

and obstruction, malnutrition, weight loss, dependence on steroid medications, and disease that does not adequately respond to medical treatment are addressed with surgery.

WHAT ARE THE TYPES OF SURGERY?

Surgery for CD commonly involves removal (resection) of a diseased segment, drainage of an abscess, or treatment of fistulas. However, the disease may recur in the same location or at a new location over time. Surgery focuses on safely alleviating disease symptoms and restoring quality of life while attempting to conserve as much healthy bowel as possible. The type of surgery that will be recommended depends on the location and the nature of the disease.

For small bowel disease

- ▶ Resection
- ▶ Strictureplasty

For ileocecal disease

- ▶ Ileocolic resection

For disease of the colon

- ▶ Segmental colon resection
- ▶ Total colon resection with ileorectal anastomosis or ileostomy
- ▶ Total proctocolectomy with permanent ostomy
- ▶ Ileostomy or colostomy, temporary or permanent

For ano-rectal disease

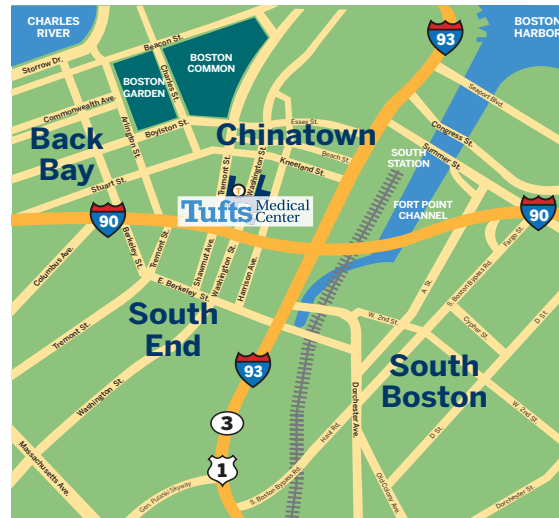
- ▶ Abscess drainage
- ▶ Fistula surgery — fistulotomy (primary or staged), seton, repair
- ▶ Ileostomy or colostomy, temporary or permanent
- ▶ Abdominoperineal resection (APR) with permanent colostomy

WILL I NEED TO RESUME CD MEDICATIONS AFTER SURGERY?

Most patients will take medication after surgery to reduce the risk of recurrence. This medication may be different than that taken prior to surgery.

To make an appointment or ask a question, call the Division of Colon and Rectal Surgery at **617-636-6190**.

For urgent problems, call the Tufts Medical Center operator at **617-636-5000** and ask for the on-call physician for Colon and Rectal Surgery.



Tufts Medical Center is easily accessible by car from the Massachusetts Turnpike (Route 90), the Central Artery and the Southeast Expressway (Route 93). Tufts Medical Center is located in downtown Boston, in Chinatown and the Theater District and within walking distance of the Boston Common, Downtown Crossing and many hotels and restaurants. For directions, visit www.tuftsmedicalcenter.org/AboutUs/Directions.

