

VIDEO-LAPAROSCOPIC ASSESSMENT OF THE SMALL BOWEL IN CROHN'S DISEASE : the distribution of anonymous videos demonstrating the small bowel walkthrough together with the anonymous survey using www.enalyzer.com.



CASE 1: the following video demonstrates the findings of a diagnostic laparoscopic. Afterwards you are going to answer a questionnaire regarding usual findings in Crohn's disease. Thank you for your participation.

Do you identify any abnormalities in the video?

(1 = strongly disagree, 2= disagree, 3= neither agree or disagree, 4: agree, 5= strongly agree)

[illegible]

ASSESSMENT OF SEVERITY OF MESENTERIC DISEASE (from Coffey et al.)

- ☐ THERE WAS NO MESENTERIC DISEASE
- ☐ UNABLE TO ASSESS
- ☐ MILD: minimal mesenteric thickening and minimal fat wrapping
- ☐ MODERATE: fat wrapping covering less than 25% of the bowel circumference and/or mesenteric thickening only evident close to vascular pedicles
- ☐ SEVERE: pan-mesenteric thickening and/or fat wrapping covering more than 25% of the bowel circumference

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Now please describe your operative strategy such as number and site of resections and/or strictureplasties

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MANAGEMENT OF SMALL BOWEL MESENTERY

- ☐ High vessel ligation (cancer-like)
- ☐ Dissection close to the bowel edge
- ☐ other (please specify)

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ANASTOMOSIS AND/OR DEFUNCTIONING

- ☐ No resections done
- ☐ No anastomosis: end ileostomy + closed large bowel
- ☐ No anastomosis: end ileostomy + large bowel mucous fistula
- ☐ Hand-sewn anastomosis
- ☐ Hand-sewn anastomosis + loop ileostomy
- ☐ Mechanical anastomosis
- ☐ Mechanical anastomosis + loop ileostomy
- ☐ other (please specify)

ANASTOMOSIS CONFIGURATION

- ☐ End to end
- ☐ End to side
- ☐ Side to side : isoperistaltic
- ☐ Side to side : antiperistaltic
- ☐ No anastomosis done
- ☐ other (please specify)

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