

Abdominal Surgery for Crohn's Disease

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is Crohn's disease?

Crohn's disease causes inflammation of your bowel. The disease most often affects the end part of your small bowel, called the terminal ileum. However, it can affect any part of your bowel.

Crohn's disease causes your bowel wall to thicken, which can block food from passing through. The affected area of your bowel can also fail to absorb nutrients from your food.

What are the benefits of surgery?

Your symptoms should improve. Your doctor may also be able to reduce or stop your medication.

Are there any alternatives to surgery?

Inflammation can be treated using medication such as mesalazine, steroids, azathioprine and infliximab. These have side effects and your doctor will discuss them with you.

Sometimes a narrowing of your bowel can be stretched by a procedure that uses a flexible telescope and a balloon dilator.

What does the operation involve?

The operation is performed under a general anaesthetic.

Your surgeon will make a cut on your abdomen and remove the diseased part of your bowel.

Your surgeon will usually join the ends of your bowel back together. If they are unable to join the ends of your bowel, they will make a colostomy or ileostomy (your bowel opening onto your skin).

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start

exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

General complications of any operation

- Bleeding
- Infection of the surgical site (wound)
- Allergic reaction to the equipment, materials or medication
- Acute kidney injury
- Developing a hernia in the scar
- Blood clot in your leg
- Blood clot in your lung
- Chest infection
- Difficulty passing urine

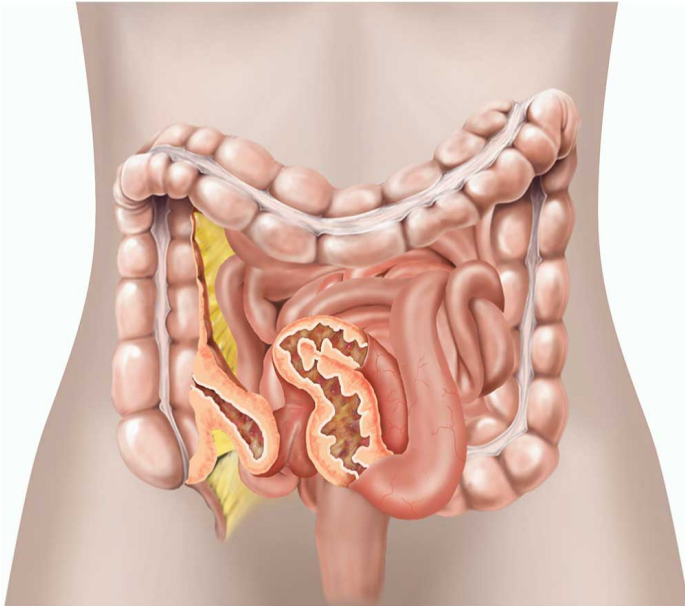
Specific complications of this operation

Keyhole surgery complications

- Damage to structures such as your bowel, bladder or blood vessels
- Developing a hernia near one of the cuts used to insert the ports
- Surgical emphysema
- Gas embolism

Complications of surgery for Crohn's disease

- Anastomotic leak
- Continued bowel paralysis
- Damage to other structures inside your abdomen
- Injury to your bowel
- Tissues can join together in an abnormal way
- Compartment syndrome causing pain and damage to your legs
- Death. The risk is less the fitter you are



Crohn's disease at the terminal ileum

Consequences of this procedure

- Pain
- Unsightly scarring of your skin

How soon will I recover?

You should be able to go home after 3 to 10 days.

It may take up to 3 months for you to recover fully. Most people feel much better after the diseased part of their bowel has been removed.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Crohn's disease sometimes comes back and affects another part of your bowel or a part near to where the join was made.

Summary

Crohn's disease causes inflammation of your bowel. Surgery is usually recommended if medication fails to improve your symptoms.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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