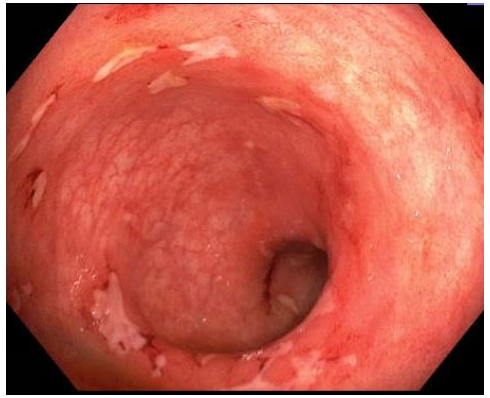
Wanneer vliegt de chirurg in bij IBD?

Erwin van der Harst, chirurg Maasstad ziekenhuis
Christianne Buskens, chirurg AMC
Eva Visser, PhD candidate AMC

Colitis ulcerosa

- Mucosa laag colon
- Neemt wereldwijd toe



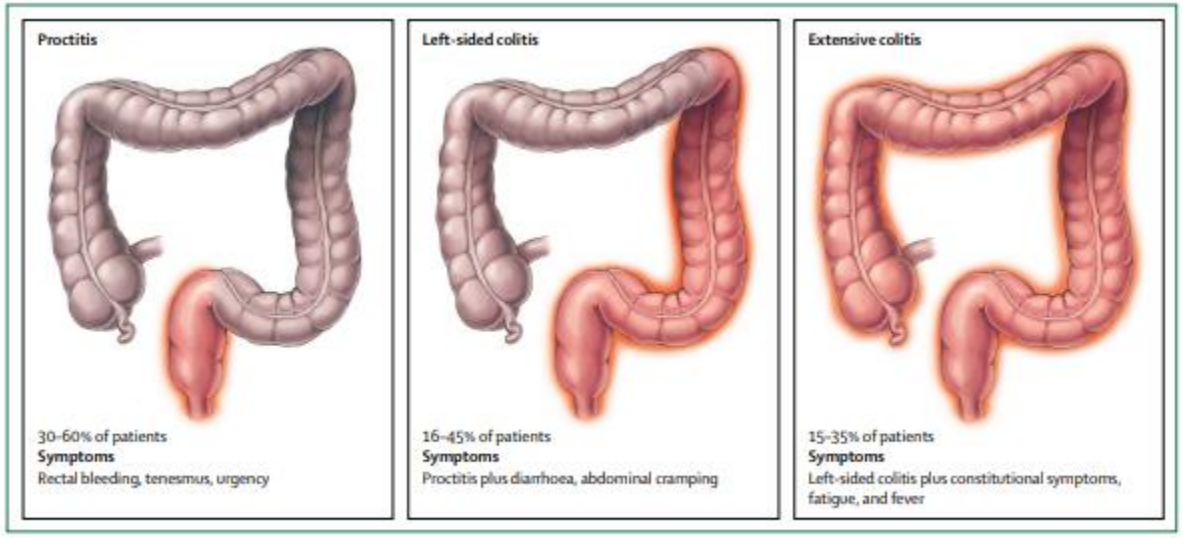
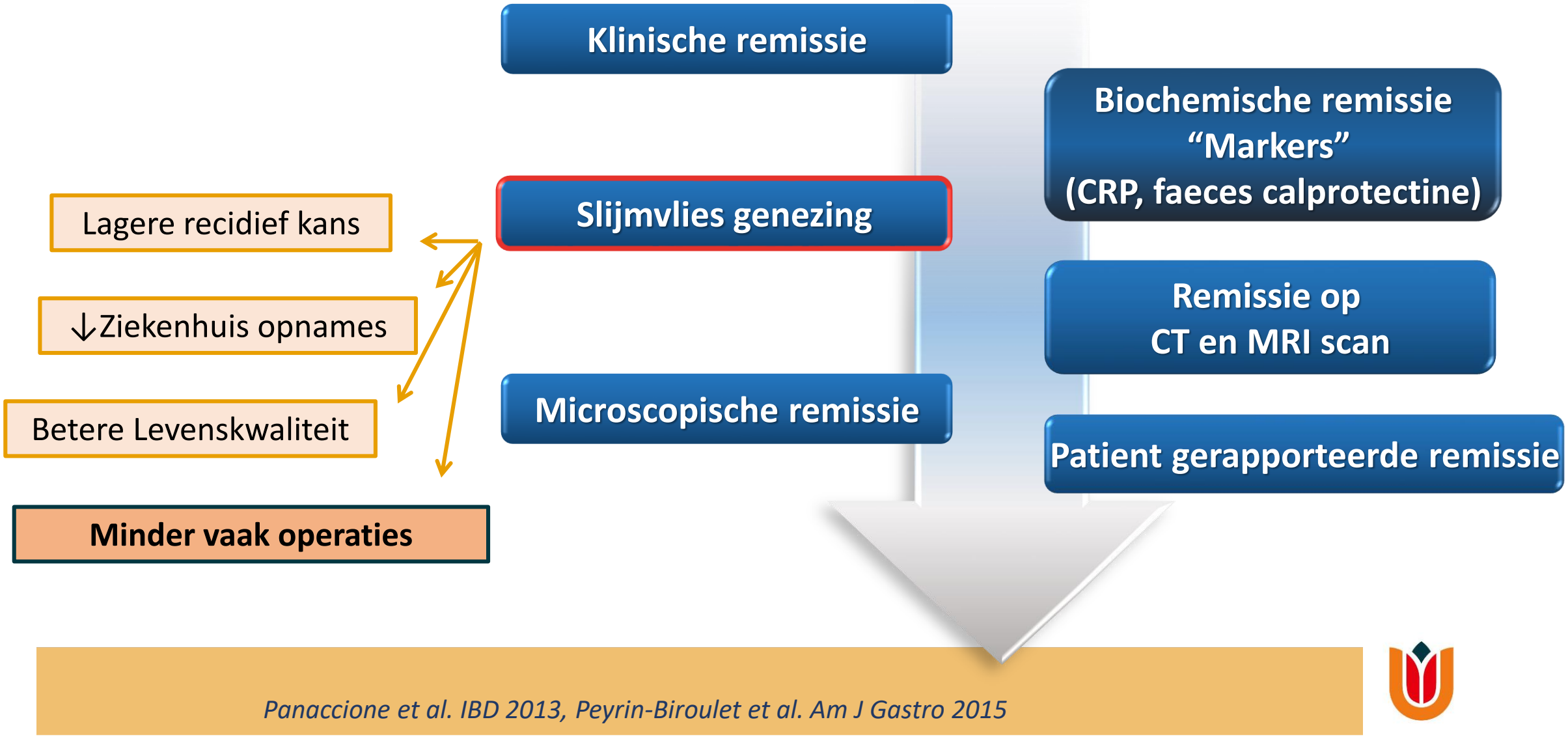


Figure 3: Ulcerative colitis phenotypes by Montreal Classification[71]
Symptoms and treatment strategy can differ based on extent of disease. Illustration by Jill Gregory. Printed with permission of ©Mount Sinai Health System.

IBD behandeling: *STRIDE* ....streven naar remissie



Panaccione et al. IBD 2013, Peyrin-Biroulet et al. Am J Gastro 2015

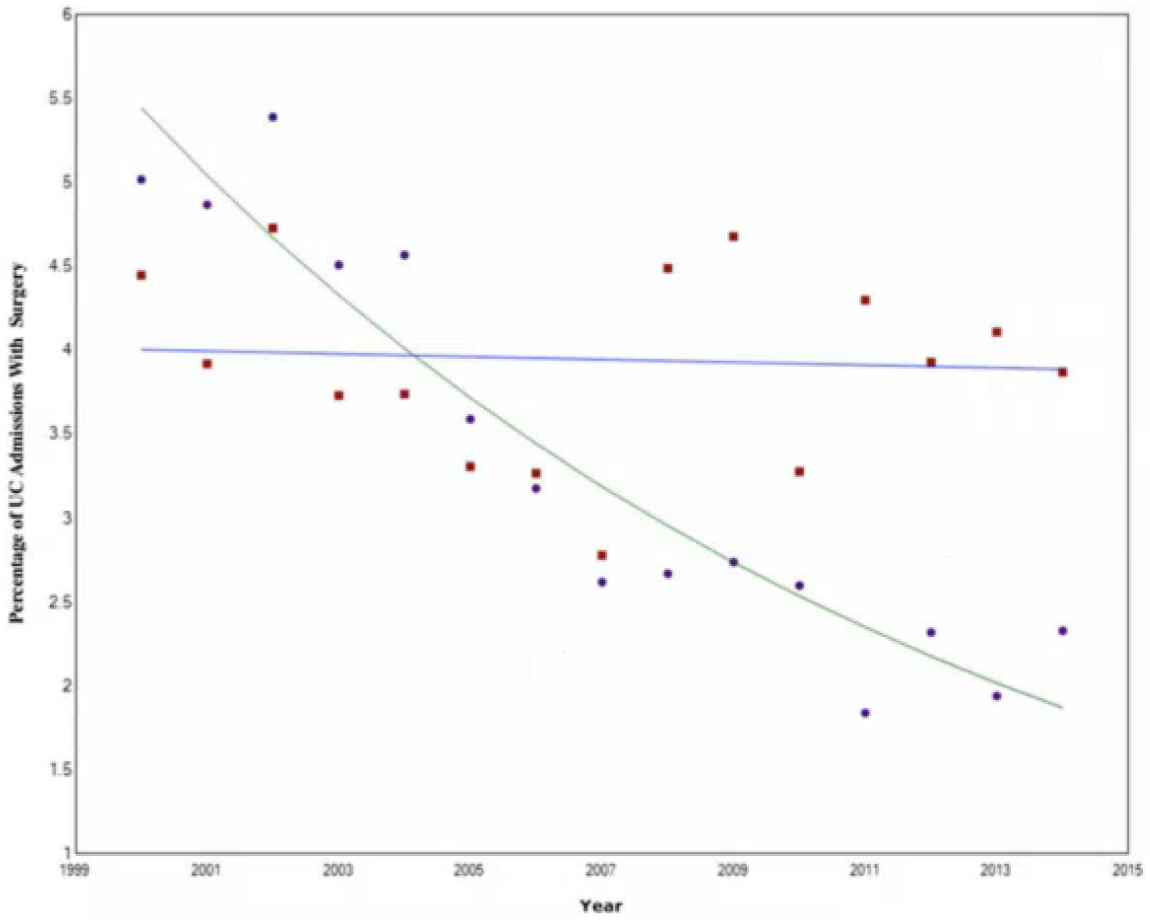
IBD behandeling anno 2025 .....MDO

- Alles op een rij
- Revisie van de MRI en CT scans
- Leeftijd/ASA/comorb
- Volledigheid onderzoeken
- Nurse practitioner / Physician ass

IBD behandeling anno 2025 .....colitis ulcerosa

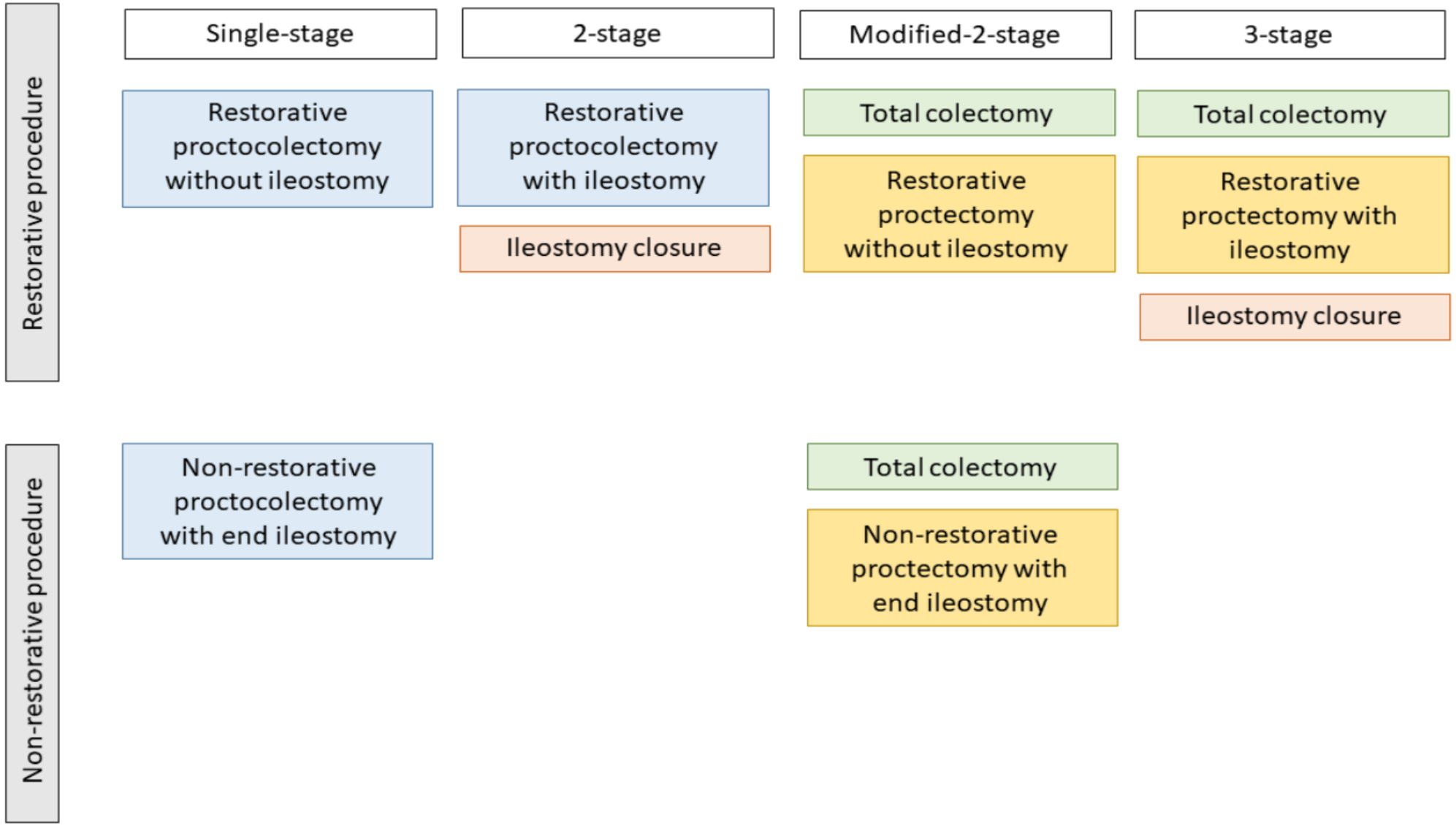
- Einstandig stoma
- Dubbelloops stoma
- Colostoma en ileostoma

Trends: acute operaties voor colectomie nemen af!



