



Mastery of IBD Surgery

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Abstract: This book provides a guide to the management of patients with Crohn's disease and ulcerative colitis. The indications for surgery within inflammatory bowel disease are covered, as well as new biologic medications and the effects they have on the immune system. Details on how these drugs should be managed to avoid complications and ensure patient safety are also included. Mastery of IBD Surgery sets out to cover surgical responses to inflammatory bowel disease from a multidisciplinary perspective and aims to help all surgeons and medical professionals working in this area. This book is relevant to colorectal surgeons, gastrointestinal surgeons, and gastroenterologists.

Contents: Nutritional Repletion in the Surgical Patient – Preoperative Bowel Prep – Extended Venous Thromboembolism Prophylaxis after Surgery for Inflammatory Bowel Diseases – The Use of Enhanced Recovery Pathways in Patients Undergoing Surgery for Inflammatory Bowel Disease – Perioperative Steroid Management in IBD Patients Undergoing Colorectal Surgery – Managing Immunomodulators Perioperatively – Managing Biologics Perioperatively – Management of Perianal Skin Tags – Management of Chronic Anal Fissures in Patients with Crohn’s Disease – Management of Simple Anoperineal Fistulas – Management of Severe Anoperineal Disease – Management of Ano/Rectovaginal Fistula – Proctectomy in Patients with “Watering Can” Perineum – Management of Isolated Proctitis/Proctosigmoiditis – Role of IPAA for Crohn’s Disease – Surgical Options for Neoplasia Complicating Crohn’s Disease of the Large Intestine – The Role of Segmental Resection for Colon Disease – Role of Percutaneous Drainage for Disease-Related Abscesses – Management After Successful Percutaneous Drainage of Disease-Related Abscess – Intraoperative Detection of Upper Gastrointestinal Strictures – Management of Long Segment Small Bowel Crohn’s Disease – Construction of the Ideal Ileocolic Anastomosis in Crohn’s Disease – Management of Enterointerstitial Fistula – Preventing Postoperative Crohn’s Disease Recurrence – Role of Minimally Invasive Reoperative Surgery – Extent of Mesenteric Resection – Role of Endoscopic Management in Ulcerative Colitis Patients with Dysplasia – Surgical Options for Endoscopically Unresectable Dysplasia in Ulcerative Colitis – Management of Ulcerative Colitis in Patients with Rectal Cancer – Surgical Approach to the Older Ulcerative Colitis Patient – Role of Minimally Invasive Surgery in Pouch Surgery – How Many Stages Should We Use in Pouch Surgery? – Optimal Design for Ileal-Pouch Anal Anastomosis – Failed Pouch-Pouch Excision vs Redo – Mucosectomy Versus Stapled Ileal Pouch-Anal Anastomosis – Transanal Proctectomy and Ileoanal Pouch Procedure (ta-J Pouch) – Use of Antiadhesive Barriers in Pouch Surgery – Optimal Management of Pelvic Abscess after Pouch Surgery – Management of Chronic Pouchitis – Management of Ileal Pouch Vaginal Fistulas – Management of IPAA-Associated Persistent Presacral Sinus – The Management of Patients with Dysplasia in the Anal Transitional Zone – Pouch Excision Versus Diversion for the Failed Pouch – Pouch Excision vs. Redo IPAA After a Failed Pouch – Continent Ileostomy after Removal of a Failed IPAA.

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