

SURGERY

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Many general surgeons have relatively little experience in managing patients with IBD. High-volume centres have lower morbidity and mortality rates after colectomy for emergency surgery for IBD and after primary ileocaecal resection for CD. Specialist units also have a lower failure rate following IPAA and are more likely to offer subsequent restorative surgery, - rather than permanent stoma, for patients who have required emergency colectomy. Less common aspects of IBD surgery, including the need for revision or excision pouch surgery, rectovaginal fistula management, Kock pouch formation or care of adolescent patients, require specialist expertise to achieve good outcomes.

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