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Background

- Late in 20th century saw revolutionary surgical advances within colorectal sphere
- 1978 Parks & Nicholls modified internal pouch, previously experimented by Ravitch in 1947 on dogs!
- 1984 1st ileo-anal pouch formed in Oxford

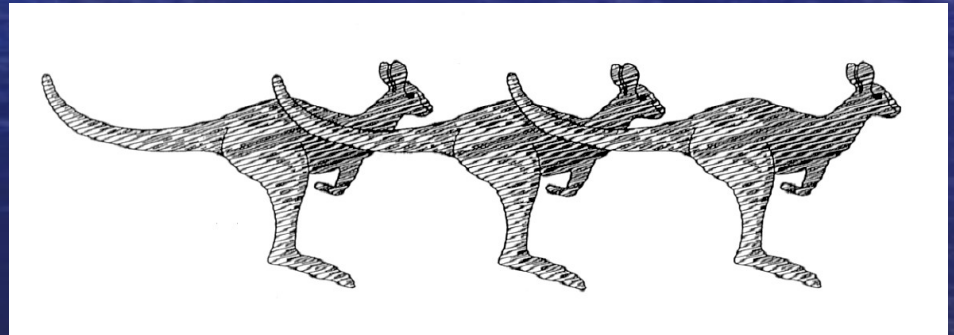
Ileo-anal pouch developments

No stoma

No access to Clinical Nurse Specialist,
stoma care

Lack of support generally

1991 – Kangaroo
Club was borne



1993 - ia became Ileostomy Association and Internal
Pouch support group

Ileo-anal pouch developments

- Shape S, W or J
- Staged approach
- Ileostomy v No ileostomy
- Mucosectomy v No mucosectomy
- Hand-sewn or stapled



The ileo-anal pouch procedure is now viewed as the operation of choice for those individuals with a diagnosis of Ulcerative Colitis and Familial Adenomatous Polyposis.

(Fazio 1998, Seidel, 2000)

Ileo-anal pouch developments

Laparoscopic V open surgery

Laparoscopic V Open surgery

Short term advantages

Better cosmesis

Shorter length of stay

Bemelman, 2003

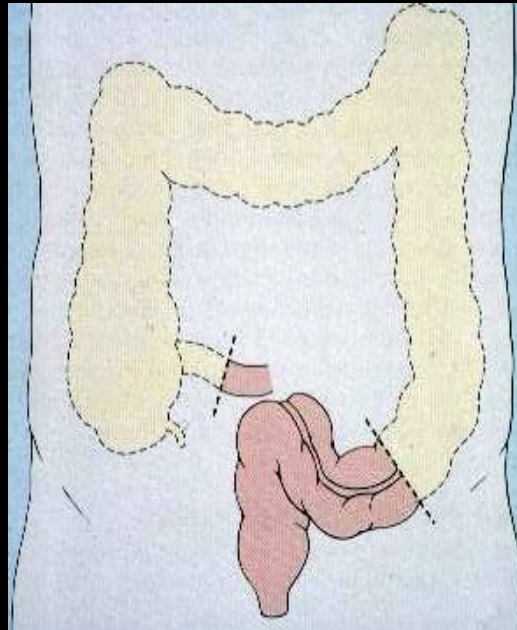
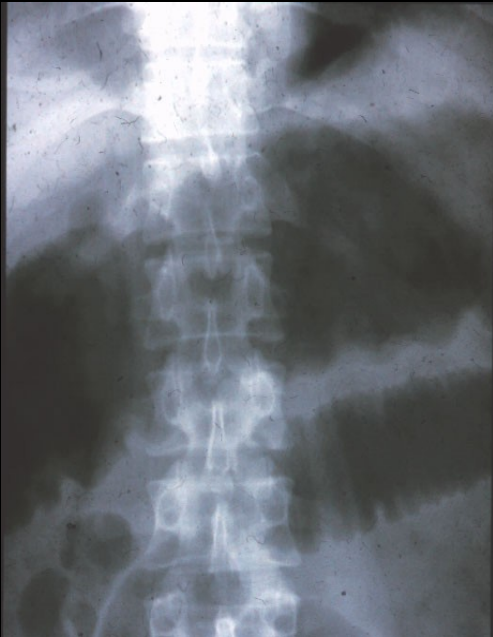
Longer Term Advantages