--- Acute colectomie operatie
--- Geplande colectomie operatie

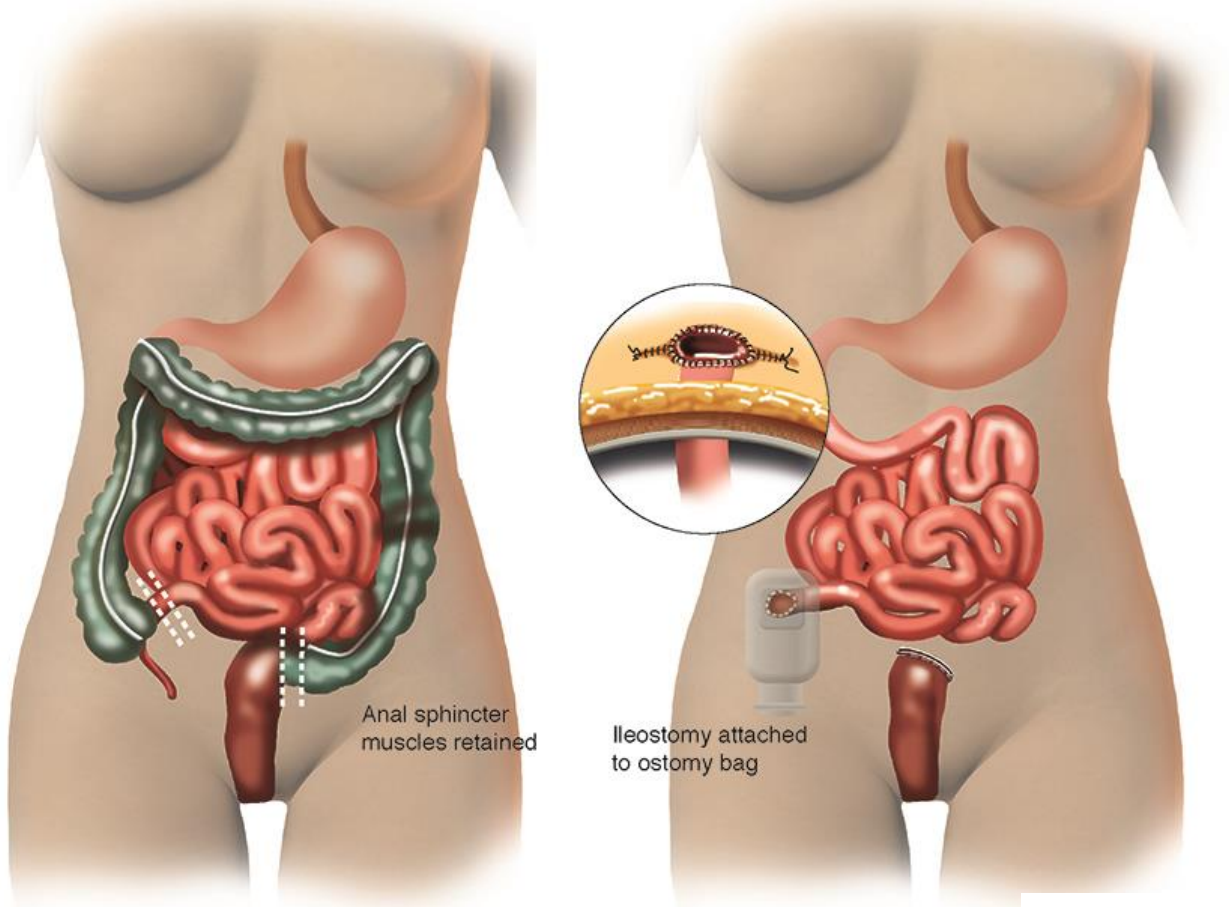
Acute ernstige colitis ulcerosa



3 Stappen plan: aanleggen AP....stoma

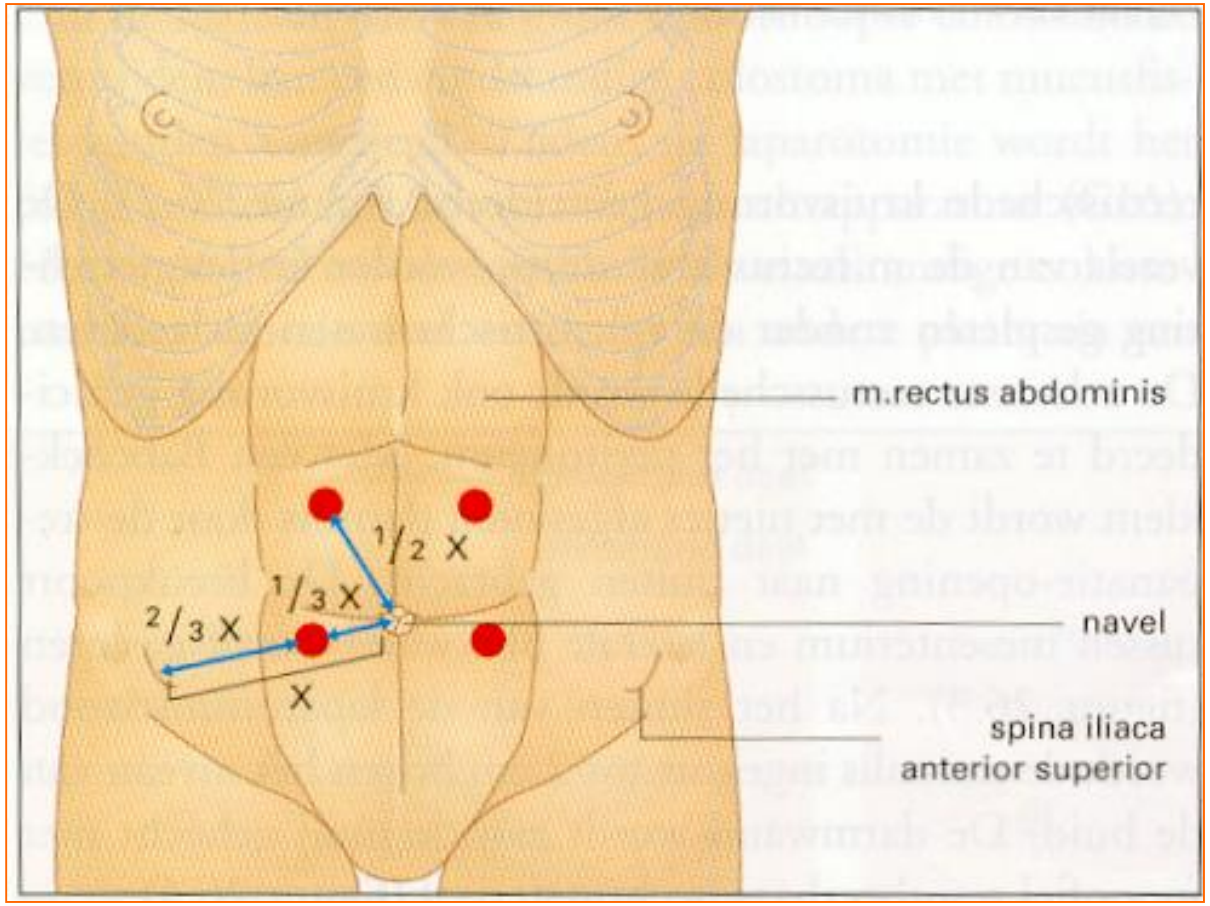
Stap 1

- Verwijderen colon tot rectum
- Eindstandig stoma

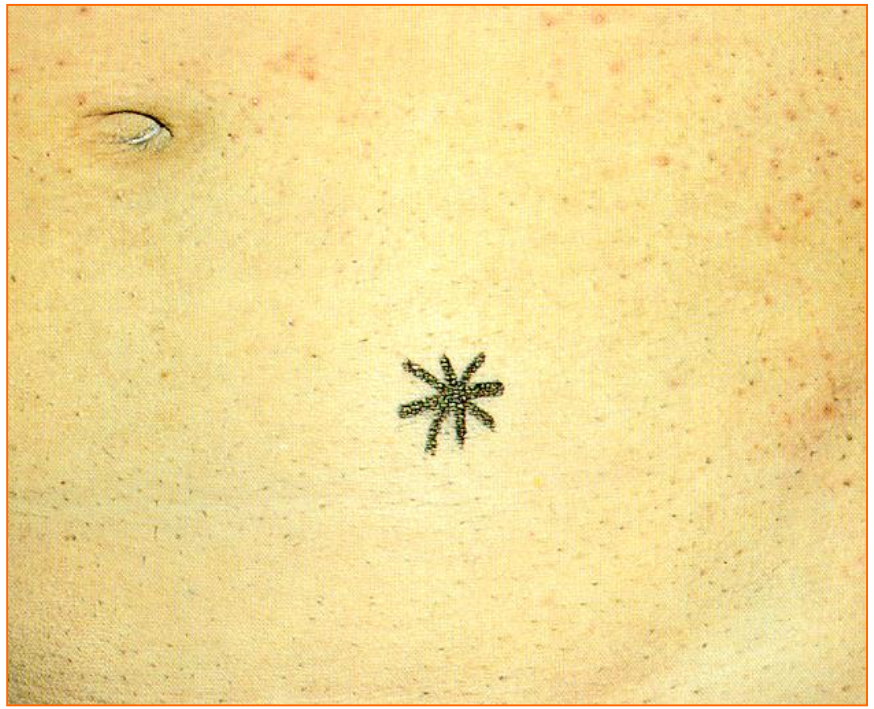


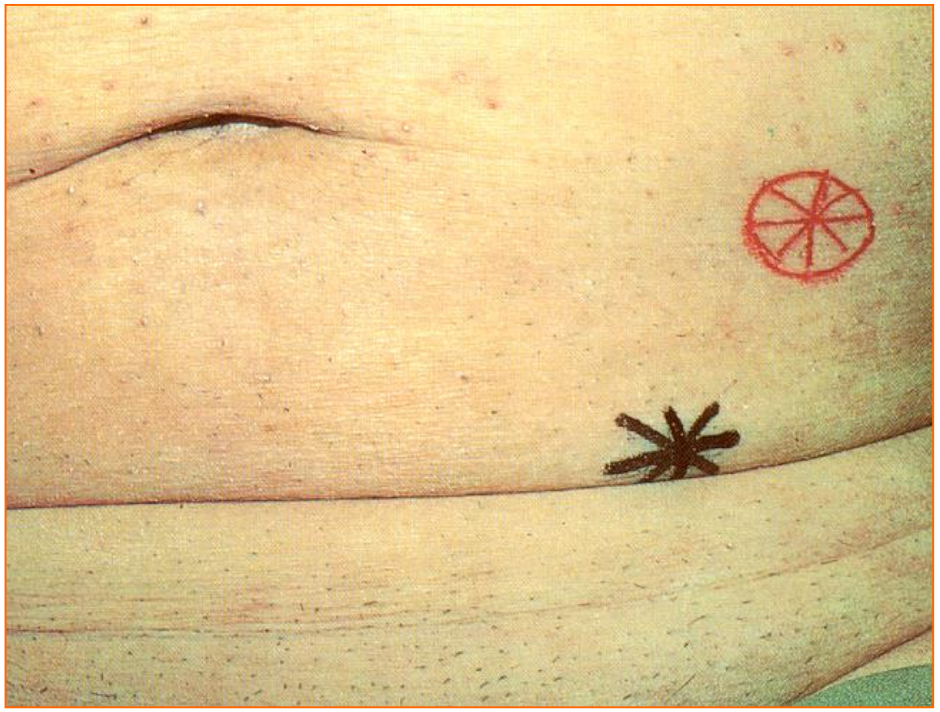
Colectomie

Plaatsbepaling

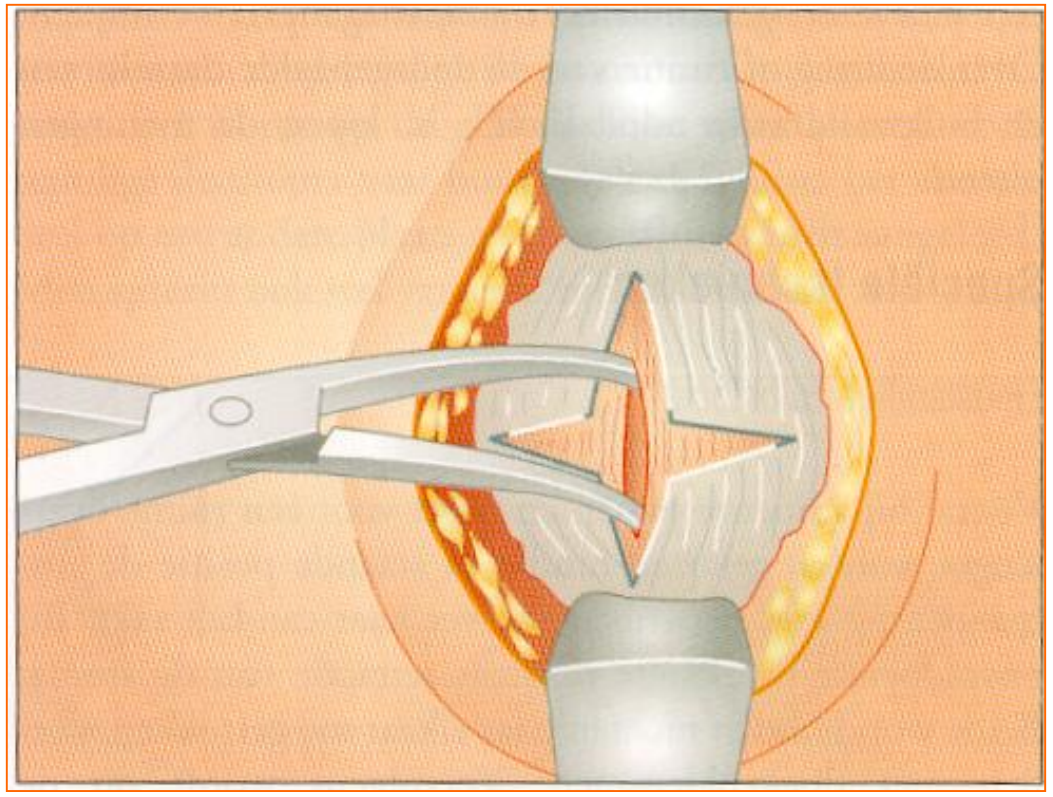


Plaatsbepaling!

