Prevention of Crohn’s Disease After Surgery

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Clinical Crohn’s Disease: Develops again in 40 to 60% of patients after “curative” surgery.
Risk factors for Crohn’s Disease Recurrence after Surgery:

- Small bowel disease (especially jejunal disease)
- Fistulas to skin or anal area (perianal disease)
- Smoking
- Youthful onset and female Gender?
- Early time to first surgery?
- Extra-intestinal disease?
- Genetics (NOD2 gene?)
Smoking Accelerates Post-Operative Recurrence in Crohn’s Disease
The natural history of Crohn’s disease after surgical “cure”

- 1 year: few with symptoms but 70% endoscopic disease
- By 3 years, 30% develop symptoms
- By 5 years, up to 50% may need a second surgery

<- Low risk of clinical recurrence

High risk of clinical recurrence >
Can we prevent recurrence by medical therapy?

- Mesalamine therapy
- Steroids
- Antibiotics
- Thiopurines (6-MP or azathioprine)
- Anti-TNF (infliximab/adalimumab/certolizumab)

Who do we treat?
Algorithm for managing Crohn after surgery:

1) DON’T SMOKE!!!
2) Ileal, penetrating disease, aggressive course, completed 2\textsuperscript{nd} surgery, (or remaining disease present):
   ❖ consider anti-TNF therapy starting 1 month post surgery
3) Moderate risk of disease:
   ❖ Consider Azathioprine; scope within 6 months
4) Low risk disease:
   ❖ No medication; scope 6 months to 1 year