Less adhesions (mostly animal studies)

Less incisional hernias

Lap-assisted pouch

first-stage colectomy



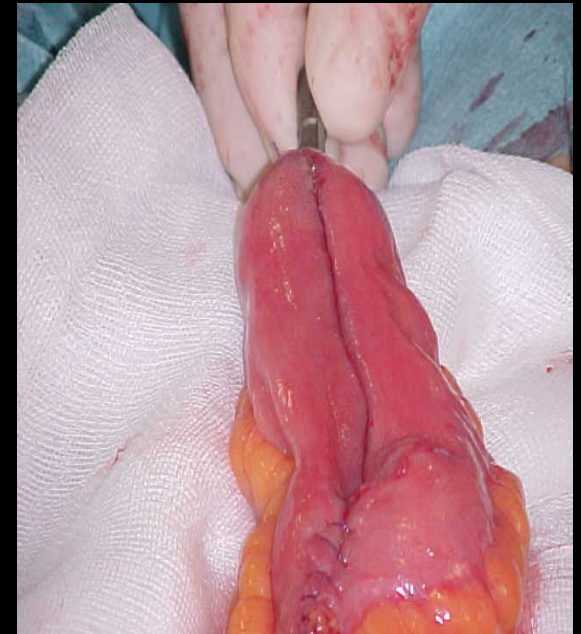
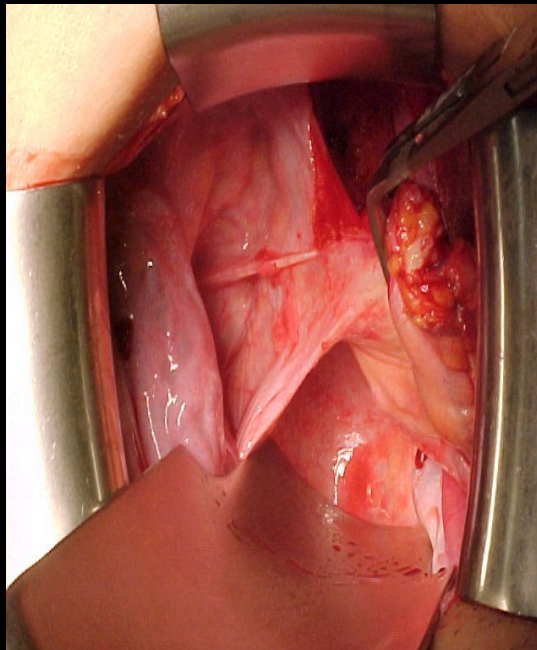
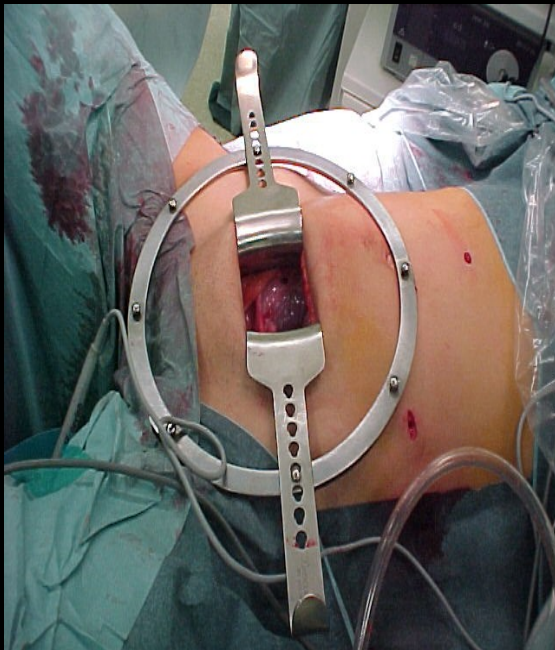
Oxford



Colorectal

Lap-assisted pouch

second-stage proctectomy and pouch



Oxford



Colorectal







Stage 1

- Total Colectomy and formation of end ileostomy

“Quality of life is already satisfactory after CURE of the disease, irrespective of surgical procedure.”

