

Study compares surgical techniques for Crohn disease

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For patients undergoing open or laparoscopic resection of the small bowel or strictureplasty for Crohn disease (CD), small bowel resection is associated with the longest length of stay and increased odds of postoperative wound complications, according to a study [published](#) online July 29 in the *International Journal of Colorectal Disease*.

Oguz AZ. Aras, from Guthrie Robert Packer Hospital in Sayre, Pennsylvania, and colleagues queried the American College of Surgeons national surgical quality registry database between 2015 and 2020 for all patients undergoing open or laparoscopic [resection](#) of small bowel or strictureplasty for CD.

Data were included for 2,578 patients: 87 underwent small bowel resection, 5 percent underwent resection with strictureplasty, and 8 percent underwent strictureplasty alone.

The researchers found that combined surgery (resection plus strictureplasty) was associated with the longest operative time. The longest length of hospital stay, highest incidence of superficial/deep wound infection (44 percent), and highest incidence of sepsis (3.5 percent) were seen for patients undergoing small bowel resection.

Compared with combined surgery and strictureplasty, small bowel resection was associated with higher odds of wound complication (odds ratios, 2.09 and 1.9, respectively).

"Measured [outcomes](#) for all three [surgical techniques](#) were comparable for 30-day related reoperation and readmission," the authors write.

"Likewise, all three [surgical approaches](#) showed similar outcomes for patient disposition on hospital discharge."

More information: Oguz AZ. Aras et al, Comparison of outcomes in small bowel surgery for Crohn's disease: a retrospective NSQIP review, *International Journal of Colorectal Disease* (2024). [DOI: 10.1007/s00384-024-04661-4](#)

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