gutflix
GI learning, personalised

Summary

The management of postoperative Crohn’s disease

Eugeni Domenech Morral

UEG Week Berlin 2025 | Presentation

Colorectal | Endoscopy | IBD | Nurses

October 5, 2025

The speaker discussed management of complications following ileocecal resection for Crohn's disease, emphasizing postoperative recurrence prevention, early endoscopic monitoring, and addressing bile acid malabsorption, bacterial overgrowth, and vitamin B12 deficiency.

KEY POINTS

- The speaker stated that with universal prevention using thiopurines, anti-TNF, or vedolizumab, approximately 30-40% of patients still develop endoscopic recurrence after one year, while 20-30% may be overtreated.
- The speaker recommended first colonoscopy at six months after surgery, with a second assessment at 18 months if no lesions are found, regardless of preventive therapy strategy.
- The speaker reported that in a small Spanish study, all patients with Crohn's disease and ileocecal resections who underwent SeHCAT scanning had bile acid malabsorption, a common cause of early postoperative diarrhoea.
- The speaker stated that bile acid sequestrants are highly effective for diarrhoea cessation based on a meta-analysis of seven studies.
- The speaker advised cobalamin supplementation if deficiency is present at surgery or if ileal resection exceeds 20 cm, based on a retrospective study showing resection length as the only associated factor.
- The speaker recommended mandatory smoking cessation counseling in active smokers, noting that two-thirds of over 600 surveyed patients were unaware of smoking risks for disease progression.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/b0fdc45a-a82e-11f0-aeb3-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.