

Supporting evidence for pathway.

NICE guidance

50 and 80% of people with Crohn's disease will require surgery at some stage. The main reasons for surgery are strictures causing obstructive symptoms, lack of response to medical therapy, and complications such as fistulae and perianal disease.

IBD Standards

- Care for IBD patients that is delivered as locally as possible, but with rapid access to more specialised services when needed.
- clinical care for IBD patients based on multi- disciplinary team working and effective collaboration across NHS organisational structures and boundaries.

Mowat C, Cole A, Windsor A, et al. (2011)

- Emphasis on the ability to make multidisciplinary decisions

Carter, Lobo & Travis (2004)

provide the following guidance with respect to Crohns disease and colitis.

There should be the following;

General Guidance

- Rapid access to clinic appointments for patients with symptoms of IBD.
- Rapid access to advice and clinic appointments for patients in the event of a relapse.
- Adequate time and space in outpatients and wards to meet the unpredictable pattern of disease, allow discussion, explanation or counselling, and provide information or education material.
- A multidisciplinary team that manages patients with IBD in hospitals that train specialists in the care of IBD.

Specific Hospital Management

- close integration of medical and surgical management
- straightforward access to support services

Surgical decision making process

- The decision to operate is best taken by the gastroenterologist and colorectal surgeon in conjunction with the patient.

Recommendation

Enabling a consultant to consultant referral will ensure that patients receive timely and effective treatment to avoid symptoms worsening. In turn this should help maintain the best possible result in terms of quality of life and outcomes for the patient. Enabling direct referral will ensure that optimum communication is maintained between the gastroenterologist and the Colorectal Surgeon so that a multidisciplinary approach can be utilised with the patients input at the centre of this. Enforcing a referral back to the GP is less convenient for the patient and

is unsustainable/ unsafe for inpatients. It is therefore recommended that Gastroenterologist's and Colorectal Surgeons are able to refer to each other in cases of complex IBD i.e Crohn's Disease and Colitis.

References

Carter, M.J., Lobo, A.J. & Travis, S.P.L. (2004) Guidelines for the management of inflammatory bowel disease in adults, *Gut*, 54 v1-v16.

Mowat C, Cole A, Windsor A, et al. (2011) 'Guidelines for the management of inflammatory bowel disease in adults' *Gut*, pp. 1-37

NICE guidance

IBD standards (2012) Available at: <http://www.ibdstandards.org.uk/>