



The American Society of Colon and Rectal Surgeons

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Choosing Wisely Campaign

The American Society of Colon and Rectal Surgeons and pleased to submit the following for the Choosing Wisely Campaign.

A. 5 recommended interventions

- (1) Don't routinely administer postoperative antibiotics for more than one day following colorectal surgery
- (2) Don't obtain CT or MRI in patients with benign perianal disease before examining the patient
- (3) Don't administer antibiotics to patients undergoing elective anal procedures such as hemorrhoidectomy or repair of fistula in ano
- (4) Don't perform colon resection following a single episode of uncomplicated diverticulitis.
- (5) Following colon or rectal cancer resection, don't obtain follow-up routine colonoscopy and imaging (CT scans) in low performance status patients that are not candidates for additional treatment

B. Support of recommendations

- (1) Administering antibiotics before surgery is important in reducing infections but routine prolong use of antibiotics are not necessary and can be detrimental.

- (2)** Anal discomfort and pain can be caused by many conditions including fissures, fistulas, and abscesses. The first step in evaluating a patient with anal discomfort is physical examination. CT scan is useful for those patients with select findings on physical examination. Routine CT scans exposes patients to unnecessary radiation exposure.
- (3)** Routine use of antibiotics for anal surgery is not necessary and overuse of antibiotics can be dangerous. Antibiotics are indicated for some immune-compromised patients and patients with prosthetic heart valves.
- (4)** Inflammation and infection associated with diverticulum of the colon (diverticulitis) is treated with antibiotics and alteration in diet. Patients should undergo colonoscopy, if one has not been done previously, to ensure no other abnormalities. Surgery is not necessary to remove a portion of colon unless there have been multiple episodes of diverticulitis, the patient is immune-compromised, or diverticulitis is complicated with development of large abscess, fistula or stricture.
- (5)** The role of surveillance colonoscopy and imaging, including CT scan, following colon and rectal cancer surgery is to identify cancer recurrence or a new cancer that would be amenable to additional treatment such as additional surgery, chemotherapy or radiation. If patients are medically unfit for additional treatment, they should not be subjected to additional unnecessary testing.

C. Resource

- (1)** Surgical Care Improvement Project (SCIP) of Quality Improvement Organizations/Centers for Medicare and Medicaid services and the American Society of Colon and Rectal Surgeons Practice Parameters
- (2)** ASCRS Practice Parameters
- (3)** ASCRS Practice Parameters

(4) ASCRS Practice Parameters

(5) ASCRS Practice Parameters

The above was prepared by Dr. Janice Rafferty, Chair of the ASCRS Standards Committee and past Executive Council member and was approved by the ASCRS Executive Council during its July, 2013 conference call.

The American Society of Colon and Rectal Surgeons is an association of 3,000 surgeons and other professionals dedicated to assuring high quality patient care by advancing the science through research and education for prevention and management of disorders of the colon, rectum and anus. ASCRS believes in patient centered, high quality, high value health care. We achieve this care through professionalism, unique knowledge and skills and the fellowship of our Society Members.