Abstract / Povzetek predavanja

Surgical treatment of inflammatory bowel disease

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Surgery plays a crucial role in the treatment of inflammatory bowel disease (IBD), including ulcerative colitis (UC) and Crohn's disease (CD), especially when drug therapy fails or complications occur. The ECCO guidelines emphasize a patient-centered, multidisciplinary approach that includes surgical strategies tailored to the type and severity of the disease and individual risk factors.

In ulcerative colitis, restorative proctocolectomy with ileal pouch anal anastomosis (IPAA) is the preferred surgery for patients with medically refractory disease or colitis-associated neoplasia. Total proctocolectomy with terminal ileostomy remains a suitable alternative for patients who are not candidates for reconstructive procedures. ECCO recommends minimally invasive techniques as safe and effective, especially in experienced centers, which contribute to better recovery and cosmetic outcomes (1, 2).

In Crohn's disease, surgery remains an essential tool for complications such as strictures, perforations, abscesses and refractory disease. The principle of bowel preservation is paramount. Therefore, limited segmental resections and strictureplasty are preferred over extensive resections to minimize the risk of short bowel syndrom. Among the evolving surgical techniques, the Kono-S anastomosis has gained attention. This antimesenteric, hand-sewn, functional end-to-end configuration has been developed to reduce recurrence at the anastomotic site. The ECCO recognizes that there is emerging data demonstrating the potential benefit of anastomosis, particularly in high-risk patients, although solid validation through randomized controlled trials is still awaited (3, 4).

The guidelines emphasize perioperative optimization, including discontinuation of corticosteroids and careful timing of biologics to minimize postoperative complications. Smoking cessation, nutritional support and early postoperative endoscopic surveillance are essential components of recurrence prevention, particularly in Crohn's disease. The role of mesenteric excision is currently under investigation but remains controversial due to conflicting data (5).

The surgical treatment of IBD, as described in the ECCO consensus documents, continues to evolve, with an increasing focus on minimally invasive procedures, bowel-preserving techniques and standardized perioperative care. Innovative procedures such as the Kono-S anastomosis reflect this shift towards reducing recurrence and improving long-term outcomes. Continued research and adherence to ECCO recommendations are essential to optimize care for this complex patient population (6, 7).

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