IBD CONGRESS NEWS

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The content of the magazine is in English and will include reports from the largest congresses and symposia held in Europe and the US, including UEGW, ECCO Congress, DDW and many more. It will also cover the major Industry Symposia held in Europe and include features and interviews with Gastroenterologists from Europe and America.

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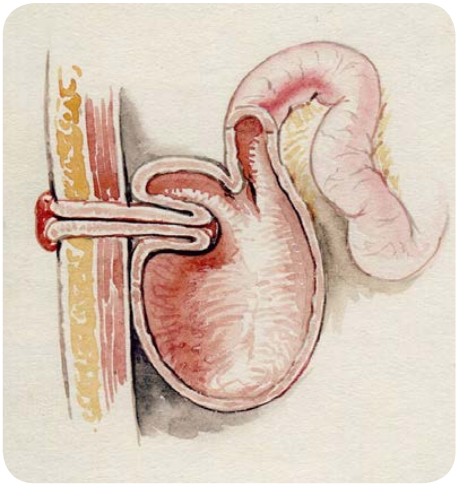
Content

EDITORIAL
TOM ØRESLAND

SURGERY AND IBD



A new trend in IBD surgery is the renowned interest in all the different methods of reconstructive surgery after (procto)colectomy for ulcerative colitis. The ESCP (European Soc. of Coloproctology) recently hosted a course in Hamburg on this subject. Fifteen senior surgeons were trained in pouch surgery, especially the continent ileostomy that is growingly identified as an alternative throughout Europe albeit for the few. The two-day course included both theory and practice, the course leader Gabrielle Möslein has announced that it will be repeated next year. The problem we face in restorative surgery all over Europe is that the number of operations are decreasing but the surgeons wanting to do them is not. Hence, education and centralization is of utmost importance. Low volume surgery has bad outcomes and might contribute to the reluctance seen by gastroenterologists and patients to accept surgery as a in some situations superior alternative. Another aspect of this is that the knowledge of especially the continent ileostomy is decreasing among doctors. . From the patient organizations, there is a demand for more diversified IBD surgery giving all the chance to choose the option that suits the best. Furthermore, the patients grow older and might not have the mental capacity to inform that they have a continent ileostomy when admitted to any type of care. Not recognizing that the stoma has to be intubated and the pouch emptied have severe consequences.

The UEG week has a lot of space in this issue and so it should be as it is the main annual meeting for gastroenterologists and IBD is a core subject. Sadly, surgeons were not very well represented. However, some very interesting data on surgery were presented from the LIRIC! trial. The study compares surgery vs. anti TNF alfa for newly diagnosed ileocecal Crohn's disease. The results – not published yet – show that nearly half of the patients that were on anti-TNF had to go through a resection after 5 years. Forty percent of the patients, who had surgery, still had not used any drugs at all 5 years afterwards. It was also stated that avoiding or postponing surgery should no longer be the aim in CD! In addition, surgery should not be primary endpoint in medication studies. Redo surgery should – and can – be avoided. Timing is the key and surgery is a part of multimodal treatment.

You will find this and more in the report from the UEG week in this issue.

Tom Øresland