Weinryb 1995

Considerations for patient

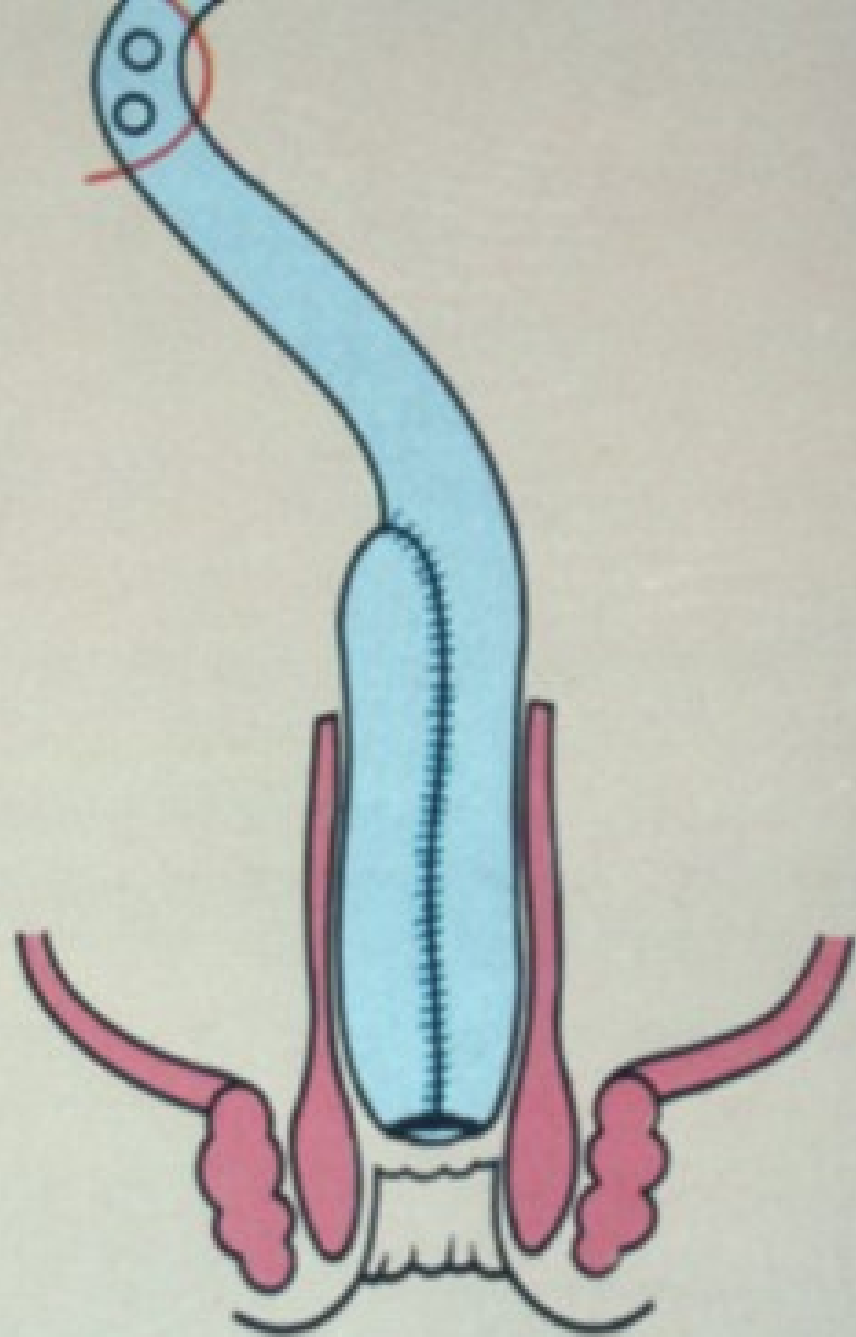
- Age, Sex
- Lifestyle
- Detailed understanding of both surgical procedures, expected lifestyle post-surgery
- Motivation for staged surgery
- Fertility and Fecundity issues
- Body Image and Sexuality
- Quality of life

