The Association of Coloproctology of Great Britain and Ireland

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Updated ACPGBI Guidance on Management of Patients with IBD requiring Surgical Intervention during the COVID-19 Pandemic

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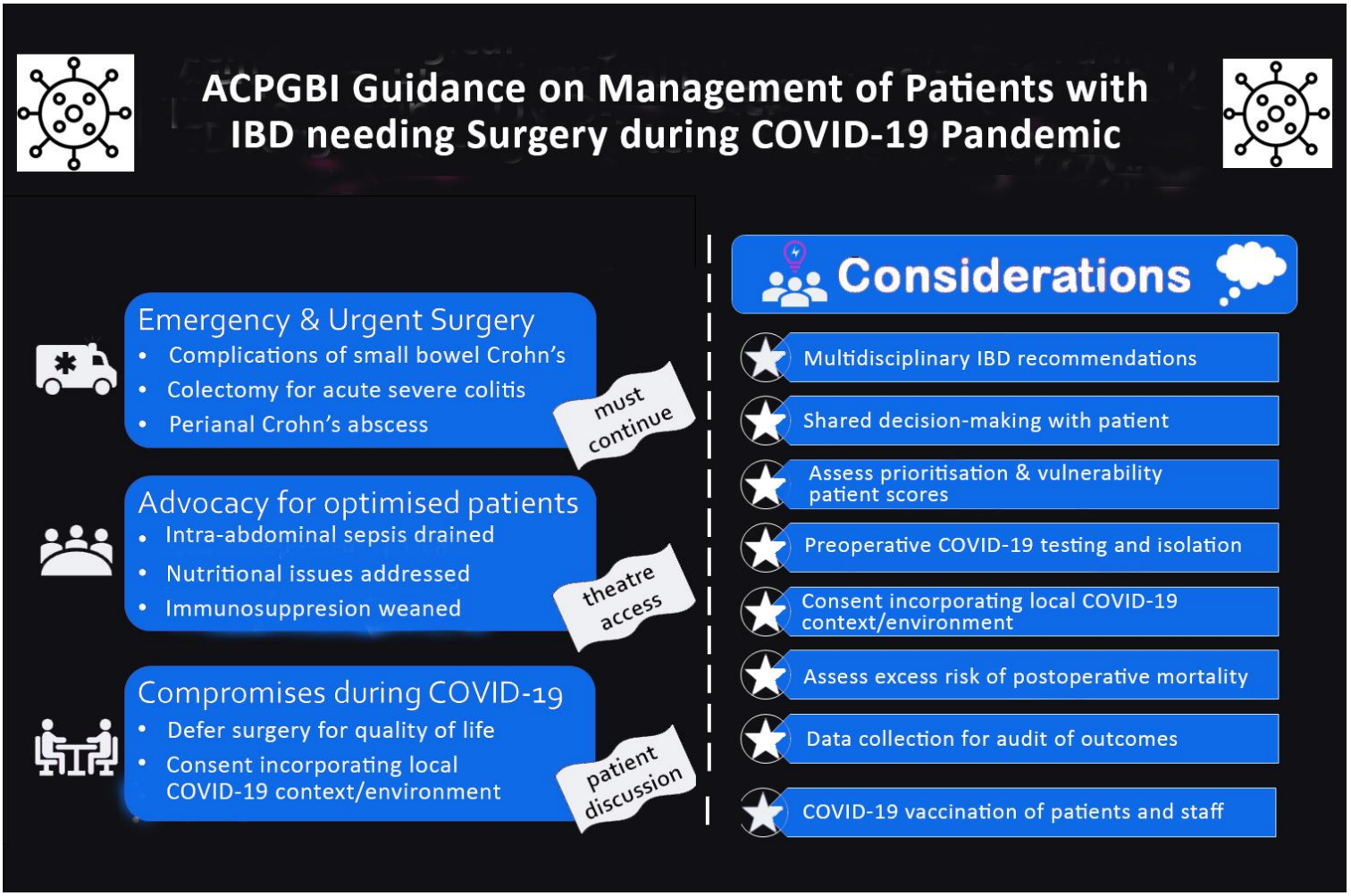

Patients with ulcerative colitis and Crohn's disease may be more susceptible to infection due to either the underlying disease or the immunosuppressive medications needed for disease control. Information and advice for patients with inflammatory bowel disease (IBD) during the COVID-19 global pandemic is available from the charity Crohn's and Colitis UK (CCUK):

Updated guidance for clinical management has been provided by the British Society of Gastroenterology (BSG) with more recent guidance on vaccination is now available:

- BSG expanded consensus advice for the management of IBD during the COVID-19 pandemic
- Adaptations to the BSG guidelines on the management of acute severe ulcerative colitis in the context of the COVID-19 pandemic: a RAND appropriateness panel
- British Society of Gastroenterology Inflammatory Bowel Disease Section and IBD Clinical Research Group position statement on SARS-CoV2 Vaccination

Surgery is recognised as the treatment of choice for some specific complications of IBD, in order to save lives and improve quality of life. Patients with IBD are often aware of the potential need for surgery in these situations, and the usual anxieties around this have been heightened by concerns around the perioperative safety of major abdominal surgery during the pandemic. These issues have been compounded further by the reduced access to elective surgical operating lists and critical care provision due to ongoing hospital pressures with high inpatient numbers due to COVID-19 infection.

