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SURGICAL COMPLICATIONS FOLLOWING INTESTINAL SURGICAL INTERVENTION IN PAEDIATRIC INFLAMMATORY BOWEL DISEASE

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Aim of study: To describe the complications in children with paediatric inflammatory bowel disease (PIBD) undergoing intestinal surgical intervention during childhood in a regional paediatric surgery centre. There is a paucity in the literature concerning complication following PIBD surgery.

Methods: A surgical audit database was utilised to study surgeries in PIBD patients from a full regional cohort over 1.8.97-31.12.14 contained within an existing prospective database of incident and prevalent PIBD patients. Children who underwent intestinal surgery in paediatric services were cross-referenced with patient records to examine complication data. Early complications were defined as <30 days and late as >30 days. Results presented as median (interquartile range).

Main Results: 394 patients with PIBD were identified, of which 44 (11%) had intestinal surgical intervention: 24 (55%) of surgical patients were male, 33 (73%) had Crohn's disease (CD), 11 (25%) had ulcerative colitis (UC), and 1 (2%) had IBD unclassified. Age at diagnosis was 10.8yrs (8.9 - 12.1) and age at last follow-up in paediatric services was 17.5yrs (16.3-18.1). The most common procedure for UC was total colectomy (n=11), and for CD was right hemicolectomy (n=15). Complication data was not attainable in 6 (14%) patients. 16/64 (25%) procedures were associated with a total number of 23 complications in 15 patients: 20 (87%) early, and 3 (13%) late. There was one mortality associated with surgical complications. The most common complications were infection (n=8), re-admission for small bowel obstruction (n=3), and enterocutaneous fistula formation (n=3). Two patients required a return to theatre within 30 days due to complications, one for repair of anastamotic leak, and one for CT guided drainage of an abdominal collection.

Conclusions: In this population-based, regional study, 25% of PIBD surgeries in childhood are associated with complications. Most complications occur within 30 days of the procedure.