

Preface

The Essential Role of a Multidisciplinary Approach in Inflammatory Bowel Diseases

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Inflammatory bowel diseases (IBDs)—namely Crohn’s disease (CD) and ulcerative colitis (UC)—comprise a complex spectrum of systemic diseases with predominant digestive symptoms that affect a significant proportion of patients globally, with increased incidence over the last decades. These diseases do not present from a specific cause, and as a consequence, do not have a cure. IBD can have different phenotypes, with varied complexity, and their management is challenging for health care practitioners.

Over the recent years, the concept of a multidisciplinary team (MDT), involving different specialists, evolved significantly, and has resulted in better outcomes for IBD patients. A typical MDT geared toward CD and UC is based on a gastroenterologist and a surgeon with leading roles, accompanied by endoscopists, radiologists, IBD nurses, dietitians, psychologists, and many more. The holistic view of an IBD patient, typically seen by different professionals involved in an MDT, is considered a key pillar in the management of CD and UC.

In this issue of *Clinics in Colon and Rectal Surgery*, entitled “The Essential Role of a Multidisciplinary Approach in Inflammatory Bowel Diseases,” several aspects of the involvement of an MDT in different clinical scenarios are discussed in detail. The idea of the edition was to discuss updated concepts of IBD management by leading groups in the field from around the globe. Topics in UC cover the relation between the surgeon and the gastroenterologist in the

management of acute severe colitis, the definition of the timing for a proper surgical indication when “enough is enough” in terms of medical therapy, and different strategies in staging pouch surgery. An update article on therapeutic endoscopy in pouch complications completes the topics in the multidisciplinary approach in UC.

The precise moment of surgical indication in luminal ileocecal CD is also discussed in a very interesting article, including the concept of early surgery in this specific phenotype. As perianal fistulizing CD is a topic of major importance in the MDT approach, several aspects are also discussed in brilliant reviews, such as imaging diagnosis, multimodal medical and surgical treatment, and the role of fecal diversion. The management of additional scenarios of rectovaginal fistulas and anorectal strictures are also described in detail, each by respective experts in the field.

We hope that these 10 articles of this special edition of *Clinics in Colon and Rectal Surgery* can support an important update in the broad view of the multidisciplinary approach in IBD management for colorectal surgeons, gastroenterologists, and all caregivers of patients with IBD. There is no room for isolated specialists in the management of CD and UC in the current era. Doing things together is essential—aiming for better outcomes for our most important target: our patients.

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