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EDITORIAL

Making the cut? Reviewing the quality of surgical care in adults with Crohn's disease

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Abstract

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviewed the quality of care provided to adult patients undergoing surgery for Crohn's disease. The study reviewed elective, and emergency surgical pathways and the report highlighted clinical and organisational changes that should be made to improve patient care and outcomes.

Key words: Crohn's disease; Elective surgery; Emergency surgery; Hemicolectomy; Inflammatory bowel disease; Multidisciplinary team

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Introduction

Crohn's disease is a chronic inflammatory condition of the bowel that remains a challenge in its diagnosis and management. Approximately in the United Kingdom, there are 100,000 people with Crohn's disease. It is a lifelong condition with an unpredictable disease course (Cosnes et al, 2011). Treatments include medications and surgery. Surgery should not be seen as a last resort as severe complications of the illness can result in emergency surgical treatment which has increased risks compared to planned surgery, with a 5–10 fold increase in morbidity and mortality (Mullen et al, 2017). Patient-centred drug treatment management and the decisions regarding referral for surgery for Crohn's disease patients require the coordinated input of a multidisciplinary team.

The 'Making the Cut?' study

A National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Study: clinician questionnaires and a peer review assessment of care

Patients aged 16 and over, admitted to hospital over two 6-month periods with an International Classification of Diseases-10 (ICD10) code for Crohn's disease and an Office of Population Censuses and Surveys (OPCS) code for intestinal surgery were identified (Abercrombie et al, 2023). Two timeframes allowed patients to be identified before the COVID-19 pandemic and at the peak of the COVID-19 admissions. 553 questionnaires were returned from the consultant surgeon caring for the patient. Case note extracts were requested for up to 3-years before surgery including the hospital stay, and 6-months post-discharge. Of these, 414 cases were reviewed in the peer review process. 316 patient opinions were collected via an online survey.

At the time of admission, 314/553 (56.8%) patients were younger than 40 years old, a relatively young group of patients of working age. Most patients had moderate or severe disease in 445/553; (80.3%). Most patients had ileal (268/553; 48.5%), ileocolonic (192/553; 34.7%) or colonic disease (121/553; 21.9%). 133/553 (24.1%) patients had two or more sites affected. A right hemicolectomy was performed in 330/553 (59.7%) and small bowel resection in 92/553 (16.6%) patients. The reviewers assessed the overall quality of care and found room for improvement in clinical care in 138/414 (33.3%) patients, and organisational factors in 113/414 (27.3%) cases reviewed. Twelve recommendations were made based on the report's findings. The key themes from the report are outlined in this

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editorial. Please visit https://www.ncepod.org.uk/2023crohnsdisease.html for the complete report, recommendations and support tools.

Important findings and recommendations

Access to holistic care

The reviewers found that there was room for improvement in the holistic care that the patients received in 67/179 (37.4%) cases. Patient survey respondents stated that they would have liked to receive psychological 132/310 (42.6%) and dietetic support 108/310 (34.8%). Crohn's disease is a complex disease that can affect many aspects of patients' lives; its' management should ensure that the patient's wider health needs such as psychological, dietetic and peer support are met.

Effective medication management

253/414 (61.1%) patients were taking medication for their Crohn's disease, and of these, medication side-effects were recorded 38/253 (15.0%) cases. The reviewers found room for improvement in medication management in a fifth of patients (45/222; 20.3%); with the use of inadequate steroid prophylaxis (15), delays in starting/reviewing medication (10) and nine patients receiving incorrect medication. This was a particularly worrying finding considering the medications prescribed for Crohn's disease, such as steroids, azathioprine and biologics, are potent drugs with wide-ranging side effects. Local hospital guidelines should include medication management for Crohn's disease patients.

Surgery as a treatment option

Multiple delays were identified in the elective surgery pathway in a fifth of patients (56/278; 20.1%). Delays were found in the referral to surgery (34/193; 17.6%) with 14/34 patients experiencing adverse outcomes with stoma formations consequently. Delays in the decision to operate were also found in 43/214 (20.1%) cases. The indication for surgery was often cited as 'failure of medical therapy' in Crohn's disease patients. This is an unhelpful, damaging concept because the word 'failure' carries such a heavy emotional context. A better approach is to recognise that for some patients, their Crohn's disease is resistant to drug treatment and surgery is then necessary.

