

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/gi-insights/improving-postsurgical-outcomes-in-crohns-disease/32327/>

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Improving Postsurgical Outcomes in Crohn's Disease

Announcer:

You're listening to *GI Insights* on ReachMD. On this episode, we'll hear about new treatments and recommendations in postoperative care for Crohn's disease patients from Dr. Elisa Boden, who's an Associate Professor of Medicine in the Division of Gastroenterology and Hepatology at Oregon Health & Science University. Dr. Boden spoke on the monitoring and treatment of postoperative Crohn's disease at the 2025 Crohn's & Colitis Congress. Let's hear from her now.

Dr. Boden:

Patients and providers are getting much more interested in how we can modify risk for postoperative recovery and disease control especially through things like diet and stress management. And there are a number of institutions that have been creating prehabilitation programs for Crohn's disease patients who are undergoing surgery to try to address these modifiable factors, including lifestyle factors, and these include team members like a registered dietitian and a physical therapist, a counselor to work on smoking cessation, psychologists sometimes, and that's all in addition to the physician and surgeon team. And there's actually early data coming out of the group at Cedars-Sinai Hospital that these programs can improve some surgical outcomes like length of stay and postoperative opioid use.

I think one of the things that's so important is the importance of quitting smoking. This is probably the single most important thing patients with Crohn's disease can do to improve their surgical and postsurgical outcomes. But there are other things that we can actually modify that are lifestyle factors that can help patients. So nutrition is really important to address. Many patients are malnourished going into surgery, and our registered dietitians can work with them to improve their nutrition, sometimes even delay their surgery until their nutritional parameters are better. There's some data that using exclusive enteral nutrition—that means taking all of their calories and using these premade enteral nutrition drinks can actually reduce inflammation in patients, which translates into reduced postoperative complications. Nutritionists will also often recommend carbohydrate loading and some immunonutrition that can be helpful. And then there's data that actually after surgery, introducing enteral nutrition early, typically within 24 hours, can be associated with improved outcomes and also reduce postoperative recurrence, so nutrition is really, really important. The other thing that can make a big impact is physical activity. We don't have data for this in Crohn's disease exclusively, but for other abdominal surgeries, we know that improving physical activity prior to surgery can reduce postoperative complications, so working with a physical therapist can be really helpful to these patients. And then I think having a psychologist as part of the team—I know at my own institution we recently hired a health psychologist who's been really invaluable for these patients undergoing surgery because surgery can be a really stressful time for patients. There's a lot of unknowns. And then having that place to talk about their fears and to plan how they're going to manage the emotional burden of surgery has been a really powerful tool for patients in that peri-op period.

There's a lot going on in terms of research for new treatments and really new approaches to how to manage postoperative recurrence in Crohn's disease because for many patients, surgery can really be life-changing. Right? We remove all of the diseased bowel for some patients, and we really reset the clock, and they can feel really good in the postoperative period. Even while they're feeling great, sometimes the inflammation from their Crohn's disease is actually coming back. So one of the new pieces of data that we've really been incorporating into taking care of these patients is that we really need to be monitoring and checking in even when patients are feeling good with a colonoscopy within the first year after their surgery because endoscopic recurrence can actually predict clinical and surgical recurrence over time. And so by seeing whether the disease is coming back, we can institute therapy, generally the same types of therapies that we use to treat patients with Crohn's disease before surgery in order to treat the microscopic or endoscopic recurrence before it becomes clinically relevant. We also have research coming out into noninvasive ways of monitoring, so things like looking at fecal calprotectin and MR enterography as well as intestinal ultrasound. And we're still early in that process, but we're figuring out how to

incorporate those into our algorithms. But many of the research issues that aren't fully answered are who we should be starting medications in immediately postoperatively to prevent recurrence. Should we start medicines right away in everyone, or are there some people that we can wait in? Because there are studies that are showing us that there are a certain percentage of people who actually don't seem to require medications for a long time after surgery. So a lot of what we're doing is really focusing on understanding who's highest risk, who needs to be monitored carefully, who needs to be started on therapy right after surgery, and who we can take a little bit of a less aggressive approach to monitoring and intervention in.

Announcer:

That was Dr. Elisa Boden discussing new treatments and recommendations in postoperative care for Crohn's disease patients. To access this and other episodes in our series, visit ReachMD.com slash GI Insights, where you can Be Part of the Knowledge. Thanks for listening!