Current management of fistulating perianal Crohn’s disease: Questionnaire

The optimum management of fistulating perianal disease has been identified as a key topic for colorectal surgeons in the recent ACPGBI Delphi exercise. This questionnaire is intended to provide a survey of current national practice and will help determine the intervention arm for a prospective randomised trial.

All these questions relate ONLY to FISTULATING PERIANAL CROHN’S DISEASE. Please answer with what you would most commonly do. It is accepted that clinicians may exercise judgement and tailor decision-making depending on clinical presentation.

Thank you for taking the time to complete this questionnaire. Your support is appreciated!

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The Association of Coloproctology of Great Britain and Ireland

Delphi Exercise: Optimum management of perianal Crohn’s disease
Section 1: Questions in this section relate to emergency presentations of perianal sepsis in established or clinically suspected Crohn’s disease

Do you use antibiotics peri-operatively if a patient with fistulating perianal disease presents as an emergency and needs an EUA?

<table>
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<tr>
<th>Always</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Never</th>
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</table>

If yes, when do you start these?
- In clinic/on ward
- At induction of anaesthesia
- Post-operatively
- Other (please specify)______________________________

If yes, which antibiotic(s)?
- Ciprofloxacin
- Metronidazole
- Augmentin
- Gentamicin
- Other (please specify)______________________________

Do you obtain imaging pre-operatively?

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Which modality do you prefer?
- MRI perineum
- CT
- EAUS

Other (please specify)______________________________
If the diagnosis of Crohn’s is not yet established, but is suspected, which of the following investigations would you undertake?

**Faecal Calprotectin:**
- Almost always
- Frequently
- Occasionally
- Never

**Colonoscopy:**
- Almost always
- Frequently
- Occasionally
- Never

**Flexible sigmoidoscopy:**
- Almost always
- Frequently
- Occasionally
- Never

**Video capsule endoscopy:**
- Almost always
- Frequently
- Occasionally
- Never

**MRI enteroclysis:**
- Almost always
- Frequently
- Occasionally
- Never

**Other (please specify):** ________________________________
Section 2: Questions in this section are related to the initial surgical management of established or clinically suspected Crohn’s fistulae from clinic leading up to and then including first EUA

How do you typically manage perianal sepsis associated with Crohn’s perianal fistula in the emergency setting?

**Incision and drainage (I&D) alone:**

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**Placement of draining seton:**

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**Excision of tract:**

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**Other (please specify):**

If called for advice by a colleague or registrar who is doing an EUA for perianal sepsis associated with Crohn’s perianal fistula in the emergency setting, what would you advise?

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**Other (please specify):**
At first scheduled EUA, how do you typically manage symptomatic Crohn’s fistulae without focal sepsis?

**Placement of draining seton:**

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**Fistulotomy:**

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**Faecal diversion (stoma):**

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**Other (please specify):**

__________________________________________________________
When using a seton in Crohn’s disease:

<table>
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<th>Answer</th>
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<td>What material do you use?</td>
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<tr>
<td>How do you insert the seton?</td>
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<tr>
<td>If you secure seton with another material, what do you use to secure it?</td>
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Please indicate on the diagram below how you secure a seton:

![Diagram showing how to secure a seton]
Section 3: Questions in this section are related to the postoperative management after sepsis control

Questions in this section are related to the management of patients after initial surgical assessment and management, including medical therapy.

When you have found a fistula, do you routinely perform follow-up imaging?

Almost always  Frequently  Occasionally  Never

When you suspect but have NOT found a fistula, do you routinely perform follow-up imaging?

Almost always  Frequently  Occasionally  Never

If so, what modality do you use?

MRI  EUS  CT  Other

Do you routinely perform follow-up examination under anaesthetic?

Almost always  Frequently  Occasionally  Never

If so, when/which cases? __________________________________________________________

Do you routinely give post-operative antibiotics?

Almost always  Frequently  Occasionally  Never

If so, which cases? __________________________________________________________

If so, which antibiotic(s)?

Ciprofloxacin
Metronidazole
Augmentin
Gentamicin
Other (which) __________________________________________________________

And for what duration? ______________________________

Does your unit have an IBD Multi-disciplinary meeting?

YES  NO
Are patients with fistulating Crohn’s disease discussed in your IBD MDT?
Always            Usually            Sometimes            Never            N/A

Is there a pathway for access to a gastroenterologist after surgical treatment?
YES               NO

Do you arrange follow-up with a gastroenterologist after new diagnosis of fistulating Crohn’s disease?
Almost always        Frequently        Occasionally        Never

In your practice, are immunosuppressive drugs used to treat fistula in ano associated with Crohn’s?
Almost always        Frequently        Occasionally        Never

Which immunosuppressants would you commonly use (circle as many as apply)?
Steroid therapy
Aminosalicylates (sulfasalazine, mesalamine)
Azathioprine
Mercaptopurine
Methotrexate
Anti-TNF eg Infliximab, Adalimumab (Humira)
Immunosuppression choices managed by gastroenterologist
Other (which?) ____________________________

For how long do you leave a seton in situ? ________________________________

Who makes the decision to remove the seton?
Surgeon          Gastroenterologist        Joint decision/MDT        Patient            N/A

Do you use multimodal (combined immunosuppression with surgical intervention) therapy?
Usually            Sometimes        Rarely            Never
Section 4: Definitive management aimed at fistula healing/control

If you were considering surgical options to try and heal perianal Crohn’s fistulae, what options would you most commonly use? Tick all that apply.
Removal of seton only
Fistulotomy
Fistulectomy
Anal fistula plug
Mucosal advancement flap
Fibrin glue
LIFT procedure
Over the Scope Clip
Video-assisted anal fistula treatment (VAAFT)
Fistula laser closure (FiLaC)
Local perineal flap
Other (please specify)

Do you use a diverting stoma?
Always          Often          Sometimes          Never

If you do use a diverting stoma, in which circumstances would a stoma be of benefit?
___________________________________________________________________________
___________________________________________________________________________

Do you treat Crohn’s rectovaginal fistulae (RVF)?
Yes                   No

Which procedure(s) would you usually use for Crohn’s RVF?
___________________________________________________________________________
___________________________________________________________________________

Would you perform a proctectomy for perianal Crohn’s disease?
Always          Often          Sometimes          Never

In what circumstances would you advise proctectomy?
___________________________________________________________________________
___________________________________________________________________________
What method(s) do you use for perineal wound closure after proctectomy for perianal Crohn’s disease?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Optional: If you would like to sketch your management algorithm for perianal Crohn’s disease, please feel free to do so below.


Thank you for taking the time to complete this questionnaire.

If you would like to be involved in a consensus exercise or be updated on the findings of this survey, please write your email address below.

__________________________________________________________________________