

Treatment of Hospitalized Adult Patients With Severe Ulcerative Colitis: Toronto Consensus Statements

Alain Bitton, Donald Buie, Robert Enns, Brian G. Feagan, Jennifer L. Jones, John K. Marshall, Scott Whittaker, Anne M. Griffiths, and Remo Panaccione on behalf of the Canadian Association of Gastroenterology Severe Ulcerative Colitis Consensus Group

Am J Gastroenterol 2012; 107:179–194

Section 1: General considerations and nutritional issues

Statement 1: Patients should have stool samples assayed for *Clostridium difficile* cytotoxin (both A and B) and cultured for bacterial pathogens.

Vote: A + = 90%, A = 10%; **Grade of recommendation:** 1B

Statement 2: Patients should have baseline abdominal radiographs.

Vote: A + = 57%, A = 38%, A – = 5%; **Grade of recommendation:** 1C

Statement 3: Patients should have an early flexible sigmoidoscopy with biopsies to assess endoscopic severity, *C. difficile* infection or CMV colitis.

Vote: A + = 67 %, A = 33 %; **Grade of recommendation:** 1C

Statement 4: Patients should be assessed for risk of tuberculosis (TB) including a careful history, chest X-ray, and TB testing at onset of hospitalization in preparation for possible infliximab therapy.

Vote: A + = 62%; A = 33%; A – = 5%; **Grade of recommendation:** 1B

Statement 5: Patients should be offered a normal diet or enteral nutrition unless such a diet is not tolerated.

Vote: A + = 76 %, A = 24 %; **Grade of recommendation:** 1C

Statement 6: TPN is not effective as primary therapy. TPN should be considered only in malnourished patients who cannot tolerate oral intake or enteral nutrition.

Vote: A + = 95 %, A = 5 %; **Grade of recommendation:** 1B

Statement 7: Patients should receive prophylaxis for thromboembolic complications.

Vote: A + = 71%, A = 24%, A – = 5 %; **Grade of recommendation:** 1B

Statement 8: Narcotics are best avoided.

Vote: A + = 67 %, A = 19 %, A – = 10 %, D – = 5 %; **Grade of recommendation:** 1C

Statement 9: Routine use of antibiotics is not recommended.

Vote: A + = 67 %, A = 33 %; **Grade of recommendation:** 1B

Section 2: Steroid use and predictors of steroid failure

Statement 10: First-line medical therapy for patients should be intravenous corticosteroids.

Vote: A + = 86%, A = 14%; **Grade of recommendation:** 1A

Statement 11: Patients who fail to improve on intravenous corticosteroids within 72 h, as determined by clinical, radiological, and laboratory parameters, have poor outcomes and should be considered for either surgery or second-line medical therapy.

Vote: A + = 81 %, A = 19 %; **Grade of recommendation:** 1B

Section 3: Cyclosporine and infliximab

Statement 12: Either intravenous cyclosporine or infliximab is an appropriate choice for selected patients who have failed intravenous corticosteroid therapy.

Vote: A + = 48%, A = 48%, A - = 4%; **Grade of recommendation:** 1A

Statement 13: A decision regarding response to infliximab or cyclosporine should be made within 5 – 7 days after initiation of such therapy.

Vote: A + = 81 % , A = 19 % ; **Grade of recommendation:** 1C

Statement 14: Cyclosporine and infliximab should be utilized at centers with appropriate experience and support in their use.

Vote: A + = 67%, A = 29%; A - = 4%; **Grade of recommendation:** 1C

Statement 15: Patients who respond to intravenous cyclosporine should be switched to oral cyclosporine; subsequently azathioprine or 6-MP (6-mercaptopurine) should be initiated.

Vote: A + = 67 % , A = 33 % ; **Grade of recommendation:** 1C

Statement 16: Patients who respond to a single infusion of infliximab should be given two additional induction doses at 2 and 6 weeks, followed by maintenance infliximab therapy.

Vote: A + = 57 % , A = 38 % , A - = 0 % , D - = 5 % ; **Grade of recommendation:** 1B

Statement 17: Sequential rescue therapy with cyclosporine and infliximab should be avoided.

Vote: A + = 85 % , A = 10 % , A - = 5 % ; **Grade of recommendation:** 1B

Section 4: Surgical issues

Statement 18: Urgent surgical consultation should be obtained for all patients with systemic toxicity or megacolon.

Vote: A + = 100%; **Grade of recommendation:** 1B

Statement 19: Patients who have failed primary therapy and are being considered for infliximab or cyclosporine therapy should have a concomitant surgical consult.

Vote: A + = 81%, A = 14%, A - = 5%; **Grade of recommendation:** 1C

Statement 20: Patients who fail to respond to infliximab or cyclosporine within 5 – 7 days have a poor outcome and surgery is advisable.

Vote: A + = 81 % , A = 19 % ; **Grade of recommendation:** 1B

Statement 21: When surgery is required, total or subtotal colectomy with end ileostomy is the procedure of choice.

Vote: A + = 95 % , A = 5 % ; **Grade of recommendation:** 1B