Localization of Stricture in Crohn’s Disease with Foley Catheter

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Crohn’s disease is an incurable chronic inflammatory disease of the intestinal tract. It is characterized by alternating periods of remission and exacerbation. Strictures are a common complication of Crohn’s disease and occur mostly in the ileocecal region. Medical treatment may relieve active inflammation but fibrous strictures will not respond to this. (1) Obstructive symptoms are the main indication for surgery in Crohn’s disease. (2) Strictures are generally silent until it causes obstruction. Mechanical treatment methods consist of endoscopic balloon dilatation, strictureplasty or surgical resection. (3) Recurrence after surgery is a common postoperative problem in this disease and repeated surgical interventions may be necessary. Repeated or extensive resections of small-bowel for Crohn’s disease are the major risks of the development of short-bowel syndrome. (4) Surgery is seldom curative and conservative methods were developed. Strictureplasty consists of increasing the diameter of the lumen without resection. Strictureplasty is useful in patients with extensive obstructive disease.

Intraoperative examinations alone with hand or eye for determining the localization of the stricture may mistake us. Which centimeter is sufficient diameter of the lumen? The definite answer of this question is absent because of the small bowel is a partially tightened organ. Correct answer is as passing of sufficient amount nutrients. But how do we understand it? Foley catheter is useful for localization of stricture during surgery in patient with Crohn’s disease. We inflate foley catheter’s balloon with

10 cc 0.9% sodium chloride and this catheter is inserted in the small-bowel lumen at most proximally stricture area which is determined by our examination. We push the catheter proximal to distal and when the balloon does not pass easily we perform strictureplasty in this area (Fig. 1). This method is gentle and, doesn’t injure the mucosa.

Fig. 1. Foley catheter balloon did not pass through the stricture area and strictureplasty was performed.

REFERENCES