

Surgery for Ulcerative Colitis: is Quality of Life an Issue?

The assessment of health-related quality of life (HRQL) has gained importance in the management of chronic diseases. Validated instruments have been developed both for generic and disease-specific measurements (1). Patients with Inflammatory Bowel Disease (Crohn's and ulcerative colitis) consistently show a decrease in the perceived quality of life as compared to a healthy population as measured by generic and disease-specific instruments (2-3).

A significant proportion of these patients will undergo surgery, either emergent or elective, for treatment of their disease complications. In ulcerative colitis, the traditional option of total proctocolectomy with permanent ileostomy has been in a large part substituted by the sphincter-saving restorative proctocolectomy, better known as IPAA (ileal pouch-anal anastomosis). This procedure allows for continuity of the intestinal tract to the anus, and avoids the need for a permanent stoma, a consideration that may impact significantly the patient's acceptance of surgery. Although obviating the permanent stoma, IPAA is accompanied by a high rate of complications, which in extreme cases may result in the loss of the pouch and a permanent ileostomy. Although offering a "cure" for ulcerative colitis, IPAA carries with it the possibility of frequent bowel movements, incontinence and pouchitis, a complication not unlike ulcerative proctitis. Therefore, the assessment of the quality of life of patients undergoing IPAA for ulcerative colitis must be a consideration when offering a choice of surgical options to these patients.

Several studies have published the outcome of patients with ulcerative colitis and IPAA, most of which are referenced in the accompanying paper by Vendrell et al (4). The assessment of HRQL after IPAA using validated instruments has also been discussed in the literature. McLeod (5) and Thirby (6) have shown improvement as compared to the pre-operative state using generic instruments. Martin (7) and Sagar (8) utilized an IPAA-specific instrument and demonstrated a HRQL similar to ulcerative colitis in remission (7) or on medical treatment (8). Muir, prospectively utilizing both generic and disease-specific instruments has demonstrated that an improved HRQL is seen one month after the ileostomy closure, and by 12 months approaches or equals results for perfect health (9). The data in the literature supports the belief the IPAA, in spite of the high rate of complications, is well accepted and beneficial to patients with ulcerative colitis. The study by Vendrell (4), although representing a small series and using a simple questionnaire, suggests that the outcome of IPAA for ulcerative colitis at the University of Puerto Rico is similar to that in the literature, making available this therapeutic option to our population.



ESTHERA. TORRES, MD

*Inflammatory Bowel Disease Service, Department of Medicine,
Medical Sciences Campus, University of Puerto Rico.*

References

1. Irvine EJ. Quality of life issues in patients with inflammatory bowel disease. *Amer J Gastroenterol* 1997;92:18S-24S.
2. Drossman DA, Patrick DL, Mitchell CM, et als. Health-related quality of life in inflammatory bowel disease. *Dig Dis Sci* 1989; 34:1379-1386.
3. Love JR, Irvine EJ, Fedorak RN. Quality of life in inflammatory bowel disease. *J Clin Gastroenterol* 1992;14:15-9.
4. Vendrell R, Iñesta M, Mera R et als. Ileal pouch-anal anastomosis for ulcerative colitis: the University of Puerto Rico experience. *P R Health Sci J* 2001;20:

5. McLeod RS, Churchill DN, Lock AM, et als. Quality of life of patients with ulcerative colitis preoperatively and postoperatively. *Gastroenterology* 1991;101:1307-13.
 6. Thirby RC, Land JC, Fenster LF, et als. Effect of surgery on health-related quality of life in patients with inflammatory bowel disease. *Arch Surg* 1998;133:826-32
 7. Martin A, Dinca M , Leone L et als. Quality of life after proctocolectomy and ileo-anal anastomosis for severe ulcerative colitis . *Amer J Gastroenterol* 1998;93:166-9.
 8. Sagar PM, Lewis W, Holdsworth PJ, et als. Quality of life after restorative proctocolectomy with a pelvic reservoir compares favorably with that of patients with medically treated colitis. *Dis Colon Rectum* 1993;36:584-92.
 9. Muir AJ, Edwards LJ, Sanders LL, et als. A prospective evaluation of health-related quality of life after ileal pouch anal anastomosis for ulcerative colitis. *Amer J Gastroenterol* 2001;96:1480-5.
-
-