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Summary

When and how to operate: Pragmatic surgical solutions for IBD

Kennedy Kisengo Misso

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Surgery | Primary Care | IBD

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The speaker described surgical management of IBD in resource-limited settings in Tanzania, where biologics are rarely available and most patients present as surgical emergencies without prior diagnosis, requiring staged resections and stoma creation with TB exclusion as a critical differential.

KEY POINTS

- The speaker stated that in Tanzania biologics are extremely limited and expensive with few patients able to access them, and most IBD patients present in late stages requiring emergency surgery without prior endoscopic diagnosis
- The speaker's approach prioritizes converting emergency operations to staged elective procedures by performing damage-control surgery with diverting stomas, taking biopsies, and completing definitive resection later when patients are stable
- For severe ulcerative colitis the speaker reported operating within days with near-total colectomy leaving the rectal stump for later surveillance or completion proctectomy
- For limited ileocecal Crohn's disease the speaker stated resection is offered as an alternative to biologics which are unavailable or unaffordable
- The speaker emphasized that excluding intestinal TB is critical because no perfect test differentiates it from Crohn's disease, and some patients receive empirical TB treatment when histology including acid-fast bacillus staining (positive 2-30% of cases as stated) remains inconclusive
- The speaker reported that stoma bag availability is problematic with patients sometimes forced to reuse bags when donations run out, though the center now has an established stoma nurse and donated supplies

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