Loop ileostomy and colonic lavage for fulminant *Clostridium difficile* colitis: survey of current practice

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Introduction

- The gold standard treatment for fulminant *Clostridium difficile* colitis (FCDC) is a total abdominal colectomy (TAC)
- Despite this intervention, associated morbidity and mortality remain elevated.
- Diverting loop ileostomy and colonic lavage (LICL) has emerged as an attractive option, but limited data exists.
- We sought to assess surgeons' experience with the use of LICL

Methods

After IRB approval, a 25 multiple-choice question survey was distributed from 09/2015 to 08/2017 through social media platforms and societal distribution to members of:

- Canadian Association of General Surgeons
- Québec Association of General Surgeons
- International Society of Colon and Rectal Surgeons
- Members of the Society of American Gastrointestinal and Endoscopic Surgeons research committee
- Members of the Colorectal Surgical Society of Australia and New Zealand

Results

- 135 respondents from Canada (65.4%), USA (6.8%), Australia and New Zealand (18.1%) and 9.7% from Asia, Europe, Africa and South America
- 17.1% have done at least 1 LICL
- 12.5% report failure of LICL requiring TAC
- 23% report at least one recurrence of *C. difficile* infection after LICL and ileostomy closure
- 78.9% foresee LICL to be indicated for FCDC
- 3.8% who have not performed a LICL stated more evidence was needed
- 63.5% were interested in participating in a prospective trial

Results

Figure 1: Type and volume of lavage administered

Figure 2: Reported average lavage time

Figure 3: Surgeons' experience on length of ICU stay post LICL

Figure 4: Operative approach for LICL

Figure 5: Respondents' contraindications for LICL

Figure 6: Loop ileostomy closure performed in at least one patient

Conclusion

LICL is being used for FCDC. However, the exact indications, technique and postoperative management remain unclear and would best be determined by a prospective multicenter study.