

Surgery for Crohn's and Colitis

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Special thanks to Dr. Ivatury for his contributions to this presentation

Our Team



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We are disappointed to bid farewell to Jennifer Walker, APRN

The basics

- Surgery for Crohn's and Colitis is NOT a failure of medical therapy
- Surgery for Crohn's and Colitis is another set of tools we use to make you feel better
- Surgery for Crohn's and Colitis is based on each individual



Who needs surgery?

About 3/4 of patients with Crohn's Disease

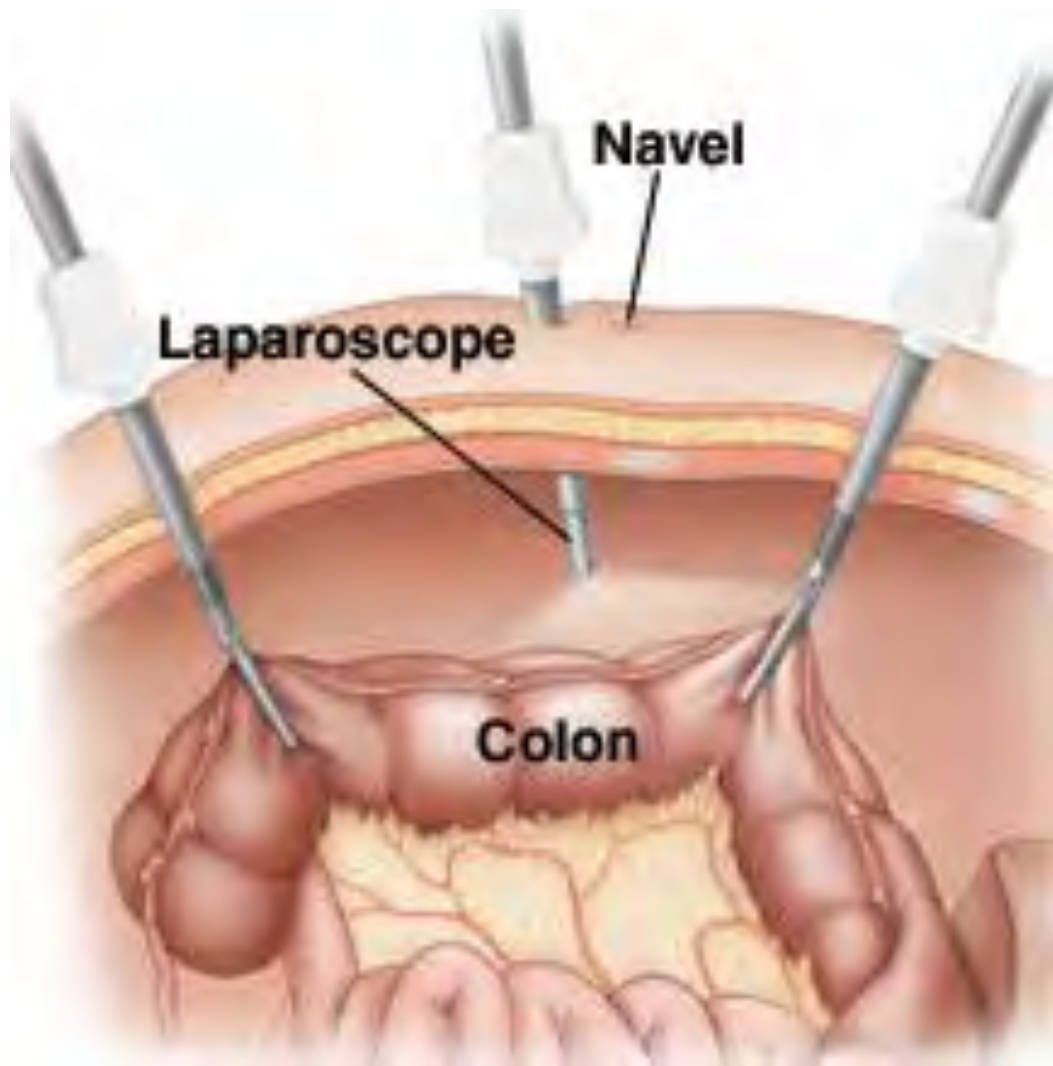
About 1/3 of patients with Colitis

Why would someone need surgery?