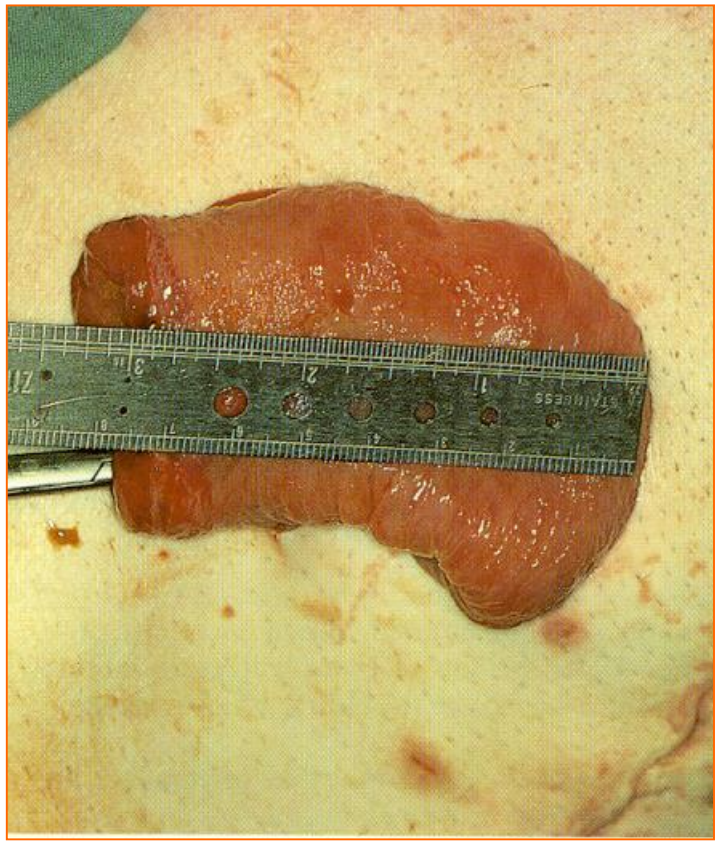




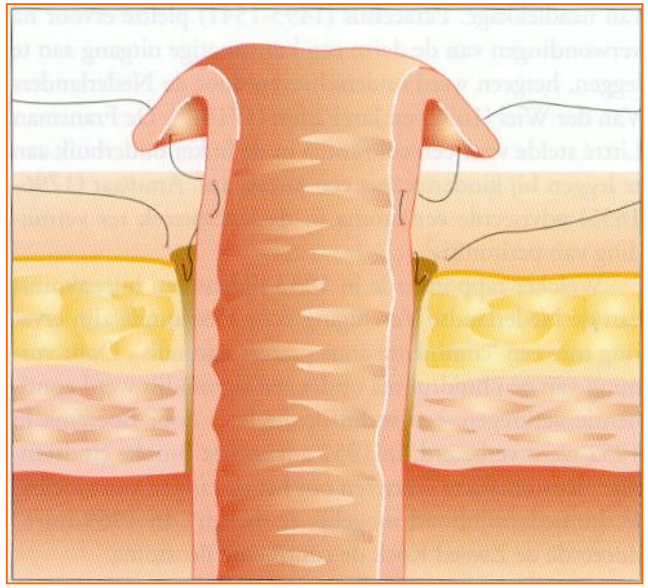
Techniek

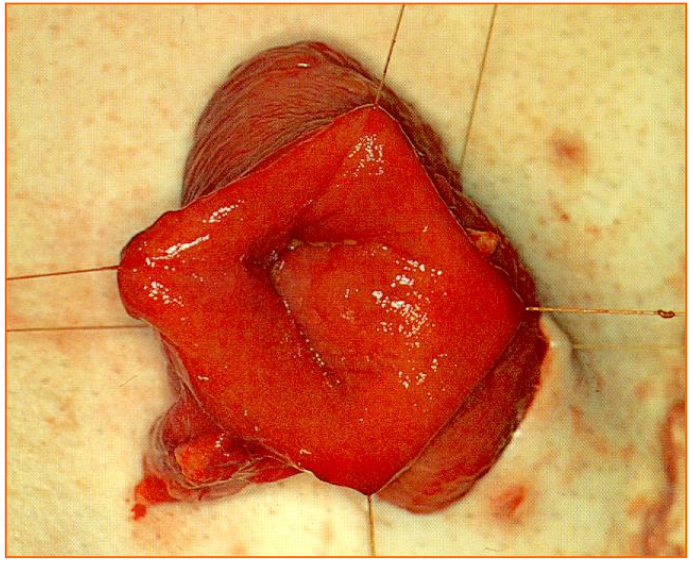


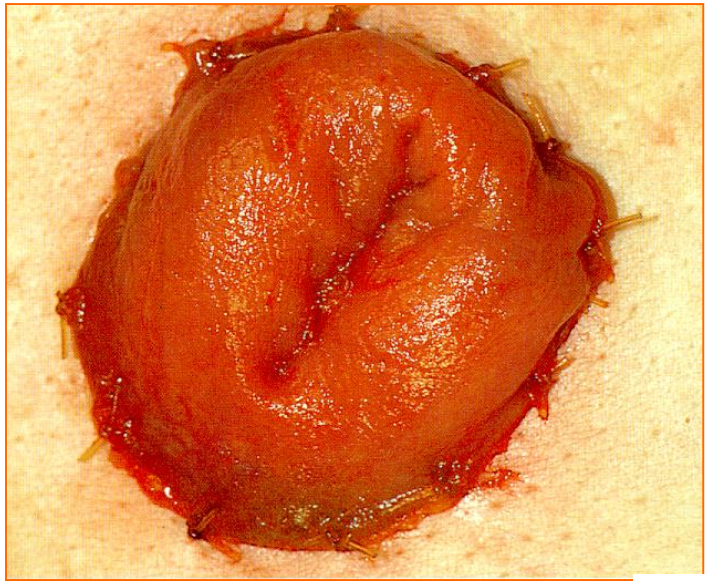
Voldoende boven de huid



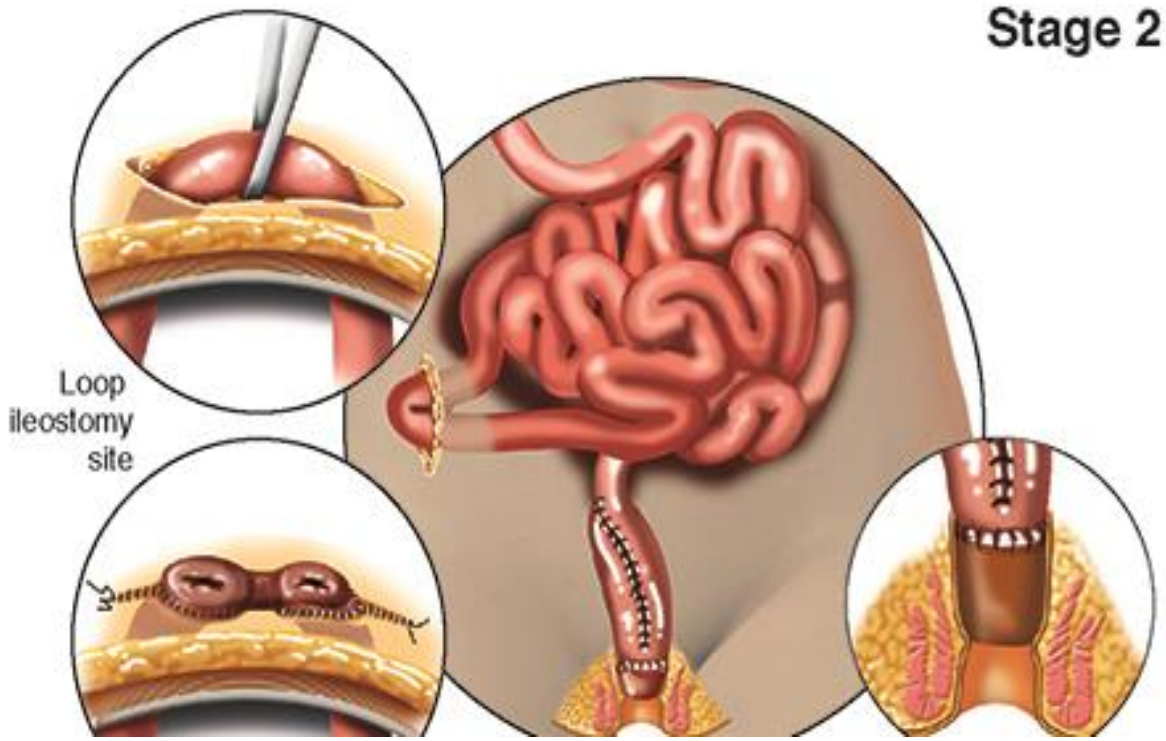
Omslaan...eversie

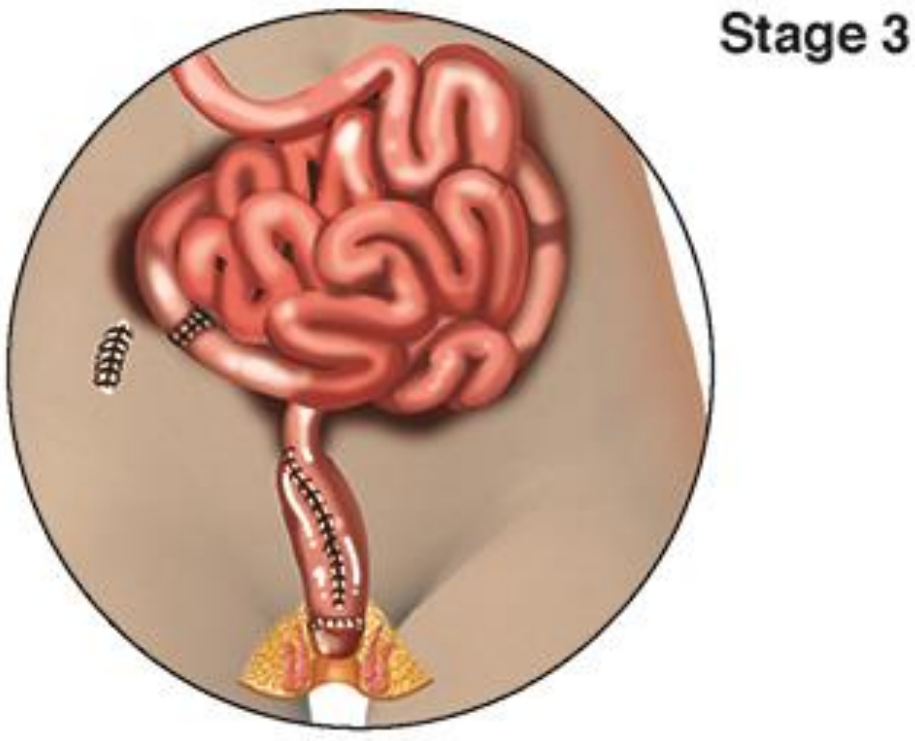




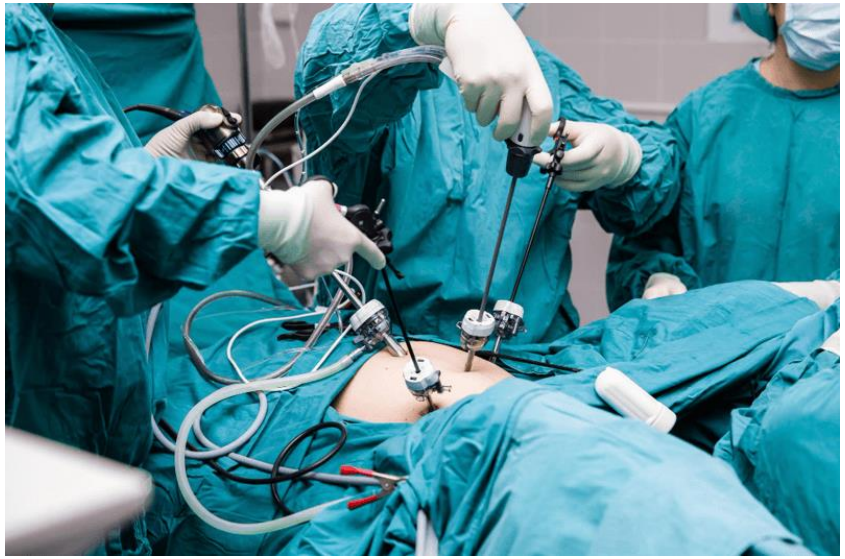


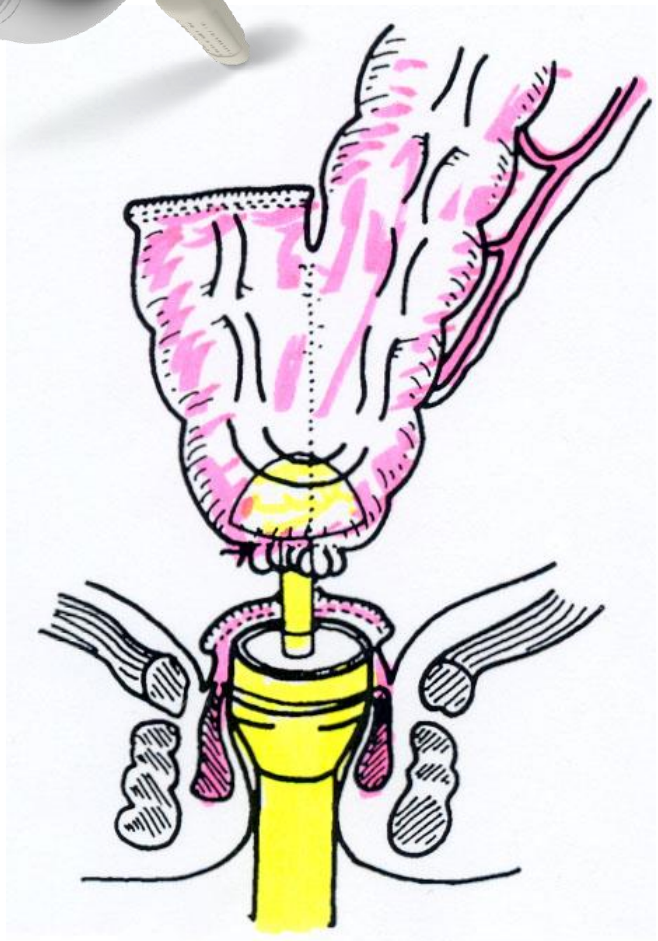
Stadium 2 en 3





Laparoscopie en stapling





Uitstellen operatie of langdurig biologicals?

Kwaliteit van leven

- Goede pouch beter dan anti-TNF in remissie!

