



POSTCOLECTOMY BURDEN IN ULCERATIVE COLITIS PATIENTS UNDERGOING COLECTOMY

Taxonera C¹, Calvet X^{2,3}, Gisbert JP^{2,4}, Rodrigo L⁵, Bujanda L^{2,6}, Muñoz F⁷, Ponce M⁸, Gomez-Camacho F⁹, Mendoza JL¹, Oyañez I¹⁰, Sabater FJ¹¹, on behalf of COSCOL study investigators

1 IBD Unit Hospital Clínico San Carlos, Madrid 2 CIBEREHD, Instituto de Salud Carlos III 3 Hospital Parc Taulí, Sabadell 4 Hospital de La Princesa, Madrid 5 Hospital Central de Asturias, Oviedo 6 Hospital Donostia, San Sebastián 7 Hospital Virgen Blanca, León 8 Hospital La Fe, Valencia 9 Hospital Universitario Reina Sofía, Córdoba 10 Pharmacoeconomics & Outcomes Research Iberia, Madrid 11 Schering-Plough S.A., Madrid, Spain

INTRODUCTION

- Ulcerative colitis (UC) is a chronic inflammatory condition causing continuous mucosal inflammation of the colon without granulomas on biopsy, affecting the rectum and a variable extent of the colon in continuity, which is characterized by a relapsing and remitting course.
- Symptoms of UC are dependent upon extent and severity of disease, and most commonly include bloody diarrhea, rectal bleeding, and/or rectal urgency. Abdominal pain and systemic symptoms including fever and weight loss are also often reported¹.
- The primary goal of treating UC is to reduce the inflammation that triggers symptoms. In many cases, medication can control symptoms, but surgery² may be required when medical therapy fails or if signs of colon cancer develop.

OBJECTIVE

- This study, part of the COSCOL study, aimed to establish the types of colectomies and the number of stages for UC performed in this population in Spain with a high previous use of immunomodulators.

RESULTS

- 209 patients with total colectomy due to UC were included (44.5% women, mean age 41.6 ± 13.2 years at initial colectomy). Mean duration of UC was 5.0 ± 6.3 years.
- UC was left-sided in 19.6%, extensive in 80.4% and 0% of isolated proctitis.
- Early surgery², defined as colectomy performed within the first two years of disease, was recorded in 77 patients (36.8%).
- 143 patients (68.4%) received immunomodulators (30.8% azathioprine and/or mercaptopurine and/or methotrexate only, 28% cyclosporine only, and 41,2% were receiving both).
- In 46.9% of patients the initial colectomy was performed as an emergency surgery.

Table 1. Socio-demographic and baseline disease characteristics (N, %)

Number of patients	209 (100)	Females	93 (44.5)
Age, mean (SEM) (years)	41.6 (13.2)	Years since diagnosis, mean (SEM)	5 (6.3)
Smoking habit:		Extension	
Smoker	18 (8.6)	Left-sided	41 (19.6)
Non-smoker	128 (61.2)	Extensive	168 (80.4)
Ex-smoker	61 (29.2)	Proctitis	0
Use of immunomodulators		Reason for colectomy	
Azathioprine / mercaptopurine / methotrexate only	143 (68.4)	Treatment failure	131 (62.7)
Cyclosporine only	44 (30.8)	Severe complications	61 (29.2)
Both	59 (41.2)	Other	17 (8.1)
Colectomy performed as an emergency procedure	98 (46.9)		

REFERENCES

1.- Stange EF, et al. European evidence-based Consensus on the diagnosis and management of ulcerative colitis: Definitions and diagnosis. Journal of Crohn's and Colitis 2008;2,1-23. 2.- Hoie O, et al. Low colectomy rates in ulcerative colitis in an unselected European cohort followed for 10 years. Gastroenterology 2007;132(2):507-15.

PATIENTS AND METHOS

- A retrospective audit was undertaken at 35 Spanish centres which reviewed the medical records of UC patients who had undergone total colectomy between 2000 and 2005.
- Patients were followed up for a period of at least 24 months after the initial colectomy and data were recorded for all expected and unexpected surgeries needed to complete the staged procedure.
- The patients included in the study fulfilled the following criteria: 1) diagnosis of UC according to clinical criteria, 2) with total colectomy, 3) and with available complete information for the objectives of the study. Patients with colectomy due to colorectal cancer were excluded from the study.
- Data collected included:
 - Socio-demographic and baseline disease characteristics
 - Type and number of surgeries performed to complete the procedure. Type and number of unexpected surgeries
 - Resource use: hospital stays, office visits, drug treatment and laboratory tests.

- Proctocolectomy with ileal pouch anal anastomosis (IPAA) was the most frequent surgery performed (54% of cases), followed by proctocolectomy with ileostomy (31%).

- Other surgeries were less frequent, colectomy with ileostomy and rectal remnant was performed in 7% of the patients, colectomy with ileorectal anastomosis was performed in 5% of the patients and proctocolectomy with IPAA and ileostomy in 3%.

- Most procedures were performed in 1 or 2 stages (75% of patients), but in other 4 or 5 surgeries were needed (3%)

- Table 2 shows the types of colectomy performed and the number of stages needed.

Table 2. Type of colectomy and number of stages performed

Type of colectomy	Number of surgeries needed to complete			
	Type	#	%	# of surgeries
Proctocolectomy with ileal pouch anal anastomosis (IPAA)	113	54%	1	3
			2	66
			3	43
			4	1
Proctocolectomy with ileostomy	64	31%	1	28
			2	25
			3	6
			4	3
			5	2
Proctocolectomy with IPAA and ileostomy	7	3%	1	3
			2	1
			3	2
			4	1
Colectomy with ileorectal anastomosis	11	5%	1	6
			2	5
Colectomy with ileostomy and rectal remnant	14	7%	1	13
			2	1

CONCLUSIONS

- Although restorative proctocolectomy with IPAA has become the gold standard surgery for UC, it was only performed in 54% patients.
- Colectomy due to UC places a high burden on the patient: in 75% of patients at least two operations are required to complete it, and in 25% at least three.
- As many as 41% of patients carry a permanent ileostomy.