There remains an important need for patient involvement in careful, integrated, multi-disciplinary decision making that balances the relative risks of surgery within a healthcare environment with constrained resources and high risk of COVID-19 exposure and infection. However, recent introduction of the national vaccination programme, and an associated position statement issued by the BSG specific to patients with IBD, may lead to reduced inpatient numbers with COVID-19 and an improvement in peri-operative safety as the number of people vaccinated increases.

Some important guiding principles, when considering surgery as a potential management option during the on-going COVID-19 pandemic are:

- Work together with gastroenterology, IBD and stoma specialist nurses, anaesthetic and critical care teams to assess and balance risks of resection against potentially immunosuppressive medical treatments if surgery is not mandated. Patient consultation (remotely, unless physical examination is needed) and involvement in shared decision-making is essential.

- The UK IBD COVID-19 working group has developed a specific tool to help clinical teams identify moderate and high-risk IBD patients. This is already available on the BSG and CCUK websites.

- Consider what is truly urgent and in absolute need of operative intervention. Emergency and urgent expedited surgery will still need to be performed.

- Integrated decision-making and advocacy for patients with IBD across colorectal departments is essential to ensure that patients with IBD needing urgent surgery are not relegated in terms of surgical priority due to constraints on healthcare resource. Advocacy on a case-by-case basis will be essential for the IBD patient with previous septic complications who is now optimised after drainage of sepsis by interventional radiology, weaning off immunosuppressants and having nutritional support.

Guidance has been issued by ACPGBI on prioritisation of patients with colorectal pathology needing surgery, including those with IBD:

- Where facilities are available for “cold” (COVID-free) sites without an Emergency Department or in standalone separate COVID-free hospital wings, consideration should be given to a “safe zone” for surgical interventions in patients with IBD.

- Preoperative screening questions, patient testing for COVID-19 and appropriate pre-operative isolation (for elective surgery) should be undertaken. Where available, regular staff testing for asymptomatic COVID-19 should be undertaken.

- Consent for surgery should include discussion about the environmental risks of surgery during the COVID-19 pandemic.

- Vulnerability of the individual patient, given risk and consequences of acquiring COVID- 19, should continue to be considered (Vulnerability score of V1 to V3)

- Given the COVID-19 environment and likely limitations on healthcare resources, full consideration must be given to the safety of both the operating theatre team delivering care and the patient's safety in the event of developing postoperative complications such as anastomotic leak requiring further salvage surgery and critical care admission.

- Patients with surgical complications of perianal Crohn's disease should still be offered emergency drainage of abscesses. In the absence of a definite clinical abscess, patients with new onset pain may be temporised with antibiotics for symptomatic relief and urgent perineal MRI, where available, to exclude occult infection requiring urgent surgical drainage.

- Where surgical interventions are undertaken, data collection about perioperative outcomes is essential to inform future practice and so ACPGBI encourages inclusion of patient data in national and global prospective observational studies of the impact of COVID-19 on surgery after appropriate local audit registration. In addition, ACPGBI encourages surgical IBD data upload to the UK national IBD-Surgery database https://www.acpgbi.org.uk/research/audits/

Prioritisation of surgical access for IBD patients during recovery phases in the aftermath of the COVID-19 pandemic should be:

1. Patients with IBD who would normally have been advised to have surgery in a standard healthcare environment but were considered high risk on vulnerability assessment. In the interim, these patients should be monitored closely by IBD teams and then offered surgery as soon as the environmental risk has subsided.
2. Patients who were considering surgery for quality of life purposes and wished to proceed should be the second priority for IBD surgery during recovery.
3. Patients who need restoration of bowel continuity.

All patients who have had care "temporised" during the COVID-19 crisis should have access to IBD specialist nursing advice as safety netting in the interim, and timely re-review at a combined IBD MDT when resources allow.

Justin Davies, Chair of IBD Subcommittee, and on behalf of ACPGBI IBD Subcommittee
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Steve Brown, President, ACPGBI
Pete Sagar, President-elect, ACPGBI

Updated from previous guidance published on the website 15/4/2020 (Authors Justin Davies, Chair of IBD Subcommittee, Peter Sagar, Chair of IBD Clinical Advisory Group, Ciaran Walsh, Past Chair of Multidisciplinary Clinical Committee, Nicola Fearnhead, Past President ACPGBI)