Uitstel operatie

- ↑ pouchitis
- ↑vernauwing
- ↑stoelgang frequentie
- ↑kans op kwaadaardigheid

Uitstel:

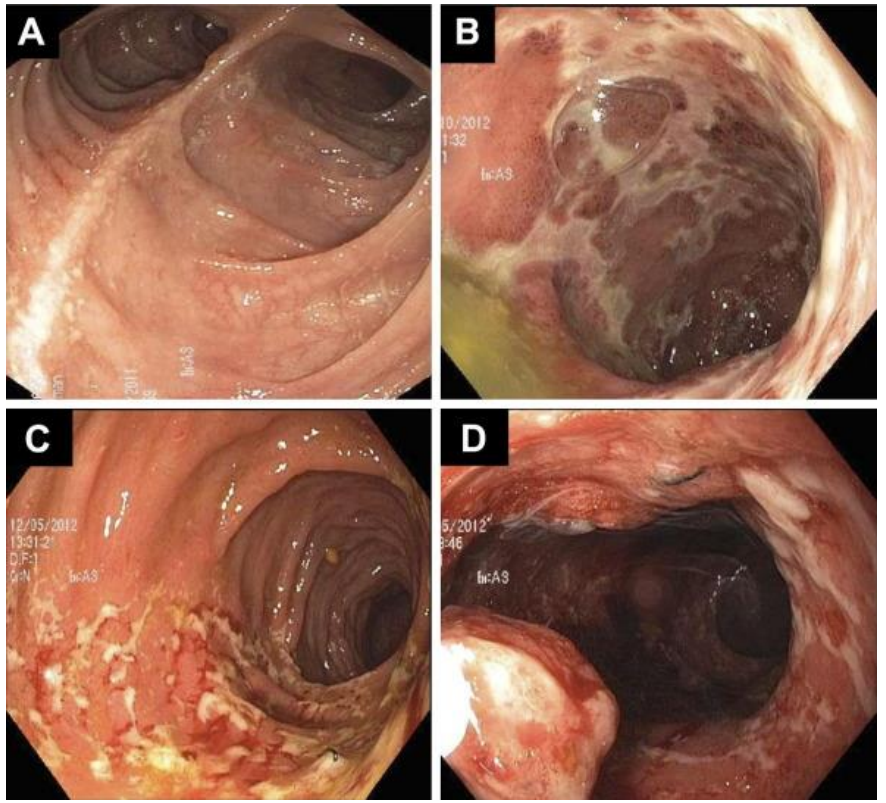
- Slechtere uitgangssituatie
- ↑ lekkages

Van Gennep et al. Eur J Gastroenterol Hepatol 2017

Nadelen pouch (IPAA)?

Complicaties

- Direkt postoperatief: bloeding, naadlekkage, abcessen
- Maar: stoma boven de anastomose

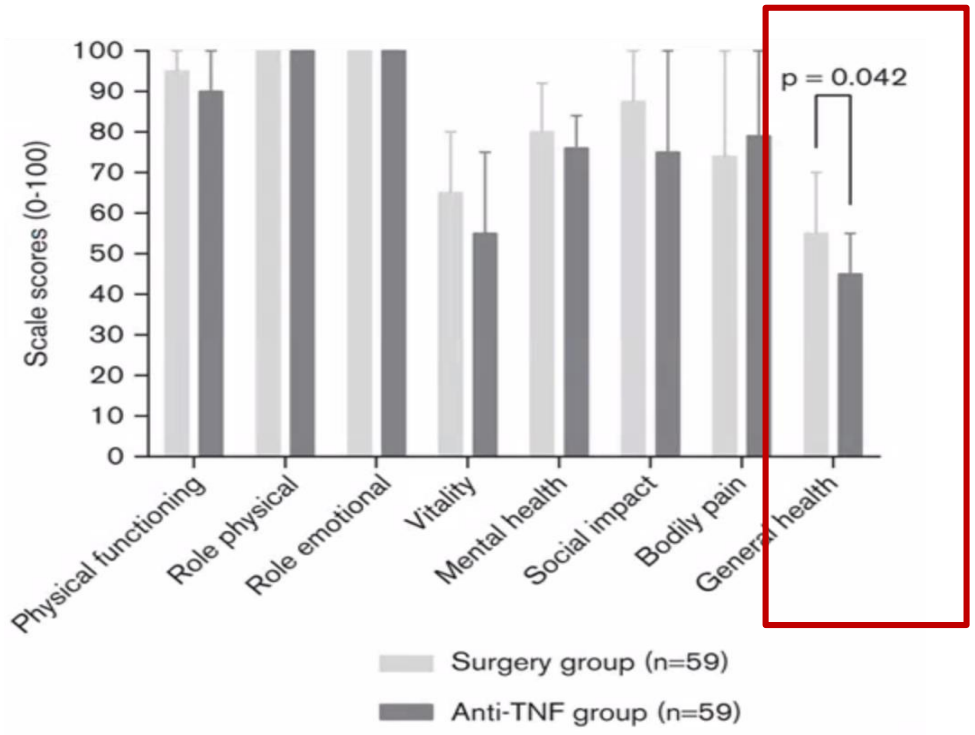


Lange termijn

- Pouchitis en verhoogde defecatie frequentie
- Vernauwingen

Van Gennep et al. Eur J Gastroenterol Hepatol 2017

Uitstellen operatie of langdurig biologicals

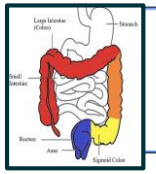


Van Gennep et al. Eur J Gastroenterol Hepatol 2017

Kans op kwaadaardigheid

Kans verhoogd bij CU

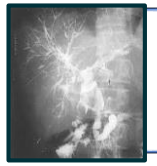
- Door langdurige ontsteking
- Relatieve risico tot 4 maal hoger



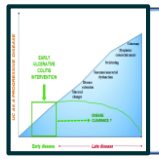
Activity and extent of disease

Young age at diagnosis

Family history CRC



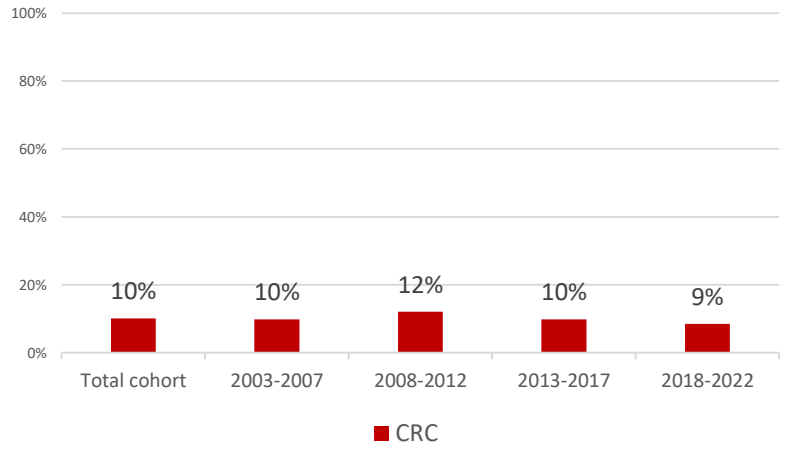
PSC



Duration of disease

Kans op incidentele kwaadaardigheid (PALGA database)

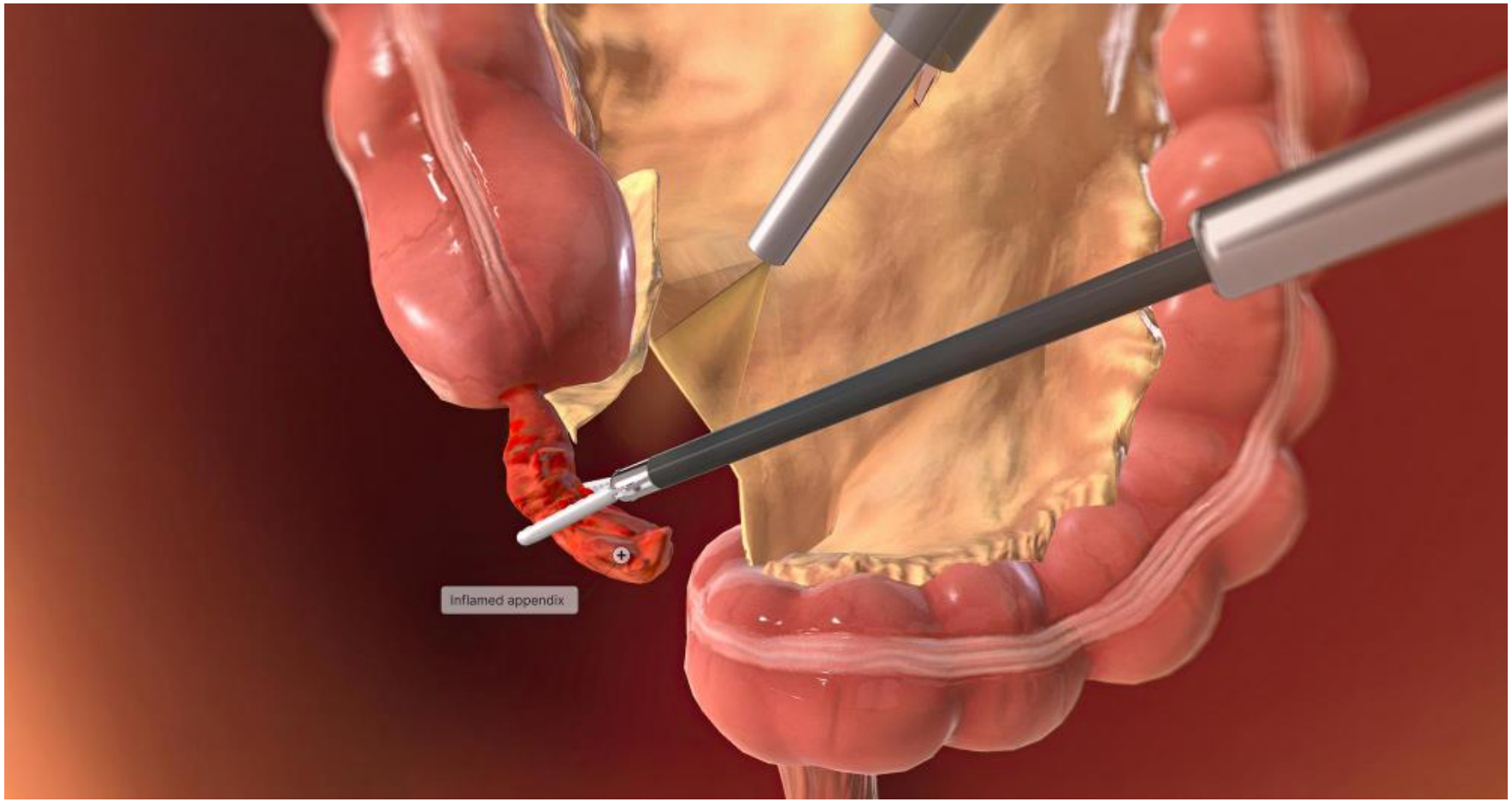
- 10% kans in colectomie preparaat
- Geen verandering over de laatste jaren
- Ernstige ziekte aktiviteit -> meer kans



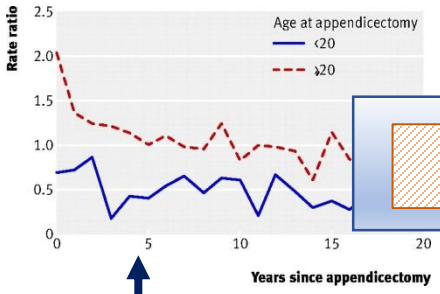
	Total CRC (n=72)	No advanced medical therapy (n=48)	Advanced medical therapy (n=24)	P-value
Tumour stage, T3-4	59.7%	59.6%	62.5%	0.81
N+	34.7%	29.8%	45.8%	0.18
M1	12.5%	10.4%	16.7%	0.45
AJCC stage >II	63.9%	61.7%	70.8%	0.45
Incidental cancer	18.1%	8.3%	37.5%	**0.002**

Stellingwerf et al. JCC 2019

Verwijderen blindedarm .... appendectomie



Appendectomie leidt tot verbetering CU



Proctitis

Extensive disease

Refractory disease

Colectomy

Appendectomie voorkomt ontstaan CU

Appendectomie voorkomt relapses?

Appendectomie verbetert ziekte activiteit?