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Crohn's Disease

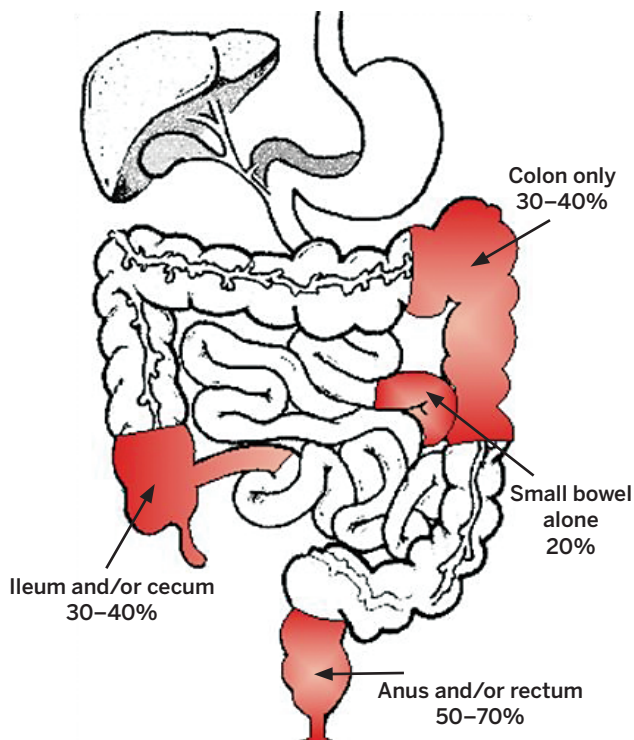
Symptoms and Treatment

Tufts Medical Center

Crohn's disease (CD) belongs to a group of conditions known as inflammatory bowel disease (IBD). The other common inflammatory bowel disease is chronic ulcerative colitis (CUC). There are also other, less common forms of IBD.

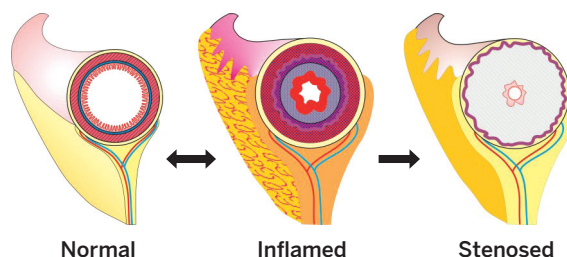
It is not clear what causes these diseases, but they are thought to be due to abnormalities in the immune system. Several genes have been found that are associated with Crohn's disease and family inheritance, however only a small percentage of patients have the currently known genes.

COMMON DISEASE SITES



Combinations of the above locations are common.

Inflammation with irritation and ulcers develop in the mucosal lining of the intestine. In ulcerative colitis, this process is limited to the colon. However, the inflammation in Crohn's disease may affect any part of the intestinal tract from the mouth to the anus. Unlike in CUC, there may be more than one area of diseased bowel with sections of normal intestine in between.



The inflammation in Crohn's disease often involves the entire thickness of bowel wall which may lead to deep ulcers, abscesses and fistulas.

Early in the disease, medication may restore the diseased areas to normal, however over time and with recurrent flares segments may become scarred and narrowed.

WHAT ARE THE COMMON SYMPTOMS?

The symptoms of CD are directly related to the location as well as the nature of the disease. The most common complaints are:

- ▶ Abdominal pain and diarrhea (75%)
- ▶ Weight loss, fever, and bleeding from the rectum (40-60%)
- ▶ Abdominal bloating and nausea (20-30%)
- ▶ Anal abscess/fistula (10-20%)
- ▶ Extraintestinal manifestations — skin swelling or ulcers, eye problems, arthritis

Patients with Crohn's disease usually have acute flares of their disease followed by periods of remission.

IS ALL CROHN'S DISEASE THE SAME?

No. Not only can CD affect different parts of the GI tract in different people, there are different patterns of the disease as well. One, two, or all three of these patterns may exist in any patient at different times.

- ▶ **Inflammatory CD:** Areas of inflammation develop within the bowel. During a flare, patients typically experience increased localized abdominal pain and have fever and chills.
- ▶ **Fibro-stenotic CD:** Tight, narrowed areas, or strictures, develop within the intestine which impede the normal flow of the GI tract. Typical symptoms include crampy abdominal pain, nausea, vomiting, and even bowel obstruction.
- ▶ **Fistulizing CD:** Fistulas are abnormal communications between two different segments of intestine, or other organs (such as the bladder, vagina or skin). Abscesses, bladder or vaginal infections may occur.

WHAT TREATMENTS ARE AVAILABLE?

There are no medical or surgical therapies that will cure Crohn's disease.

Medical therapy is aimed at decreasing intestinal inflammation and symptoms. Medications from several different classes may be used including anti-inflammatories (often related to aspirin), steroids, broad immune system suppressors (6 MP, azathioprine), and focused immunomodulators (anti-TNF agents — Remicade, Humera, Cimzia). When a patient is symptom free, they are considered to be in remission. Although there is great variation, remissions can last for months to years.

Surgery is primarily used to treat complications of the disease. This includes urgent/emergent complications such as toxic colitis, bowel perforation, severe bleeding, and cancer or pre-cancerous changes. More commonly chronic problems such as strictures

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