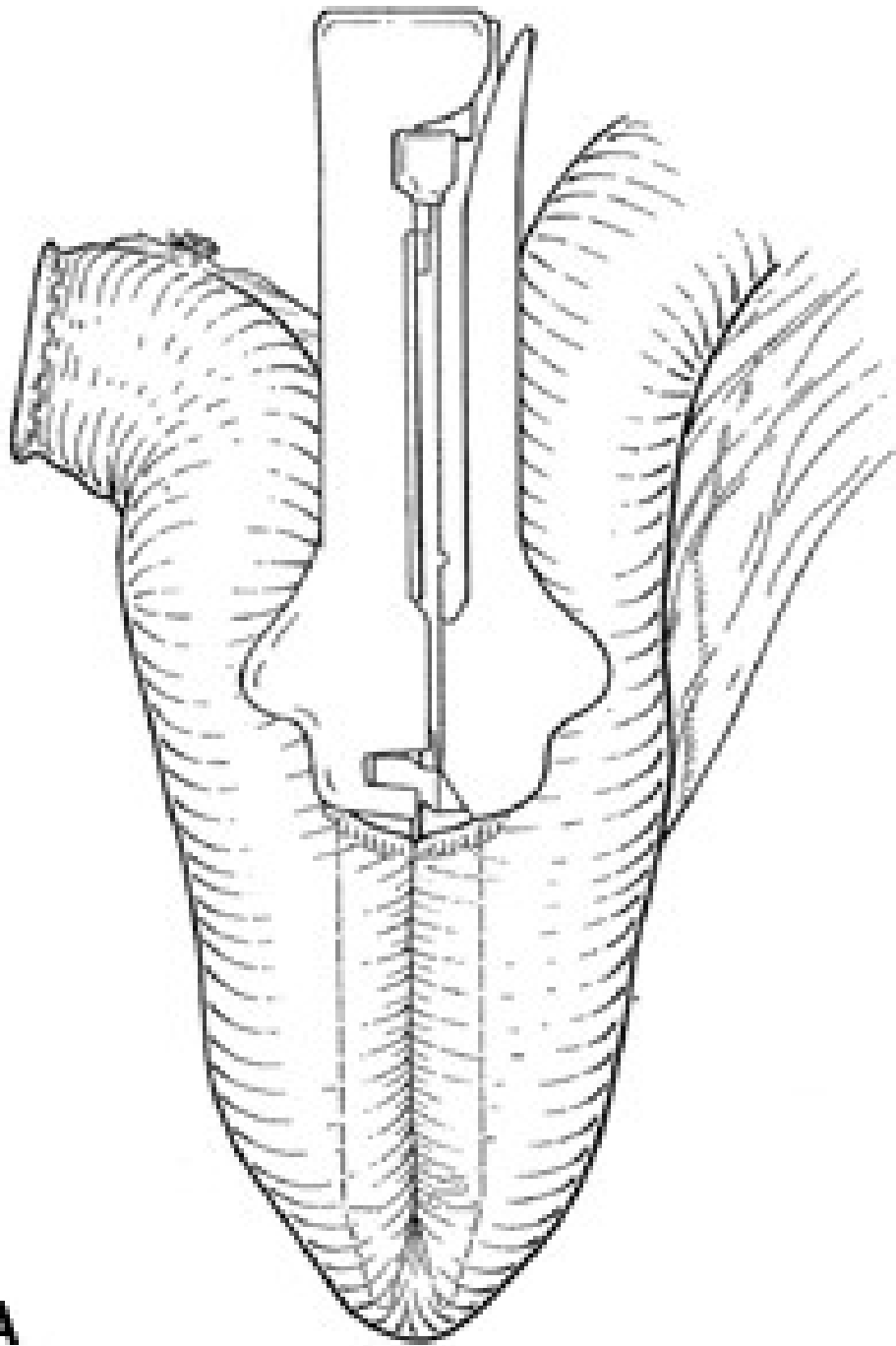
Pre op assessment :