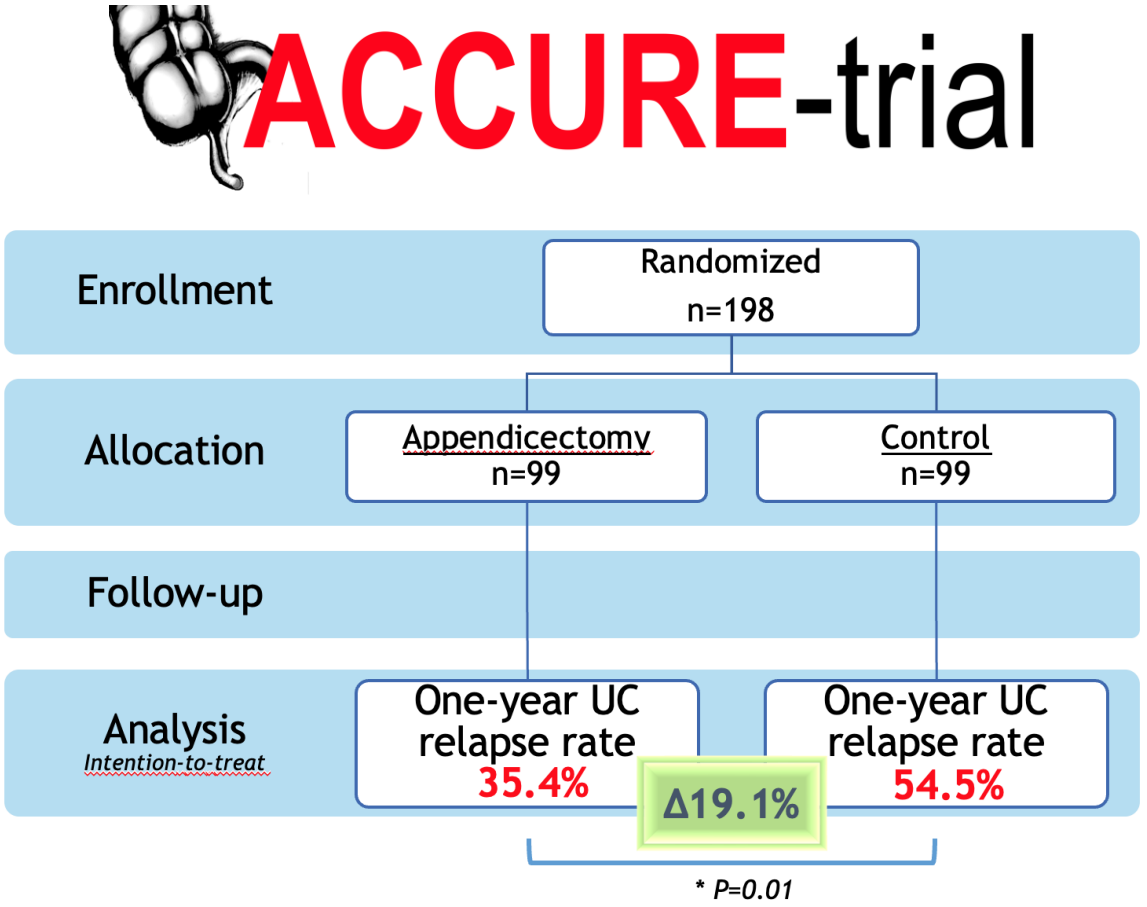
Appendectomy voorkomt colectomie

Accure trial …. Appendectomie voorkomt relaps

- CU patienten in remissie
- 2012 – 2022: 198 patienten

Primairy eindpunt

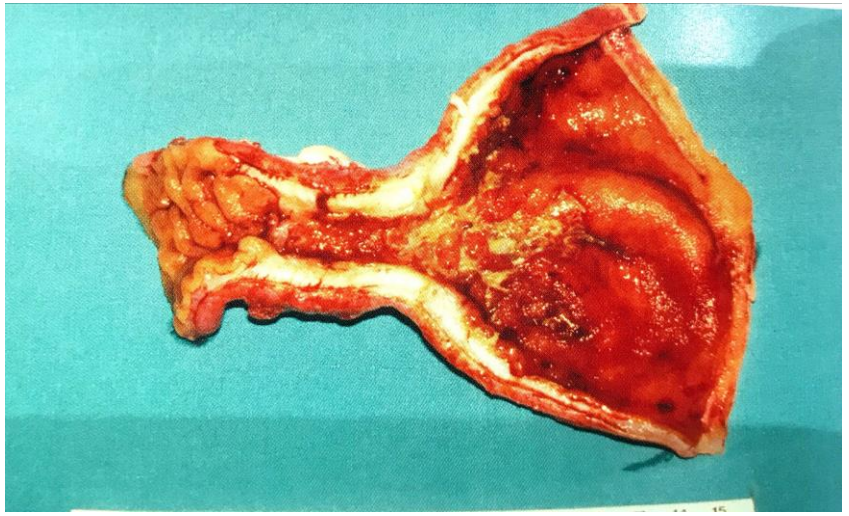
- 1jaar UC relaps kans



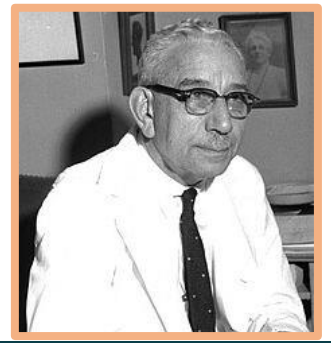
Visser et al. Lancet Gastro&Hep 2024

Ziekte van Crohn

- Chronische inflammatoire ziekte van maag-darm stelsel
- Alle segmenten van stelsel kunnen aangedaan zijn
- Terminale ileum en colon meest voorkomend
- Ontsteking is segmenteel en transmuraal
- Komt vaak in episodes met opvlammingen

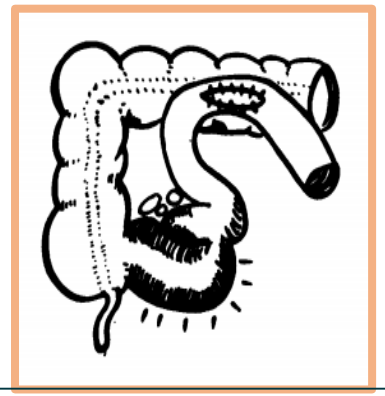


Ziekte van Crohn ….. veranderd landschap



1932 Resectie!

Veel complicaties



1940 Bypass

Niet effectief

1960 Immunomodulatoren

Geen verbetering 50%

1999 biologicals

Effectiever

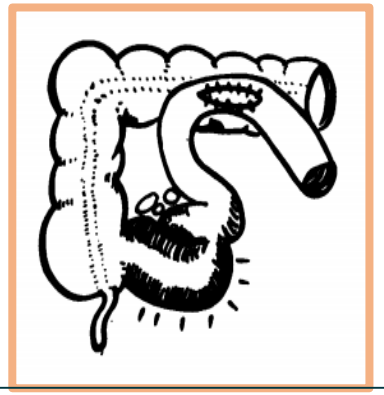
Patienten in verslechterde conditie

Duur

Cushing et al. IBD 2013, Management of Crohn's Disease: a review. JAMA 2021

1932 Resection!

High morbidity/mortality



1940 Bypass

Not effective

1960 Immunomodulators

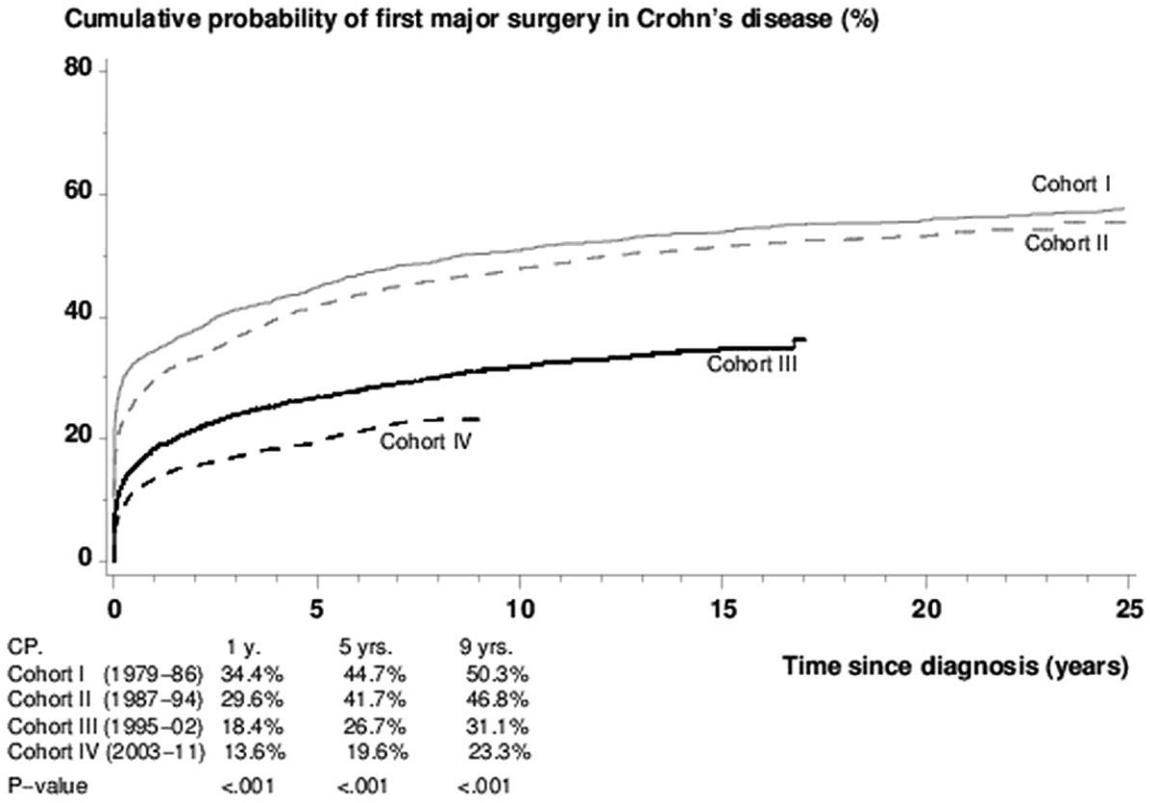
No improvement 50%

1999 biologicals

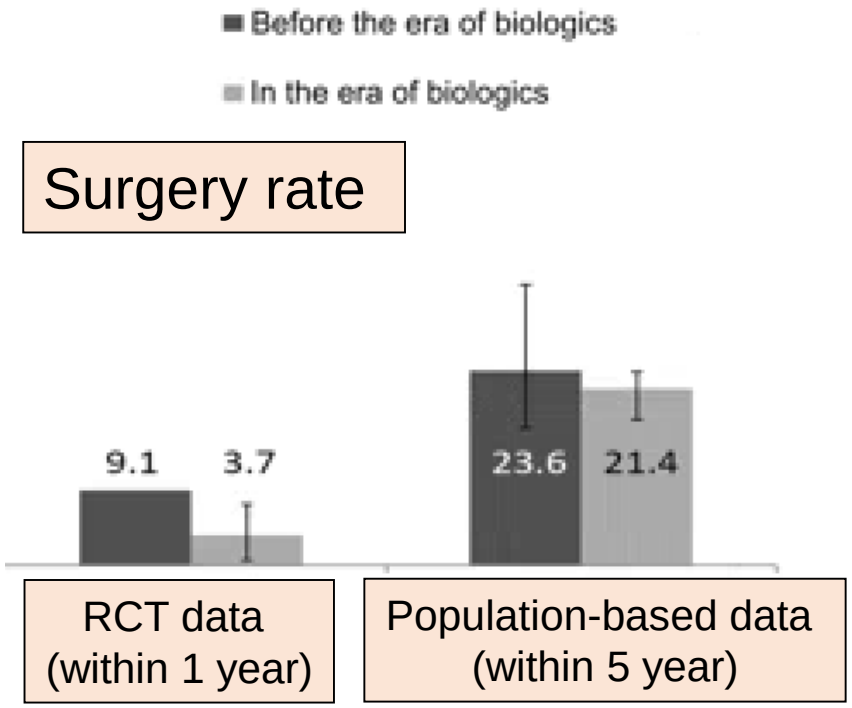
Improved response
Patients in worse condition
Expensive

Back to the Future?

Door anti-TNF minder operaties?



CP.	1 y.	5 yrs.	9 yrs.
Cohort I (1979–86)	34.4%	44.7%	50.3%
Cohort II (1987–94)	29.6%	41.7%	46.8%
Cohort III (1995–02)	18.4%	26.7%	31.1%
Cohort IV (2003–11)	13.6%	19.6%	23.3%
P–value	<.001	<.001	<.001

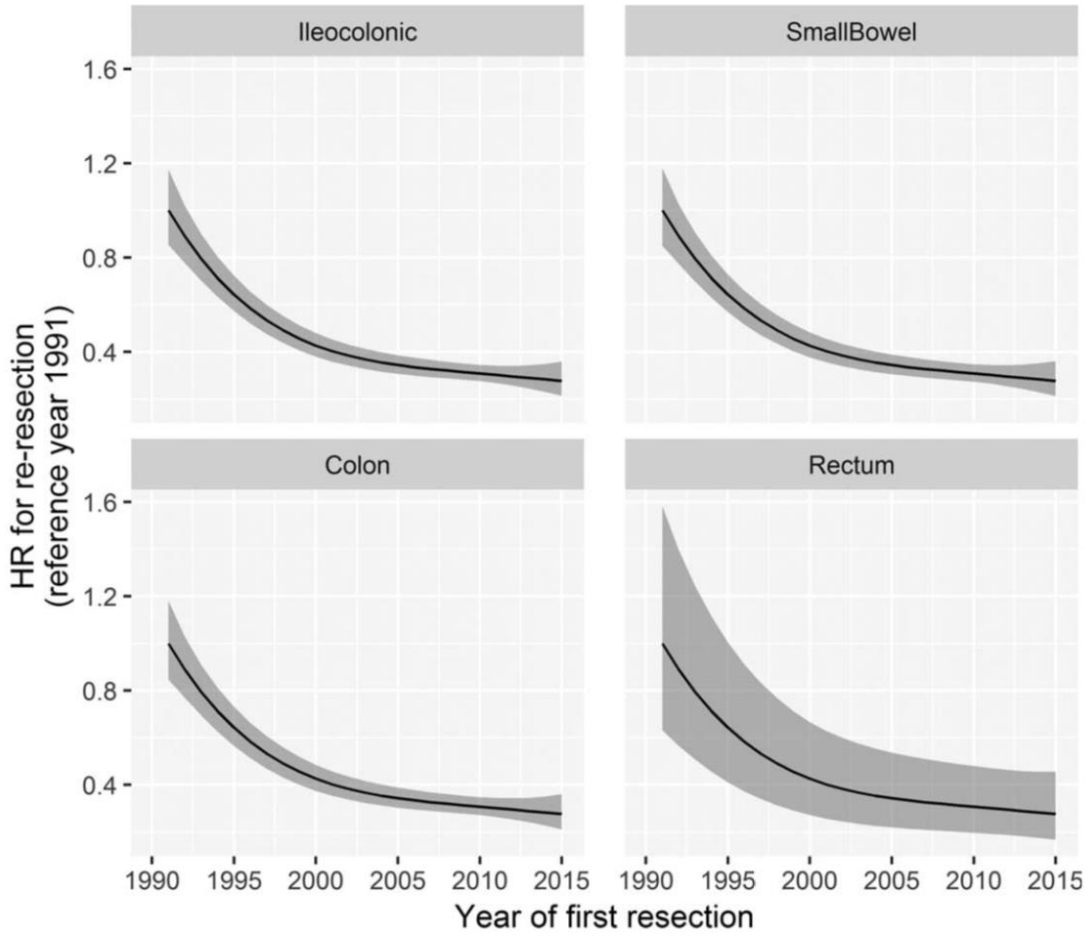


Rungoe C et al. Gut 2014

Bouguen et al. Gut 2011

Nederlandse database (PALGA) ….primaire operatie

- Ook sterke daling onafhankelijk van anatomische locatie

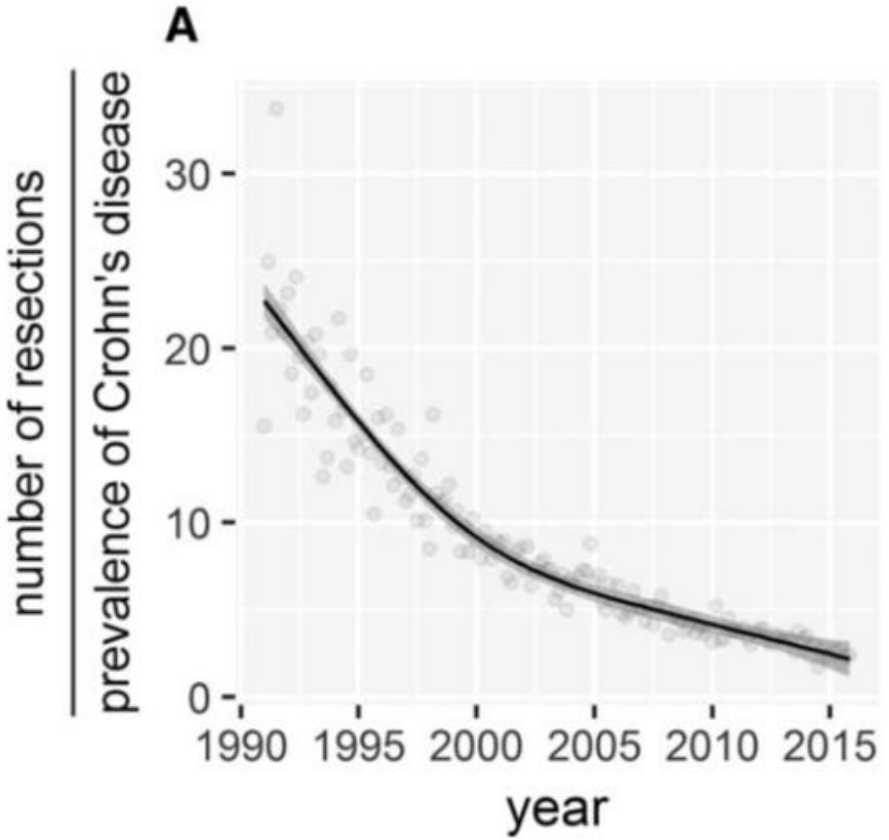


Beelen MJ Ann Surg 2019

Nederlandse database (PALGA)

