

## AB079. Mesenteric resection is safe and feasible for patients undergoing ileocolic resection for Crohn's disease

Muhammad Fahad Ullah, Helen Mohan, Miranda Kiernan, Christina Fleming, Colum Dunne, David Waldron, Colin Peirce, Manus Moloney, Maeve Skelly, Paul Tibbitts, John Calvin Coffey

Department of Surgery, University Hospital Limerick, Dooradoyle, Limerick, Ireland

**Background:** Recently we demonstrated that mesenteric resection is associated with reduced reoperation rates in patients who undergo ileocolic resection for Crohn's disease, when compared with conventional resection (i.e., mesenteric sparing). The question arises as to whether short-term outcomes are comparable for both surgical approaches.

**Methods:** We prospectively determined postoperative complications for patients (n=31) undergoing ileocolic resection for Crohn's disease, and in whom the mesentery was resected. We retrospectively collated similar data for patients who underwent a conventional (mesenteric-sparing)

resection. Rates of complication were compared between both groups.

**Results:** Although overall complication rates were increased in patients who underwent a conventional resection, this did not reach statistical significance. In keeping with this, rates of specific complications were also similar between groups. The majority of complications (23.3%, n= 7 in each group) were grade II Clavien-Dindo. Anastomotic leakage was higher (20%, n=6) in the conventional group as compared to mesentery group (3%, n=1). The median length of stay was 12 days in both groups. The length of stay ranged from 7 to 63 days in patients who underwent mesenteric resection, while it was 6–130 days in the non-mesenteric group.

**Conclusions:** The findings demonstrate that mesenteric resection is associated with similar, if not even lower, rates of postoperative complications in patients undergoing ileocolic resection for Crohn's disease. Hence, mesenteric resection is both safe and feasible in patients undergoing surgery for ileocolic Crohn's disease.

**Keywords:** Crohn's disease; ileocolic; mesenteric

doi: 10.21037/map.2020.AB079

**Cite this abstract as:** Ullah MF, Mohan H, Kiernan M, Fleming C, Dunne C, Waldron D, Peirce C, Moloney M, Skelly M, Tibbitts P, Coffey JC. Mesenteric resection is safe and feasible for patients undergoing ileocolic resection for Crohn's disease. *Mesentery Peritoneum* 2020;4:AB079.