Surgical Aspects of Ulcerative Colitis

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Ileostomy used to be considered the essential item of surgical treatment, but now excision of the colon and rectum is held to be equally important and as a rule colectomy – sometimes rectal excision as well – is performed simultaneously with the ileostomy. The reasons for removing the large bowel are that the presence of the colitis predisposes to the development of carcinoma, and recovery after operation is more rapid and certain if the septic colon had been excised at the primary operation. Experience in many centres has demonstrated that despite the magnitude of this operation and the frail condition of many of these patients primary colectomy or procto-colectomy can be performed with a very low operative mortality.

In a series of 74 primary excision operations for colitis which the author has reported (Goligher 1954), the operative mortality was 2.7 %, the only 2 deaths having occurred in the group of 8 patients in the series for whom the operation was a life saving measure for acute fulminating colitis or very severe exacerbations of chronic relapsing colitis. This is contrasted with an immediate mortality of 21.6 % in a previous series (Counsell and Goligher 1952) of 60 cases of colitis treated by ileostomy alone in the first instance; in the group of 5 life saving operations in this latter series there were 4 deaths. Some of the difference in the results in the 2 series might have been explained by the higher standard of postoperative care in the more recent colectomy series, but it is hard to believe that this is the sole explanation, and the very considerable lowering in the mortality is held to vindicate the policy of primary excision. This operation is therefore strongly advocated and its value as an emergency measure is particularly emphasized in the treatment of more florid cases.

The author distrusts cortisone for the treatment of these more acute cases, for in his experience it has frequently failed to halt the progress of the disease and an emergency colectomy has then to be

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performed when the patient is in a much poorer condition to stand it. Also the fact that the patient is on cortisone therapy introduces a complication in treatment, for after urgent operation it is necessary to continue with this drug during the postoperative period. As the main danger after emergency colectomy is peritonitis due to contamination from a perforated or torn bowel, and the surgeon naturally wishes his patient's resistance to sepsis to be at its highest, it seemed unfortunate to perform the operation under conditions which necessitate the continued use of cortisone. For these reasons he prefers to treat really urgent cases of colitis by immediate colectomy without preliminary cortisone and feels confident that an impartial survey would show that the results of this regime are better than those of cortisone treatment alone or of cortisone followed by later colectomy in the event of the cortisone failing to induce a remission. With

regard to the form which the primary excision takes the operation consists usually of subtotal colectomy with terminal ileostomy, the rectum being removed 2 or 3 months later, but sometimes the entire large bowel is removed in one operation as a pan-proctocolectomy combined with ileostomy. In a few patients, however, where the rectum was relatively mildly affected or normal, it has been retained and used for an ileorectal anastomosis, thus avoiding a permanent ileostomy. This has been done in 15 cases during the past 3 years; but though many of the patients have had astonishingly good results to date and are most grateful, there has been further trouble from an exacerbation of the residual proctitis in 5 patients. 4 of these had had to have the rectum removed and an ileostomy established, and the 5th is a likely candidate for this in the near future. As a result of these experiences the author would be reluctant to advise this operation again, except when the rectum is entirely normal or the patient absolutely refuses to have an ileostomy or is deemed to be mentally too feeble or too young to be able to manage an ileostomy bag. It has to be accepted that surgery means a permanent ileostomy for practically all patients with colitis coming to operation. Fortunately with modern appliances of the Rützen type this is compatible with a very full life as Mr. Brooke has confirmed by the recent follow up study which he is now going to report.

Bibliography

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