- Resectie daalden van 23/100.00 in 1991 naar 2,5/100.000 in 2015

- Breekpunt in 1999



Beelen MJ Ann Surg 2019

Lastiger voor de chirurg in het anti-TNF tijdperk

- Uitstel operatie voor Crohn verslechtert de uitkomst door meer ingewikkelde fistels en verlittekening

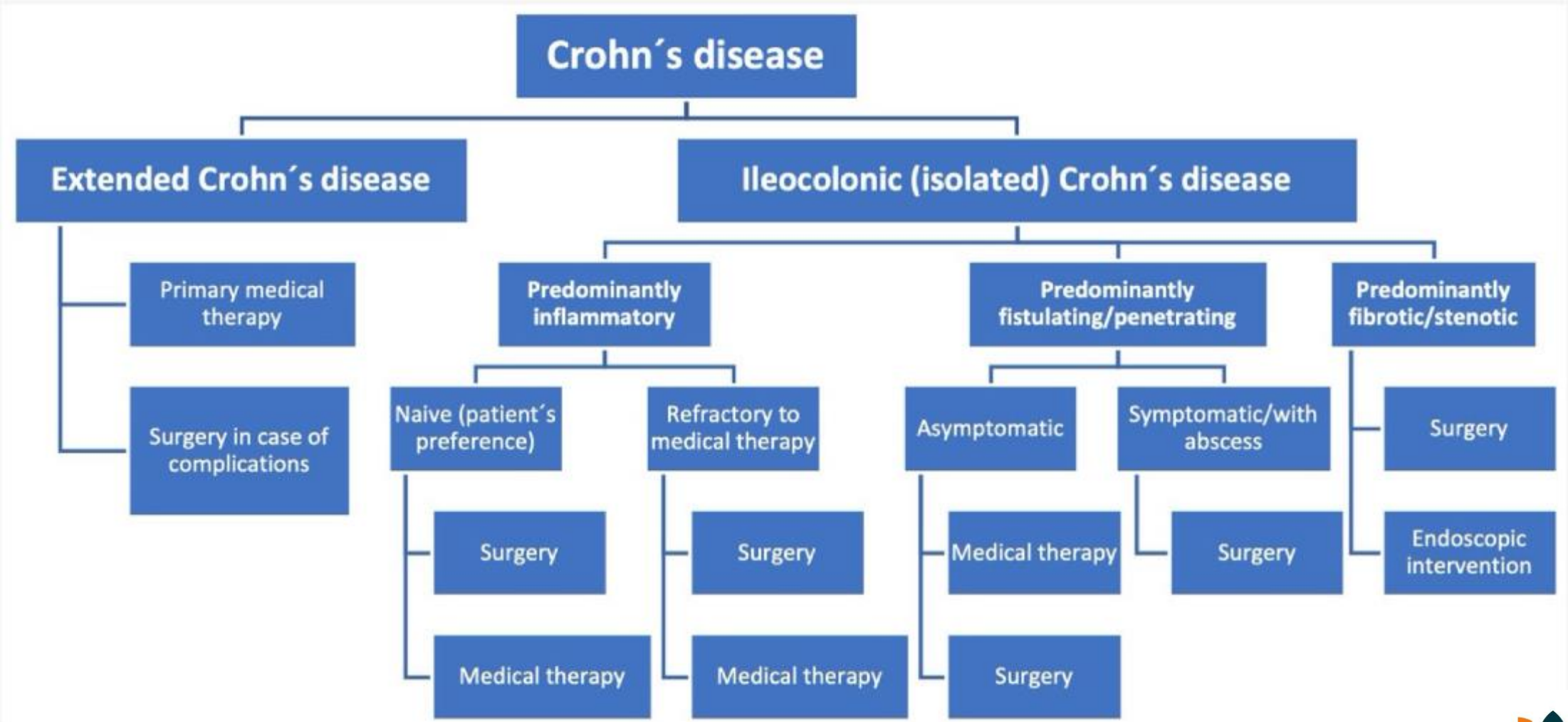
TABLE 3. Drug-intake, Duration of Clinical Deterioration, and Morbidity Changes During the Study Period

Study Period	Median Duration of Clinical Deterioration, Months	Multiple-drug Combination	Preoperative Weight Loss of >5%	Inflammatory Mass Consisting of >3 Structures	Resection without an Anastomosis (Ileostomy Rate)	Postoperative IASC Rate
1992–1999 ($n = 72$)	5	15%	30%	28%	1.4%	7%
2000–2004 ($n = 73$)	4	20%	27%	23%	1.4%	18%
2005–2009 ($n = 86$)	6	34%	51%	46%	18.6%	36%

Statistically significant differences between group "2005–2009" compared to two other groups.

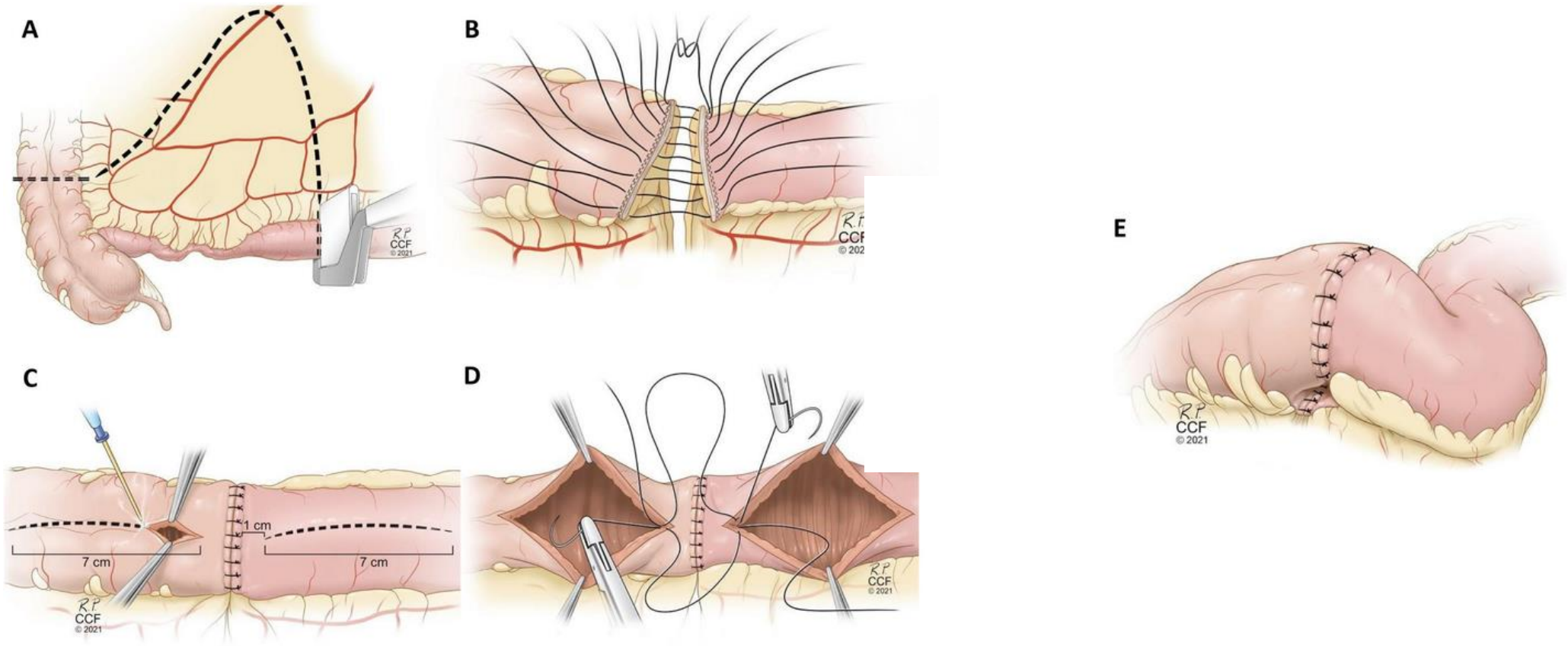
Iesalnieks et al. IBD 2010, Douglas et al. Ann Surg 2010

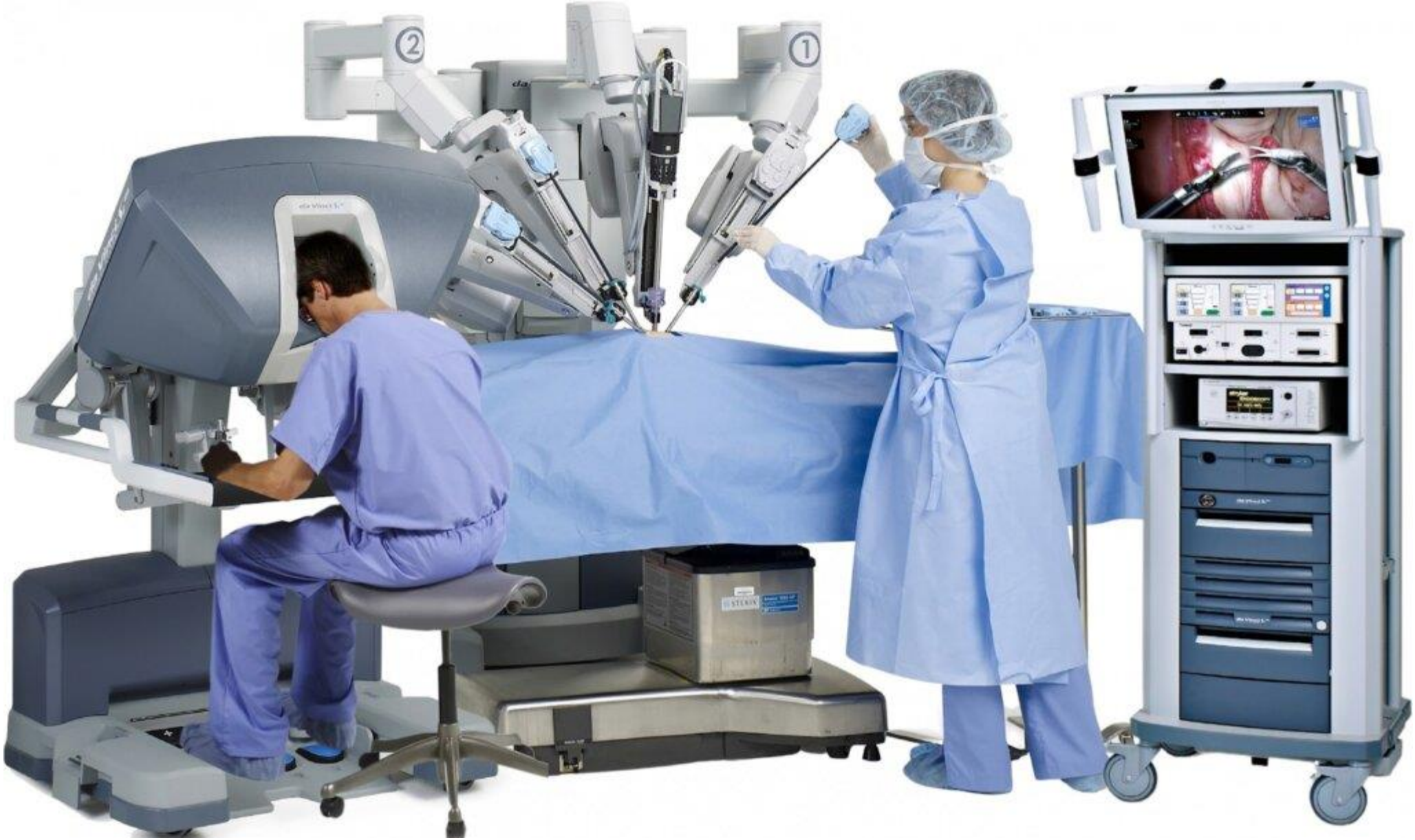
Chirurg aan de beurt



Kelm et al. Biomedicines 2021

Ileocaecaal resectie

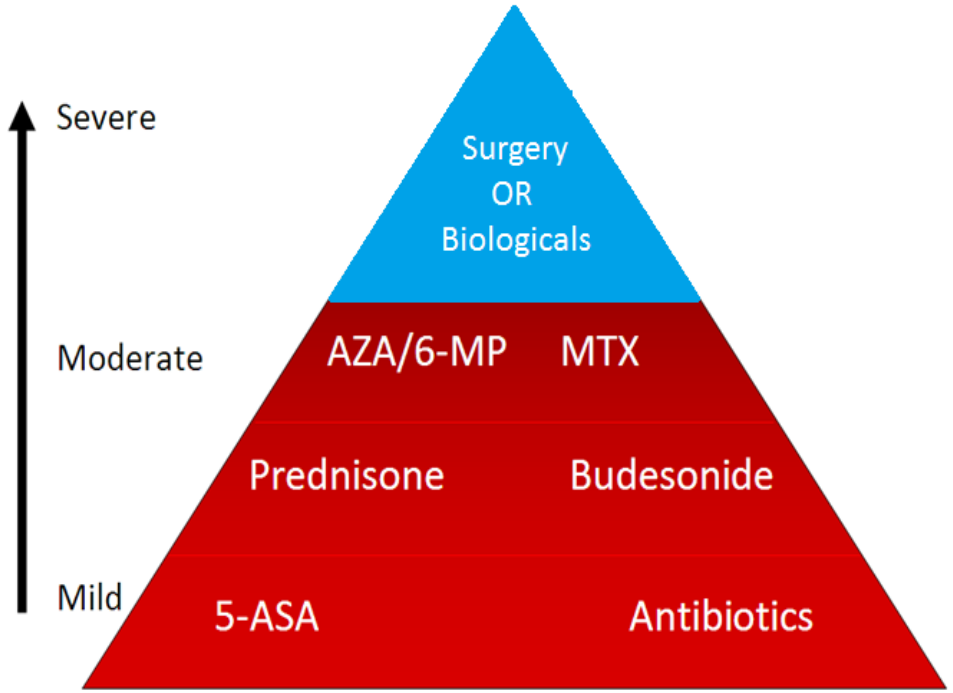



②
①

Argumenten om eerder chirurgie te bedrijven

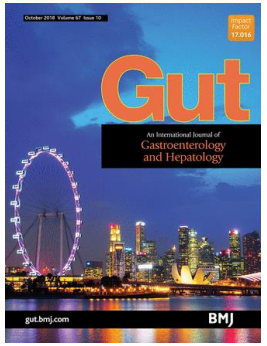
- ↓ complicaties
  - → *patient in betere conditie*
  - → ↓*lekkages* *(dan ook minder recidieven)*
  - → ↓ *stoma's*
- ↓postoperatieve medicatie (>30% langdurig medicatie vrij!)
- ↓ re-operaties
- ↑levens kwaliteit