- Anorectal physiology studies.
- Pre op counsel-advantages and disadvantages.
- Meet other pouch owners.
- Availability to support group
- Age group
- Good understanding
- Good coping strategy
- Family planning issues
 - Fertility/Fecundity
 - Sperm saving

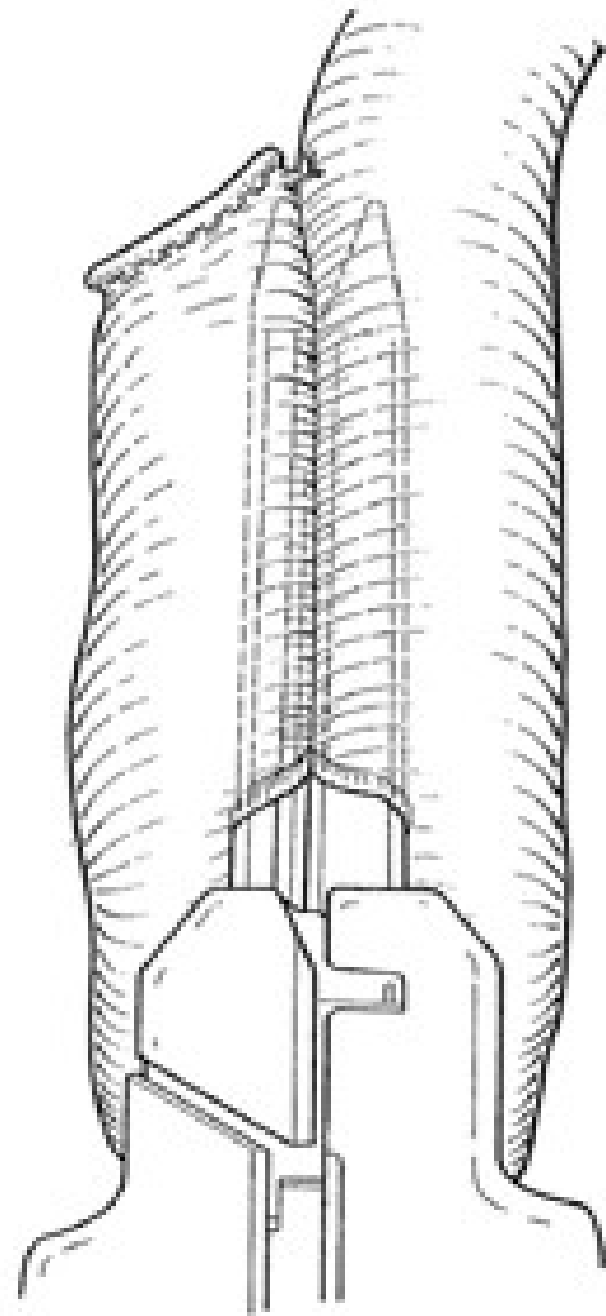
Stage 2

- Formation of J pouch and loop ileostomy

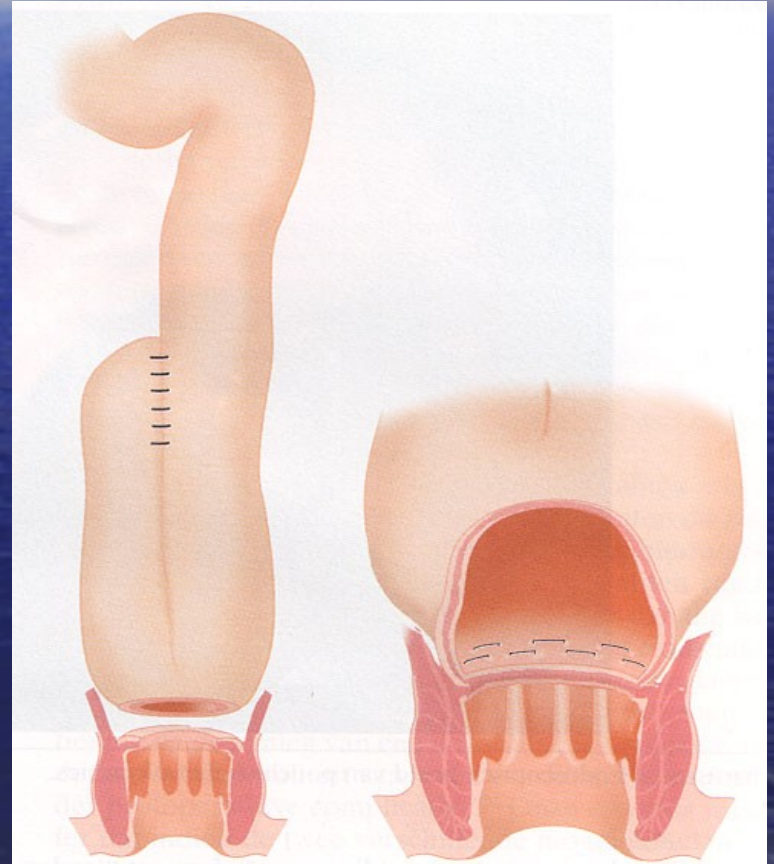
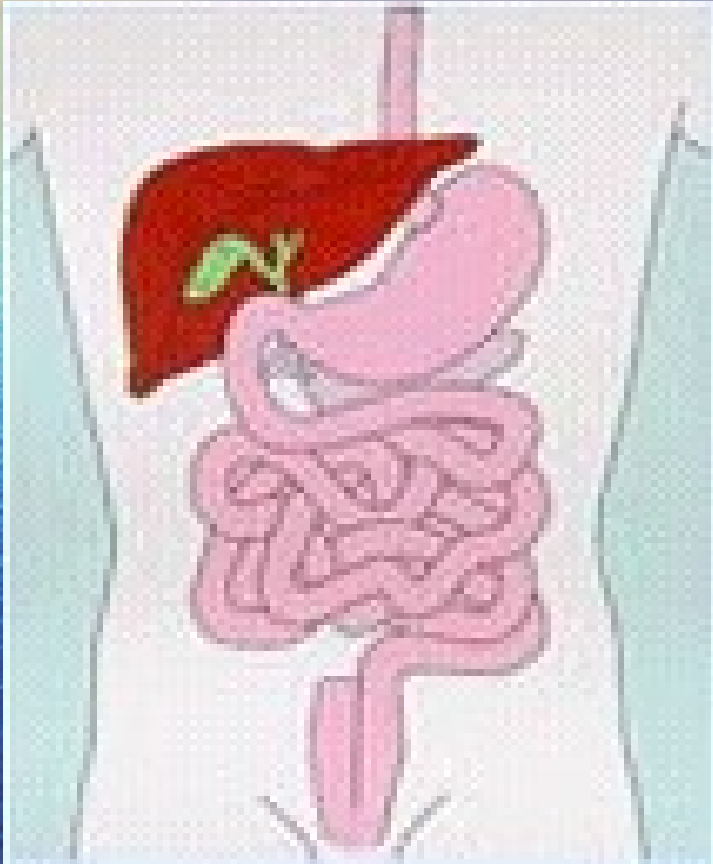




