Surgical Treatment

Surgery is indicated for ulcerative colitis when medical and nutritional therapies fail to prevent complications. Surgical options include a **subtotal colectomy** and **ileostomy** that leaves a rectal stump as a blind pouch. A reservoir pouch is created in the configuration of a J or S to help improve continence postoperatively. An ileoanal pull-through preserves the normal pathway for defecation. Pouchitis, an inflammation of the surgically created pouch, is the most common late complication of this procedure. In many cases, ulcerative colitis can be cured with a total colectomy.

Surgery may be required in children with Crohn disease when complications cannot be controlled by medical and nutritional therapy. Segmental intestinal resections are performed for small bowel obstructions, strictures, or fistulas. Partial colonic resection is not curative, and the disease often recurs (Ellis and Cole, 2011).

Prognosis

IBD is a chronic disease. Relatively long periods of quiescent disease may follow exacerbations. The outcome is influenced by the regions and severity of involvement, as well as by appropriate therapeutic management. Malnutrition, growth failure, and bleeding are serious complications. The overall prognosis for ulcerative colitis is good.

The development of colorectal cancer (CRC) is a long-term complication of IBD. In ulcerative colitis, the median duration of a CRC diagnosis was 23.5 years with a range of 11 to 48 years (Latella, 2012). Because the risk for CRC occurs 10 years after diagnosis, surveillance colonoscopy with multiple biopsies should begin approximately 10 years after diagnosis of ulcerative colitis or Crohn disease (Latella, 2012). In Crohn disease, however, surgical removal of the affected colon does not prevent cancer from developing elsewhere in the GI tract.

Nursing Care Management

The nursing considerations in the management of patients with IBD extend beyond the immediate period of hospitalization. These interventions involve continued guidance of families in terms of (1)