LIR!C studies..... operatie versus anti-TNF



Operatie bij falende immunomodulater

Lap ileocaecal resection versus infliximab for terminal ileitis in CD.
Ponsioen et al. 2017



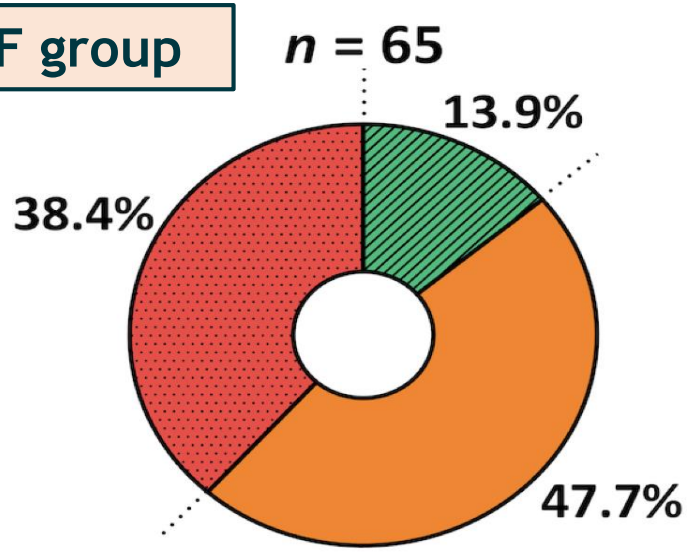
Cost-effectiveness of ileocaecal resection versus infliximab
De Groof et al. 2019

Long-term results (median FU 64 months)
Stevens et al. 2020

LIR!C lange-termijn resultaten (>5 jaar)

MAASSTAD ZIEKENHUIS
een santeon ziekenhuis

Anti-TNF group

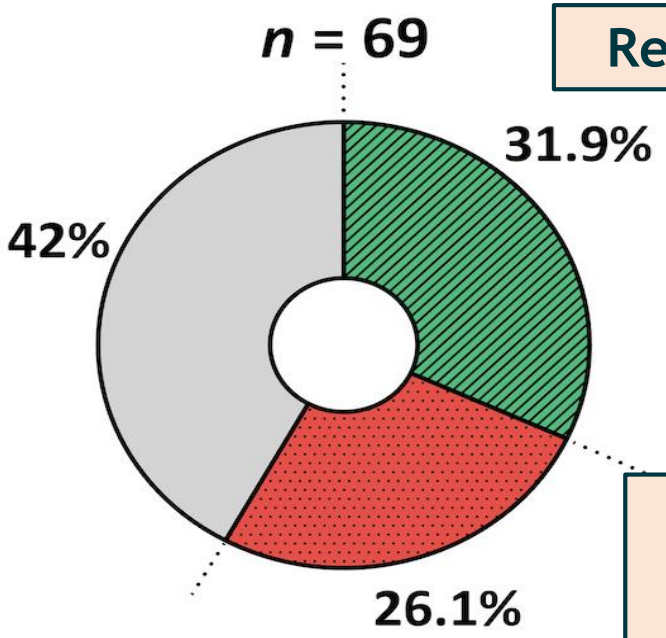


(neo) ileocolic resection

(continued) anti-TNF

biological ± immunomodulator

Resection group



No IBD medication

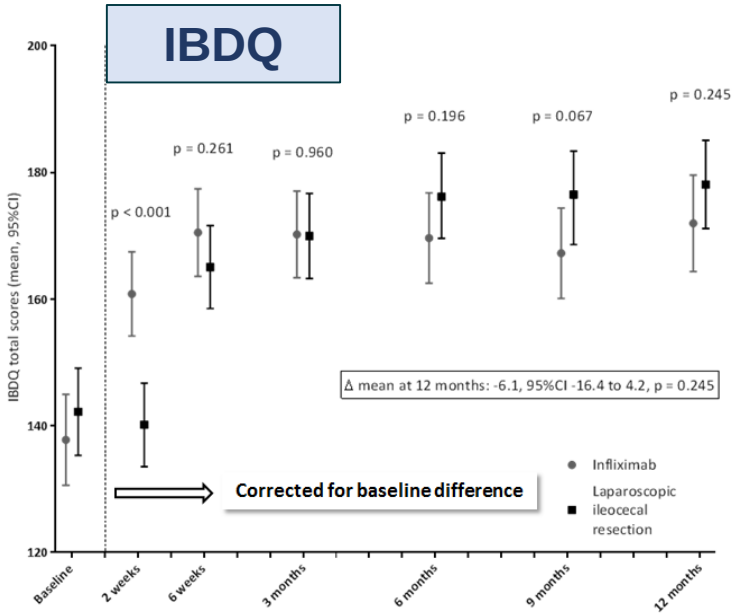
anti-TNF

Immunomodulator

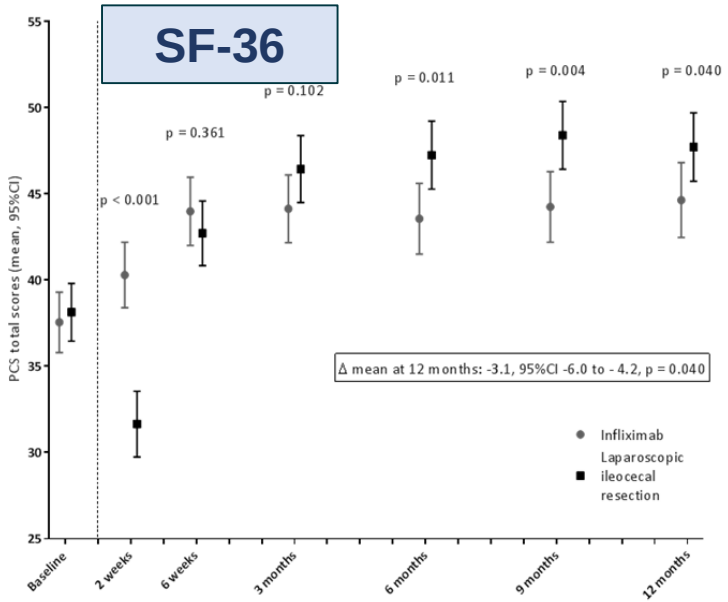
0% redo-surgery after 5 years ***(improved post-op surveillance)***

Stevens et al. Lancet Gastro&Hepatol 2020

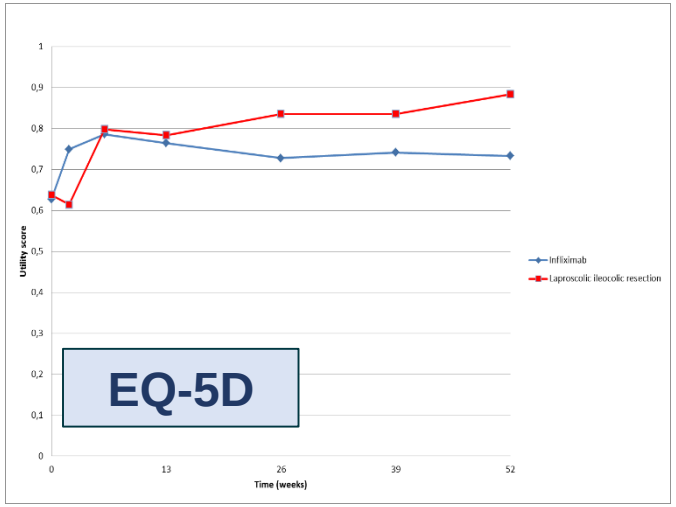
Kwaliteit van leven: beter met pouch



IBDQ: Chirurgie even goed



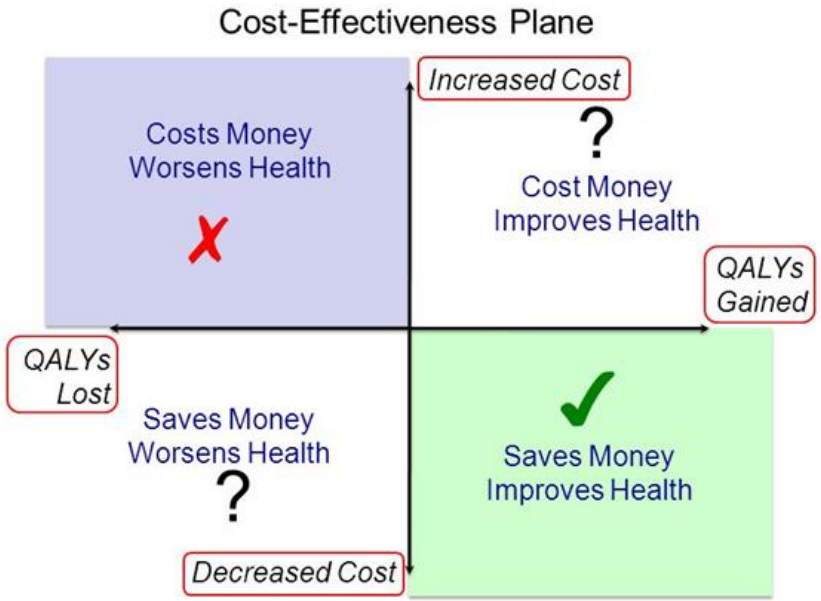
SF-36: Chirurgie beter

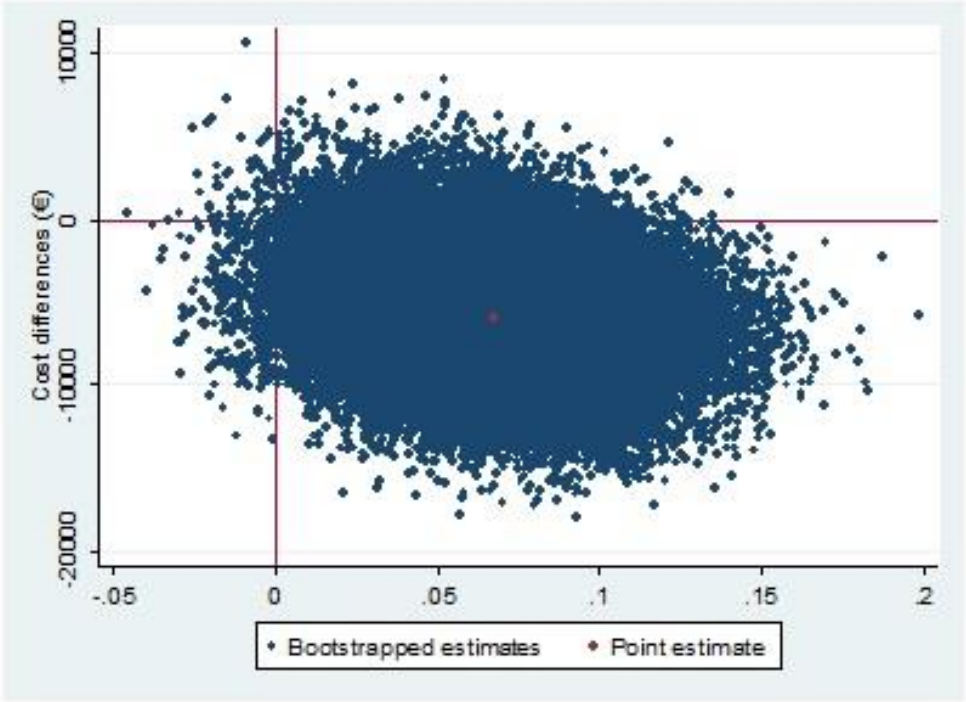


EQ-5D: Chirurgie beter

Ponsioen et al. Lancet Gastro&Hepatol 2017

Kosten





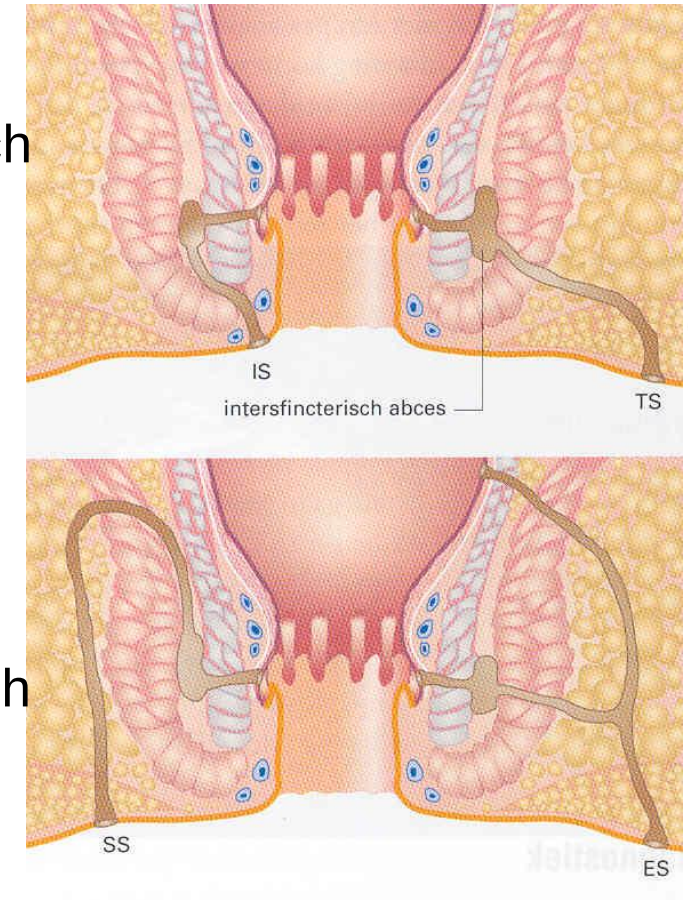
Lap ileocoecal resection more effective than anti-TNF, and less costly

Groof et al. Gut 2019

Peri-anale fistels bij Crohn

1. Intersphincterisch

60%



2. Trans-sphincterisch

28%

(laag 20%, hoog 8%)