Symptom Control

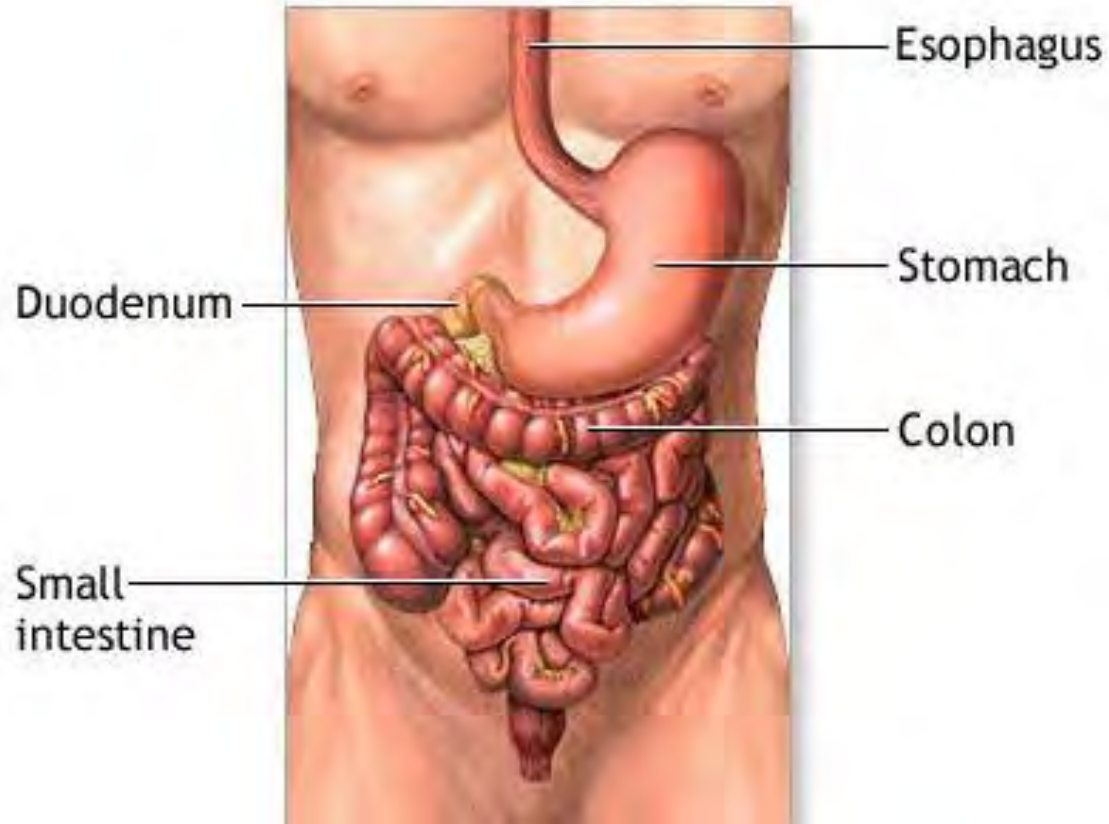
Complications of the Disease

Emergency Situations



We perform laparoscopic and traditional (open) surgery

Surgery for Crohn's Disease

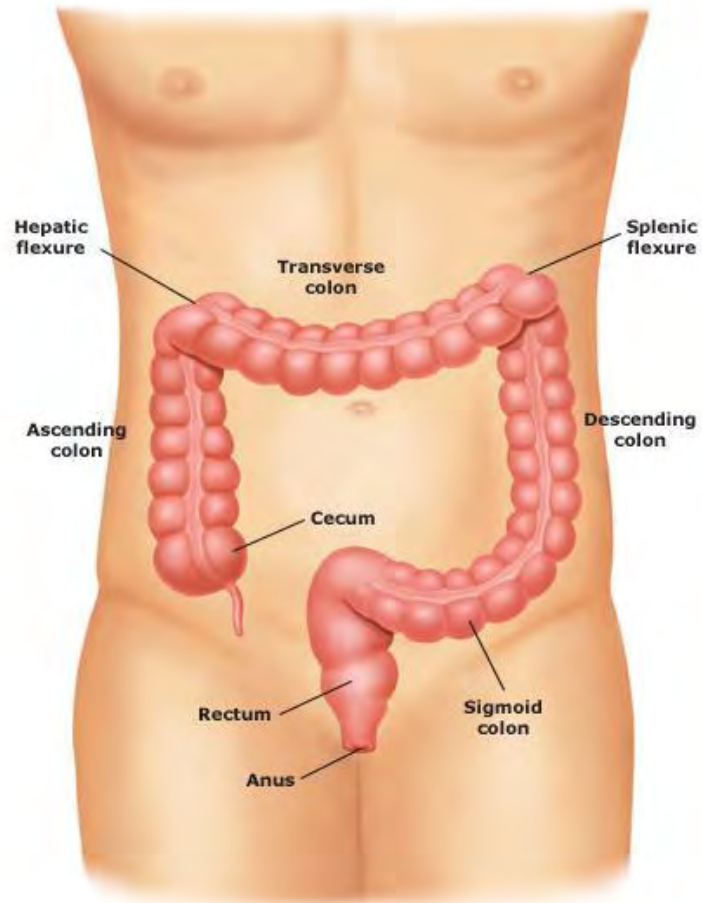


Surgery used to treat intestinal complications

Many options available and treatment is individualized

Goals: Safely reducing symptoms and improving quality of life

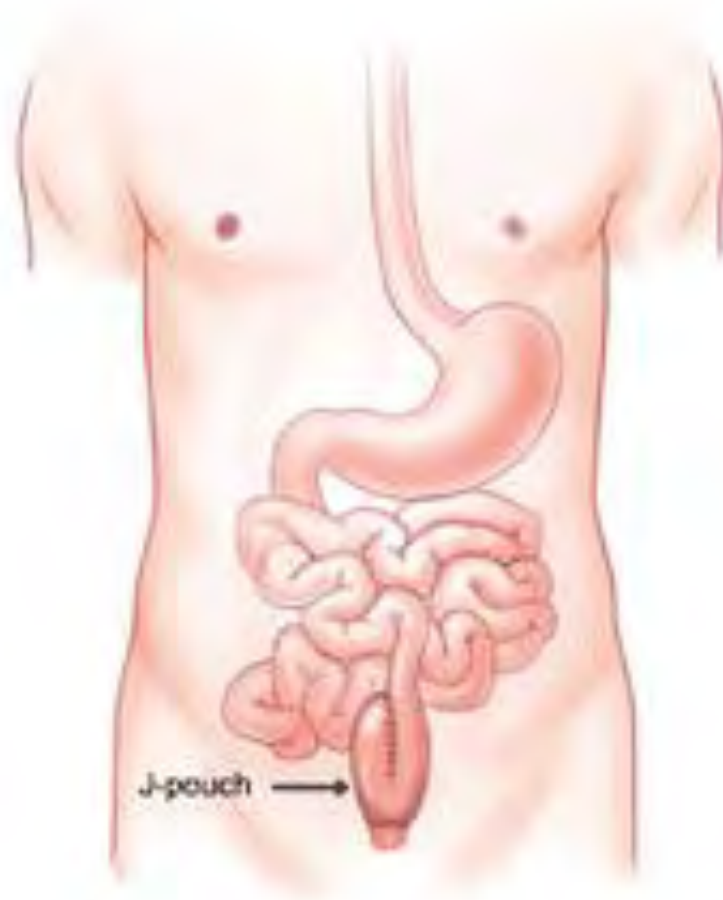
Surgery for Colitis



Removal of the
Diseased Colon and Rectum

Creation of a Pouch or an Ileostomy

Surgery for Colitis



J-Pouch



Ileostomy

Will I Need a Stoma (Bag)?

Not necessarily! Careful consideration!

We make a stoma when reconnecting the intestines is not safe due to a risk of major complication

Many stomas are temporary and reversible

If you need a stoma...

Our stoma nurses work closely with you before surgery, in the hospital while you are recovering, and after surgery

You can swim, exercise, work, go to school, have relationships... you can do anything!

Great resources for stomas

- www.crohnscolitisfoundation.org
- www.ostomy.org
- www.ostomyinternational.org

What to Expect for an Abdominal Operation

Typically, an operation takes from three to five hours

Average hospital stays range from two to seven days

Patients feel fatigued for 1-2 months

Goals for Discharge:

Eating regular food, having bowel function, pain is under control with pills, able to take care of yourself at home



 **Dartmouth-Hitchcock**
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Thank You

CROHN'S & COLITIS
FOUNDATION 