 yrs 10 yrs 15 yrs
DISCUSSION

• 97% patients said that they would undergo surgery again

• 97.4% patients stated that they would be willing to recommend surgery to other patients
CONCLUSION

- The ileoanal pouch can be successfully performed with acceptable morbidity for a wide variety of disease conditions.
- Patients undergoing the procedure continue to sustain good long term function and quality of life.
- Majority of the patients are pleased with the results and their decision to undergo the procedure. They are willing to recommend to other patients who might be candidates for the procedure.
Repeat Pouch Surgery by the Abdominal Approach Safely Salvages Failed Ileal Pelvic Pouch

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James S. Wu, Ian C. Lavery, Victor W. Fazio

Digestive Disease Institute
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Pelvic Sepsis

Any peripouch infection
  ±
Anastomotic leak
  ±
Abscess
  ±
Development of fistula
Anastomotic Leak
Results

Operative Details of 241 Patients

• Repeat IPAA in 211 (88 %)

• Fecal diversion in 221 (92 %)

• No perioperative deaths
Crohn’s Disease
Operative Indications

Failure of medical therapy

• Unresponsive disease
• Incomplete response
• Excessive steroid requirements
• Complications due to medications
• Noncompliance with medication
Operative Options

Bypass
- Internal with/without exclusion
- External

Resection with/without anastomosis

Strictureplasty
Resection

Procedure of choice

Operative principles

• Adequate mobilization
• Minimal contamination
• Suture ligation of mesenteric pedicles
• Conservative resection margins (~2 cm)
Resection Margins

Extended (~12 cm) versus limited (~2 cm) margin

- Randomized, controlled trial
- Small bowel disease
- N=131; follow-up: 56 months
- Recurrence: 18% versus 25%

Fazio 1996
Strictureplasty

Indications

• Multiple strictures in long segment
• Existing or impending short bowel syndrome
• Non-phlegmonous, fibrotic stricture
Strictureplasty

Short-length strictures (<10 cm)
- Heineke-Mikulicz
Strictureplasty

Medium-length strictures (10-20 cm)
- Finney
- Finney & Heineke-Mikulicz
- Double Heineke-Mikulicz
- Jaboulay
Strictureplasty

Long-length strictures (>20 cm)

- Side-to-side isoperistaltic
Strictureplasty

N=314 patients, 1124 strictureplasty
Overall morbidity was 18 %
  Septic complications 5 %
  Bleeding 7 % N=21, self limiting
Older age and preoperative weight loss
Within 1 to 6 months 98 % was free of symptoms and 19 % remained on prednisone
Recurrence of 37 % of 7.7 years

Dietz 2001
Laparoscopic ileocolectomy for Crohn’s

- Laparoscopic ileocolectomy is an appropriate option for treatment of Crohn’s disease
- Recurrence rates are comparable
- Laparoscopic treatment might provide advantages in reduction of incisional hernias

Stocchi 2008 CSA
Specific Disease Sites

Stomach and/or duodenum
Small bowel
Ileocecal
Colon and/or rectum
Anoperineum
Colorectal Cancer
Radical Resection of Rectal Cancer

Anastomotic levels

- Low colorectal
- Coloanal
- Ultra-low coloanal
TME
Total Mesorectal Cancer Excision
Anastomosis
Reconstruction
End-to-end versus J-pouch
J-pouch versus Coloplasty
J-pouch versus Side-to-end
Intraoperative Radiation Therapy
Intraoperative Radiation Therapy
Reoperative Surgery
Case Presentation

- 42 year male leg pain
- Work showed a large Right sided pelvic mass
- Attempted for removal at an OSH
- Opened and closed, and biopsied
- Radiated and then referred to CCF
Innovation

• Minimally Invasive Surgery
  – Highest volume in the country with close to 500 cases per year

• Technology

• Newer surgical Techniques
Postoperative Day 8
CCF Experience

- N=9
  7 ileocolic resection/right hemicolecctiony
  2 sigmoid colectomy

- Indication
  Crohn’s disease N=3
  Cancer N=4 (3 right, 1 left)
    LN range (14-56)
  Diverticulitis N=1
  Unresectable polyp N=1

- Complications
  N=2 ileus