A



B



Stage 3

- Closure of loop ileostomy = Functional Pouch

Common concerns

Peri-anal skin soreness

Pouch Leakage

Peri-anal itching

Ineffective emptying

Frequency

Slight incontinence

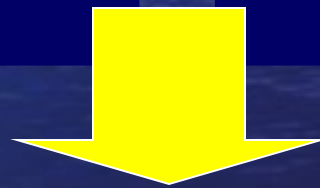
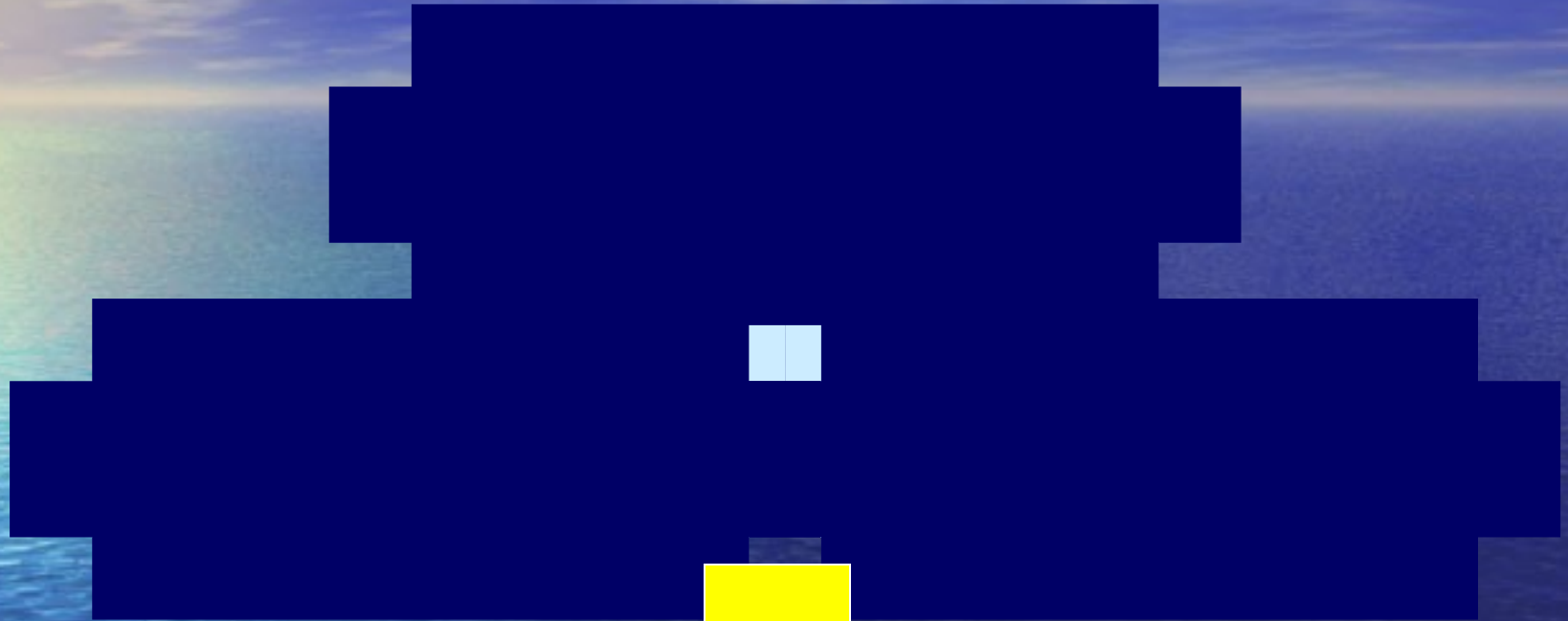
Dietary concerns

General anxieties

Sexual function/Fertility & Fecundity



Sore Bottom



Good Anal Skin Care



Still sore Re-assess

Common concerns

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Pouch Leakage

Peri-anal itching

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Bad pouch

Frequency

- Tightening of anastomosis
- Stricture
- Habitual

Ineffective pouch emptying

- Pelvic Floor Exercises
- Using correct muscles/posture – pouch re-training
- Use of Medena Catheter

Diet

50% individuals modify their diet

Not adequately discussed by Health Care Professionals

Attitudes towards food " *I eat late and do not follow any rules, I don't do any of those things your supposed to do. I do what everyone else is doing. I have a drink, life's too short!!*

