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Summary

Innovations in the surgical treatment of IBD

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Mechanisms & Personalised Medicine | IBD

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The speaker advocates for early surgery or surgery-first approaches in IBD, particularly ileocolic resection in Crohn's disease and appendicectomy in ulcerative colitis, based on accumulating evidence suggesting these strategies may induce prolonged remission and reduce the need for lifelong advanced medical therapy.

KEY POINTS

- The speaker presented 11-year follow-up data from the LIR!C trial stating that one out of three patients who had ileocolic resection did not require any advanced medical therapy and only 8% needed redo surgery, while about 60% of the infliximab group required surgery and almost 90% were on advanced medical therapy.
- The speaker reported that ileocolic resection in expert centres is a safe and durable operation that can be done laparoscopically with short hospital stays, and stated there is no fear of short bowel syndrome if patients are treated adequately, with only 10% needing surgical redo at ten years and a maximum bowel loss of 50 to 60 cm.
- The CURE trial showed that patients with mild ulcerative colitis who had appendicectomy had fewer relapses and needed less medication, with five-year follow-up data stating lower rates of colectomy and advanced medical therapy compared to controls.
- The COSTA trial, a patient preference study in active moderate to severe ulcerative colitis, reported a clinical remission rate of one out of three in the appendicectomy group versus 12% in the Tofacitinib group.
- The speaker stated that patients most likely to benefit from appendicectomy include those with appendicitis ulcerosa on pathology, short disease duration, younger age, or proctitis only, and that ultrasound showing appendix diameter greater than six millimetres had a positive predictive value of response of almost 80%.

– For perianal Crohn's fistulae, the speaker recommended tailored assessment of wound healing capacity before surgery, stating that fistulae with epithelial ingrowth are fit for surgery while those with active granulation tissue should not be operated immediately and require advanced medical therapy or adjuncts like autologous fat with platelets to create a better healing environment.

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