An Updated Algorithm for Prevention of Post-Op Recurrence in Crohn’s Disease

Assess risk of recurrence

Discharge: 3 months metronidazole

4 weeks post-op: Choice of initial therapy

Fecal calprotectin (FC) at 3 months

- FC < 100 µg/g
- FC ≥ 100 µg/g

FC at 6 months

- FC < 100 µg/g
- FC ≥ 100 µg/g

Colonoscopy at 6 months

- i0-i1
- i2-i4

Assessment of endoscopic recurrence (Rutgeert’s Score)

Follow-up: Monitor recurrence with yearly endoscopy or FC and optimize therapy if required

Treatment adjustment: Optimize or escalate medical therapy

Optimize or escalate medical therapy

High Risk: Anti-TNF + IMM

Moderate Risk: IMM

Low Risk: No additional Rx