Lack of literature regarding diet

Information Prescription

Support and lack of support from health care professionals

Lack of knowledge and understanding from health care professionals and others Eg. Insurance companies,

Advocacy for fellow sufferers and “pouchies”

Value of support groups, chat rooms etc

Lack of resources, inadequate literature

Difficult pouch

- Pouchitis
- Cuffitis
- Irritable pouch syndrome

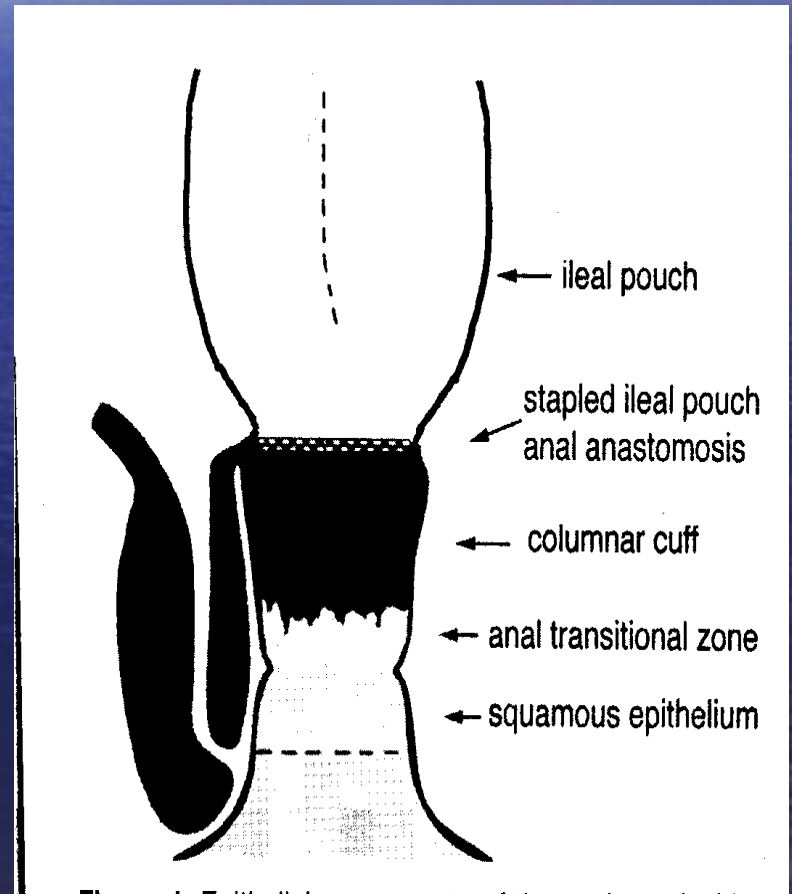
Pouchitis

- Incidence of pouchitis
- Clinical symptoms
- Clinical definition
- Grading Acute/Chronic Score
- Chronic pouchitis
- Use of titrating antibiotic dosage
- Antibiotics
- Probiotics VSL#3 (Gionchetti, 2004)
- Anti TNF - Infliximab



Cuffitis

- Is a cause of pouch dysfunction after double stapled procedure.
- Defined as inflammation at the columnar cuff and is situated above the anal transitional zone.



Irritable pouch syndrome

is said to be a condition resembling Irritable Bowel Syndrome (Shen et al 2002)

- Clinical symptoms of pouchitis, but no cuffitis and pouchitis disease activity score <7
- Treated with variety antidiarrheal, anti-depressant and anti-cholinergic medication
- Some responded well, others continue to suffer with persisting symptoms

The ileo-anal pouch procedure is now viewed as the operation of choice for those individuals with a diagnosis of Ulcerative Colitis and Familial Adenomatous Polyposis.

(Fazio 1998, Seidel, 2000)

“Functional results and quality of life were excellent following ileo-anal pouch formation”

Desouza 1995



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