Current management of fistulating perianal Crohn’s disease protocol

Background
Twenty-six percent of Crohn’s patients develop an anal fistula over a 20-year period with approximately a third suffer from one in their lifetime and the pathophysiology behind their development is not fully understood. The individual healthcare associated costs of management of fistulating perianal Crohn’s Disease is up to 10,000 Euros per year for those receiving biological therapy, with approximately 25% of this cost attributed to surgery and hospitalisation.

The management of this disease revolves around accurate diagnosis, removal of sepsis and control of the disease process, often requiring a combination of surgical and medical intervention, which may or may not include biological therapy. The most ideal imaging would involve a combination of multiple modalities, most commonly endoanal ultrasound and pelvic MRI, and examination under anaesthesia. The goal of therapy for these patients has shifted from complete fistula closure to reducing drainage from the fistula to improve their quality of life, however there is no current consensus for optimum management.

The treatment of fistulating perianal disease has been identified as a key topic for colorectal surgeons in the recent ACPGBI Delphi exercise. The proposed questionnaire regarding current management of perianal Crohn’s disease has been informed by a pilot, which was distributed to 20 consultants earlier this year.

Aims
To provide a survey of current national practice and will help determine the intervention arm for a prospective randomised trial inform a national.

Methodology
The questionnaire to be used has been piloted on 20 surgeons and refinements made to ensure validity.

Questionnaires will be disseminated through regional trainee research collaborative groups. PDF copies of the blank questionnaire will be sent via email to each collaborative. The target number of responses is 200, from a mix of teaching and district general hospitals.

Collaborators will deliver the paper questionnaire to colorectal consultants in their unit. Following this, data will be inputted to a web-based data collection system hosted on the South Yorkshire Surgical Research Group’s REDCAP server. Each questionnaire will be allocated a unique ID. All fields can be entered with a keyboard, with the exception of the diagram demonstrating seton placement. This will be scanned/digitally photographed and uploaded to the server.

Descriptive analysis of the questionnaire will be undertaken by ML/NH with interpretation shared by SB/NF/PS.

Should this method fail to obtain the target numbers then an electronic version of the questionnaire will be emailed out through the Association of Coloproctology mailing list. This would sacrifice the
image based question. It may also be associated with selection bias (i.e. those with interest replying), reducing variation in response.

**Dissemination**

This questionnaire will report on UK surgical practice in fistulating perianal Crohn’s disease. We plan to submit to a quality colorectal or surgical journal such as Colorectal Disease, DCR or the BJS. Collaborative (PubMed citable) authorship will be offered to trainees who submit five or more completed questionnaires in the described timeframe (see figure 1).

This data may also be presented at a surgical meeting, with authorship presented as above.

**Figure 1: Proposed timeline.**

**References**