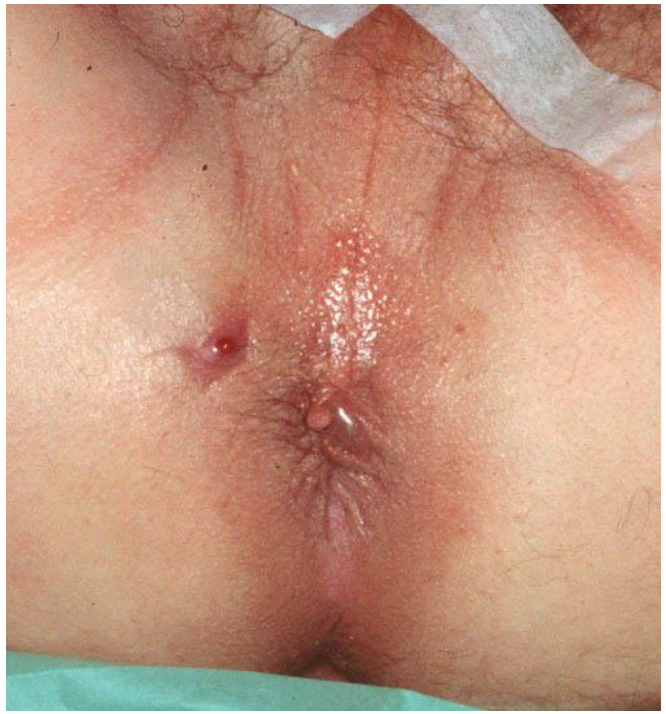
3. Suprasphincterisch

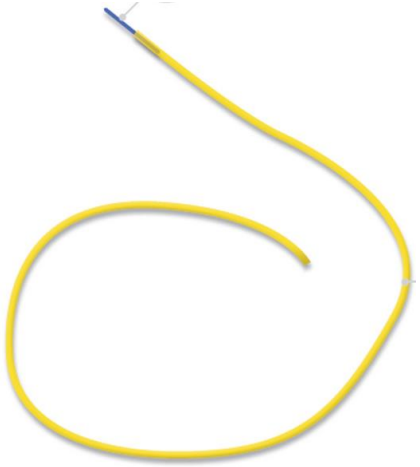
10 %

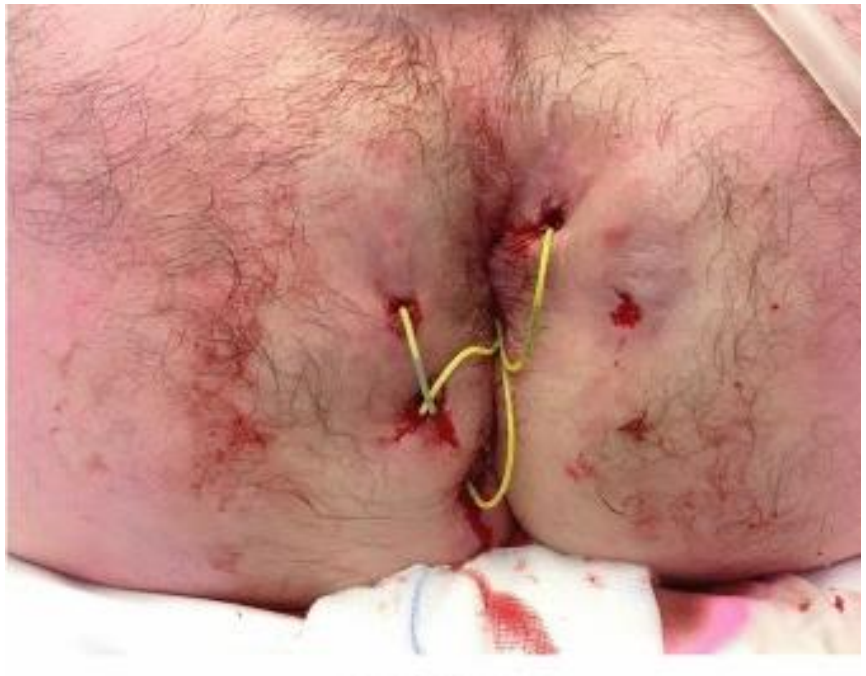
4. Extrasphincterisch

2%

Seton drainage







Richtlijn Crohnse fistels

Guidelines:

- Anti-TNF eerste lijn behandeling
- Overweeg operatie bij geschikte patienten

ECCO statement 9I

In complex perianal fistulising disease infliximab [EL1] or adalimumab [EL2] can be used as first line therapy following adequate surgical drainage if indicated. A combination of ciprofloxacin and anti-TNF improves short term outcomes [EL1]. To enhance the effect of anti-TNF in complex fistulising disease, combination of anti-TNF treatment with thiopurines may be considered (EL5]

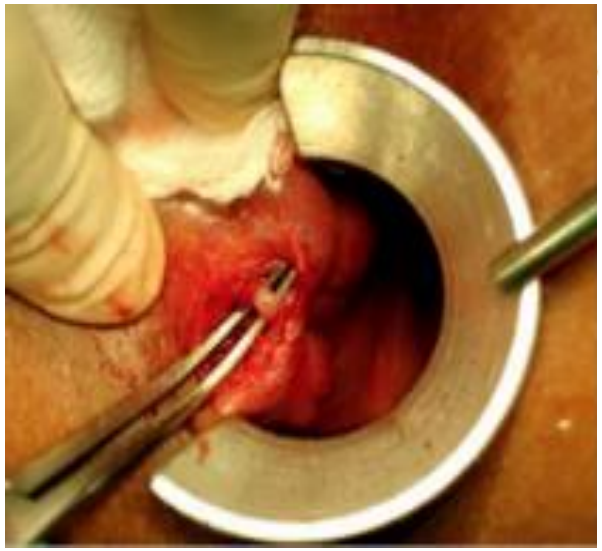
Efficacy of Medical Therapies for Fistulizing Crohn's Disease: Systematic Review and Meta-analysis

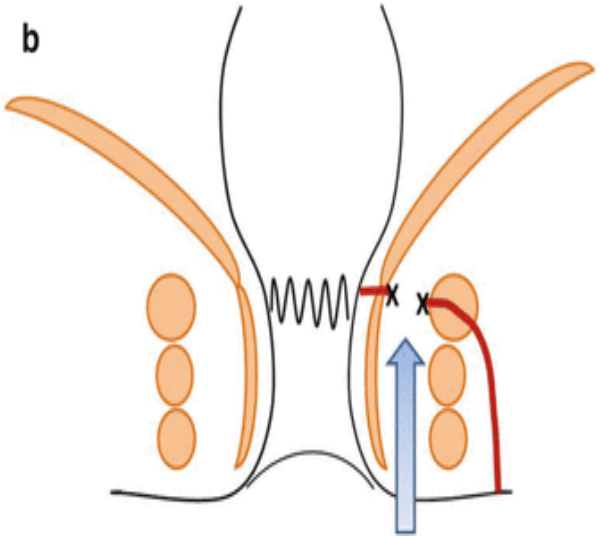
Matthew J. Lee,[*,‡,§] Claire E. Parker,[‖] Sarah R. Taylor,[¶,#] Leonardo Guizzetti,[‖] Brian G. Feagan,[‖,**,‡‡] Alan J. Lobo,[¶,#] and Vipul Jairath[‖,#,**]

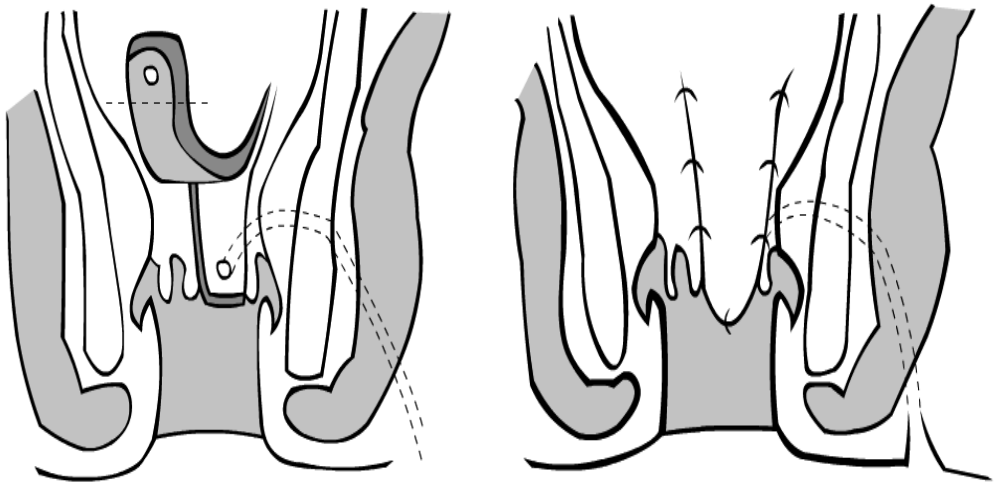
Meta-analyse (n=27 studies):
anti-TNF versus placebo

- Initiele fistula respons: 44% vs 28%
- Remissie: 35% vs 18%

Lift en verschuiving plastiek







Lift en verschuiving plastiek

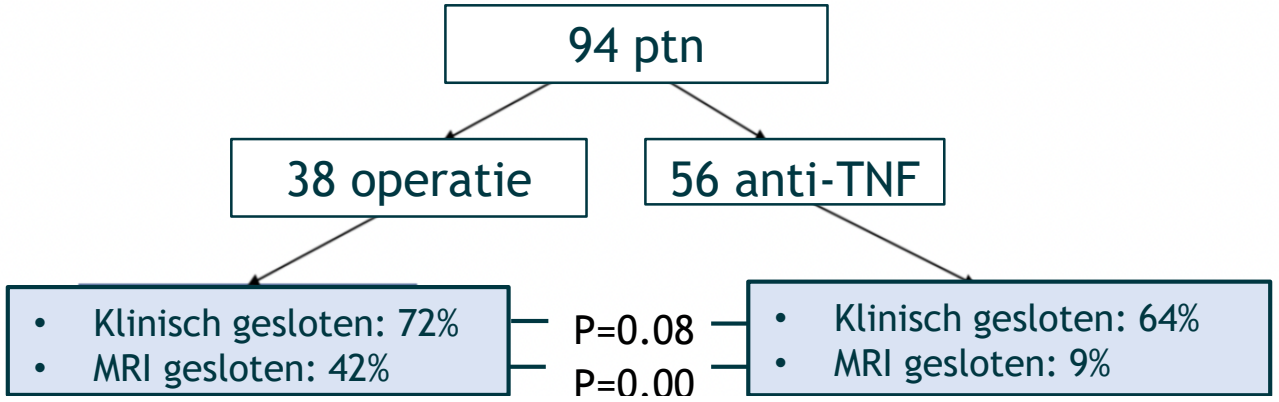
AMC results 2007-2018		
	LIFT (n = 19)	AF (n = 21)
Clinical healing	15/19 (79%)	12/21 (57%)
Radiological healing	9/19 (47%)	7/19 (37%)
Recurrence	4/19 (21%)	4/21 (19%)
Newly developed incontinence	3/19 (16%)	5/19 (26%)
Improved continence	19/19 (47%)	9/21 (43%)

Operatie voor fistel-sluiting vs anti-TNF

PISA trial (surg closure vs anti-TNF): median FU 6 years

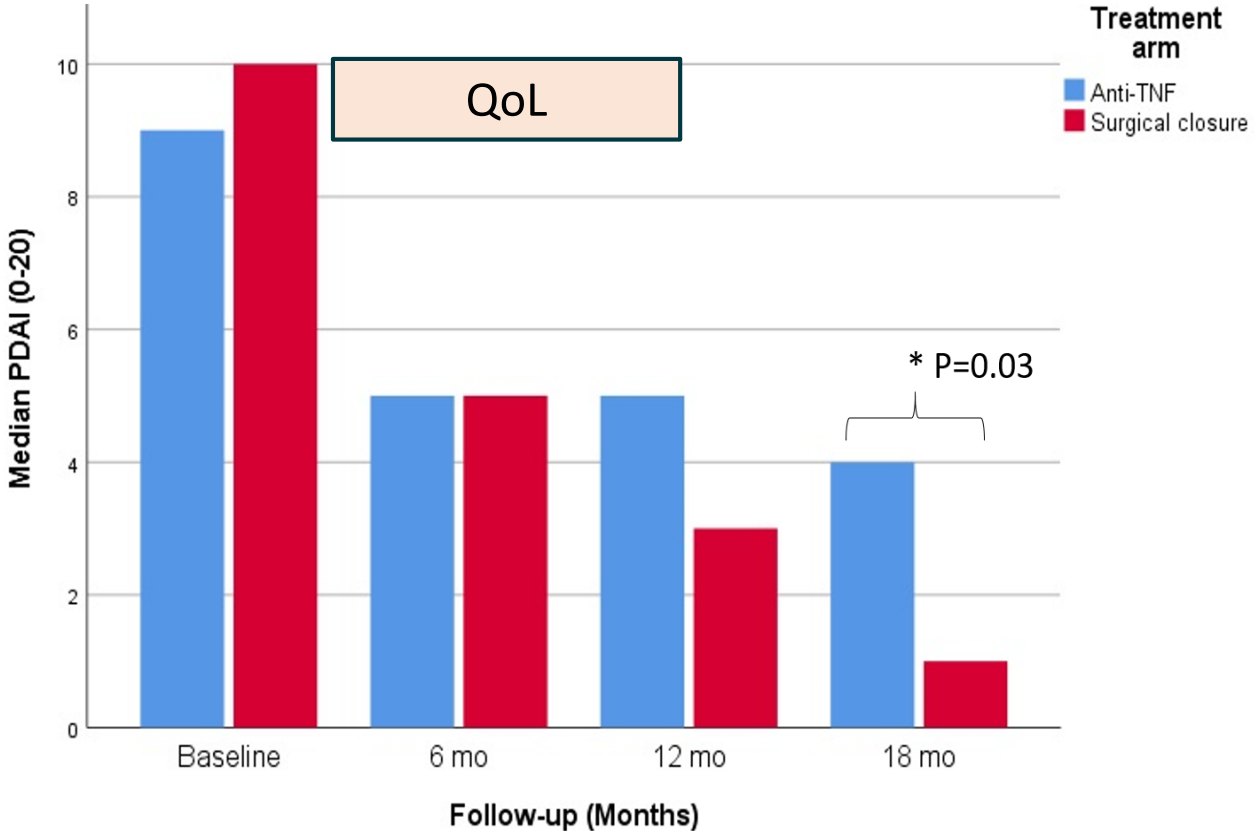
Primary outcome parameter?

- Patient: clinical closure
- Specialist: MRI closure



Meima van Praag et al. Lancet Gastro Hep 2022

Fistel-sluiting: kwaliteit van leven



Meima van Praag et al. Lancet Gastro Hep 2022

Chirurgie bij Zv Crohn ….. is een behandel alternatief

Aangepaste multidisciplinaire benadering

- Ernstige ziekte aktiviteit: behandeling met medicijnen
- Fistelende of stenoserende ziekte: overweeg *vroege* chirurgie

- Inflammatoire ziekte: *shared decision making*!

  → overweeg Chirurgie als goed alternatief

Operatie + moderne post-op surveillance is zeer succesvol!