ADHERENCE TO GUIDELINES AFTER ILEOCOLONIC RESECTION FOR CROHN'S DISEASE: AN AUSTRALIAN EXPERIENCE

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A retrospective study of 59 Crohn's disease patients who underwent ileo-colic resection at an Australian tertiary centre between 2017 and 2021 found that only 19% received care meeting all three ECCO guideline criteria for postoperative management.

KEY POINTS

- Of 50 high-risk patients, 76% received appropriate prophylactic therapy, while 61% underwent colonoscopy within 12 months and only 48% of those colonoscopies documented a Rutgeerts' score.
- High-risk factors for postoperative recurrence were defined as postoperative smoking, prior CD-related intestinal resection, penetrating or perianal disease, or presence of granulomas in the resection specimen.
- Among the 12 high-risk patients not appropriately prescribed prophylactic therapy, granulomata was the most common risk factor present (n=7), followed by penetrating disease (n=4) and smoking (n=3).
- The study evaluated adherence to three specific ECCO guideline aspects: prophylactic therapy prescription in high-risk patients, colonoscopy within 12 months of ICR, and documentation of a Rutgeerts' score at colonoscopy.
- The findings are relevant to gastroenterologists and healthcare systems seeking to improve postoperative care quality for Crohn's disease patients following ileo-colic resection.

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