In the elective pathway cohort, 128/301 (42.5%) patients waited longer than 18 weeks before their operation was carried out, with 30/311 (10%) patients waiting more than 6 months for surgery. The frequency was similar in pre-COVID-19 and peri-COVID-19 cohorts. Drug treatments often need to be changed pre-operatively: cancelled and/ or delayed surgery risks avoidable flares of Crohn's disease. Another concerning finding from the study was that 25/198 (12.6%) patients presented as an emergency surgery admission, while being on an elective surgery waiting list. This reflects a difficulty in prioritising patients who do not fit neatly into the emergency or elective category.

Joined up care postoperatively

Despite the cohort undergoing major surgery, there was variation in healthcare professional reviews postoperatively. Many patients faced inadequate support after their procedures. 299/553 (54.1%) patients saw neither an inflammatory bowel disease (IBD) nurse nor a gastroenterologist postoperatively. The reviewers thought discharge planning could have been improved by gastroenterology (in 64/119 patients; 53.8%) and IBD team review (in 20/119 patients; 16.8%). Early and continuous involvement by the IBD team would promote joined-up care post-surgery and improve the patient experience.

These findings highlight that drug treatment management, the referral to surgery decisions and the decision to operate require a coordinated multidisciplinary team input in conjunction with the patient. Cancer patients benefit from considerable investment in resources, pathway coordinators and targets, patients with severe illnesses like Crohn's disease should be afforded the same benefits.

Conclusion

Surgery for patients with drug-resistant Crohn's disease surgery should be considered earlier in the treatment pathway for patients, instead of surgery being perceived as a failure of medical care. Once a decision to perform surgery has been made it should be undertaken within a month to prevent patients on elective waiting lists from deteriorating and requiring emergency surgery. Closer working between members of the multidisciplinary team would benefit patients, reducing delays as well as providing all the holistic care that patients with Crohn's disease need. The NCEPOD report serves as a catalyst for positive change and a renewed commitment to providing patient-centred care for patients with Crohn's disease.

Key Points

- Ensure access to holistic care for all patients with Crohn's disease.
- Patients with Crohn's disease require careful medication management. This should include medication prescription and administration prior to, during and post-surgery.
- Recognize surgery as a necessary treatment option rather than a failure of medical management and could be undertaken sooner in patients with Crohn's disease.
- Once a decision has been made to operate the surgery should be undertaken within 4 weeks.
- Early and continuous involvement from the inflammatory bowel disease team would promote joined-up care post-surgery.

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Availability of data and materials

All data included in this study are available upon request by contact with the corresponding author.

Author contributions

DMK, HS, JA and SM designed the work. DMK drafted the manuscript. All authors contributed to important editorial changes in the manuscript. All authors read and approved the final manuscript. All authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Ethics approval and consent to participate

Not applicable.

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Conflict of interest

All authors are employees at NCEPOD. All authors declare no conflict of interest.

References

Abercrombie J, McPherson S, Shotton H et al. Making the Cut? A review of the care provided to patients aged 16 and over with a diagnosis of, and who underwent surgery for, Crohn's disease National Confidential Enquiry into Patient Outcome and Death. 2023. https://www.ncepod.org.uk/2023crohns/Making%20the%20Cut_full%20report.pdf (accessed 15 April 2024)

Cosnes J, Gower-Rousseau C, Seksik P, Cortot A. Epidemiology and natural history of inflammatory bowel diseases. Gastroenterology. 2011;140(6):1785–1794. https://doi.org/10.1053/j.gastro.2011.01.055

Mullen MG, Michaels AD, Mehaffey JH et al. Risk associated with complications and mortality after urgent surgery vs elective and emergency surgery: implications for defining "quality" and reporting outcomes for urgent surgery. JAMA Surg. 2017;152(8):768–774. https://doi.org/10.1001/jamasurg.2017.0918