

# Is that a new pouch you've got?

(or do you always walk like that?)

IA Member, Dick O'Grady, talks to new pouch 'owners' about his and other people's experiences.



Ileostomy & Internal Pouch  
Association



There are so many questions, aren't there - you've just left hospital and you're not sure if what you're feeling is normal or whether it indicates a problem with your pouch. The things that often worry new 'Pouchies' include:

- Continued frequency and urgency going to the toilet;
- Soreness, itching around and just inside the back passage;
- Wind, feeling bloated and noisy abdomen;
- You feel the need to clench your buttocks together when walking to prevent accidents.



The list goes on. Often these symptoms are not important or major, but at that critical time just after leaving hospital when a new Pouchie feels very much 'on their own', one or all of the above experiences can seem immense. Especially in the small hours when problems always seem to occur and you are ensconced on the 'throne' thinking 'why me?'

People sometimes call their consultant or clinical nurse specialist and are reassured - but still worry. It's human nature to worry about a totally new experience such as this. I know because I've been there, done that, seen the film and got the tee shirt. I've had an internal pouch for six years.

This booklet is designed to be an Insider's Companion; it might just help you during those first few weeks and help allay some of the worries that are so normal.

I'm not trying to replace proper medical advice. This is a personal view describing some of my own (and others') experiences, using basic layman's terms. It might just raise a smile (often therapy in itself), and for others, reading that their experiences are not bizarre or unusual may help them get through those first few weeks.

Overall - and you must remember this - you are not alone. You should never be afraid to call your clinical nurse specialist for advice.

Unfortunately, they aren't on duty 24 hours but during office hours they are only too pleased to help and advise.

Ensure you have their office number available.

Your local IA group can also be contacted. A friendly voice on the phone or someone popping round for a cup of tea and a chat can work wonders.

Finally, you can always call IA national office on 0800 0184 724 and they'll try and help or put you in touch with someone who can.

And remember - just as everyone is different, each of our pouches is also unique. You might experience some, all, or none of these little hiccups during your new life with your pouch.

## **“The Meaning of Life with a pouch!”**

*“Always look on the bright side of life!”*

Well that's what I tried to do in those early days and I believe it worked for me.

You've overcome the biggest hurdle - the operation. Now you're on the home straight - getting to know your pouch and recovering.

It's important to stay focused on regaining your health and getting back your quality of life. It can be all too easy to get hung up on one of the little hiccups that might come along in the early stages of pouch life.

Remember, there is light at the end of the tunnel. It might be a short under-pass, or it could be the Channel Tunnel, but you will come out the other end.

Having spoken to lots of Pouchies, I firmly believe that one of the biggest hurdles to overcome is in the mind and one's approach to the whole process.

If you believe that as soon as you leave hospital, your new pouch will be working perfectly and you can get straight back to the old lifestyle as if nothing has happened, you're going to be disappointed.

*We all wish that was the case, but be honest, it can't can it?*

You've been ill and had an operation to remove your colon, which performed a fairly important role in the great scheme of things in your digestive system. Now a new piece of plumbing is desperately trying to adjust to perform a similar

function and you're getting over the op.

Give your body a chance! It will take time, but worth it in the end. In the initial few weeks or even months you may have to adapt a few of your ways now you have a pouch.

There won't be much you can't manage, but you might have to remember from time to time, you have a pouch and not a colon.

*... you get tired  
a lot quicker*



As I say this is only in the first few weeks or maybe even a month or two but eventually it'll become second nature.

For example, without the colon to absorb fluid from food as before, you need to drink more fluids. This is especially important in hot weather. You don't want to become dehydrated! You should drink the equivalent of 8 to 10 average

glasses of fluid a day ( $1\frac{1}{2}$  to 2 litres). It is important to add at least a teaspoon of salt to your food over the day. If you consistently drink more than this and do not add salt, chemical processes in your body cause you to wash out the salts.

As with the rest of the population, excessive alcohol can cause dehydration, but for you the hangover will be worse! Caffeine makes us pass more urine, so large quantities should be avoided.

You may also notice that you get tired a lot quicker than before the operation and your recovery rate after heavy exertion is longer. That's not to say you can't do anything strenuous, just learn to adapt to your new situation.

I found this the most difficult to come to terms with. I have always led an active lifestyle with a physically demanding job. I thought I could return to this same level of fitness and activity with hard exercise and fitness training.

Yes I can still do most of the activities I used to, but I have come to terms with the fact that I need to take longer breaks between exercise, rest more often if doing strenuous manual work and take on

board a bit more liquid than before.

*That's not too much to change and still have a good life is it?*

It might be useful to know what it might feel like when you're dehydrated and what you should do if it happens.

Your skin and mouth will feel dry and you will feel thirsty. You may also feel light-headed and tired. You will pass very small amounts of urine, which will be very dark in colour. You might experience 'cramp-like' pains in your stomach and / or hands and feet. These symptoms will probably result from your pouch being very active and the waste from your pouch being very watery.

## What to do:

Think about what you have been eating and drinking. Consider foods rich in sodium and potassium, which are essential salts.

Do not drink excessive plain water, as this will make the problem worse. Rehydration sachets may help, as they replace essential water and salt loss. You can

purchase them from the chemist or supermarket. I use 'Dioralyte', but there are others on the market that are just as good. You should only consider these as a temporary measure unless you have been advised to take them longer term under medical guidance.

A copy of IA's 'Staying Hydrated' leaflet is available from IA national office and explains more about how to keep hydrated and how to make your own solutions to help you. Contact details are available on the back of this booklet.

If these simple measures and re-examining what you have been doing do not make you feel better or your output is still watery within a day or so, you should consult your GP, your clinical nurse specialist or your surgeon for advice.

Some foods are also rich in essential salts and may help to maintain a good level of body salts.

Cheese, processed foods, stock cubes, Bovril, white bread, salted crisps, table salt, bananas, tomatoes and potatoes.

## What's actually in there?

However many stages you went through (1, 2 or 3), you are now the proud owner of an internal pouch; connected up and firing on all cylinders.

Probably a little more firing than you would like but hey, just remember one thing - you'll never be constipated again. Well not in quite the same way as before the dear old surgeon whipped out your colon.

The way I have visualised the pouch and try to explain it to those who ask, is that it's like a bladder, the shape of a rugby ball. I know you've probably been told you have a J-pouch, a W-pouch or an S-pouch, but I find that this only leads to confusion among us poor spellers. (When it misbehaves, I suppose you could always call it an F\*\*\*-pouch, but that's another matter entirely.)

One end of this 'bladder' is attached to the small intestine and the other has been pulled down and is attached to the sphincter muscles, which act like a trap door.

In the very early stages you, as the

proud new owner of this fine piece of engineering, the pouch itself and the trap door or sphincter muscles are on a very steep learning curve.

For a start the pouch has been fashioned from a part of the body that is not really intended to perform the task we are now asking it to perform.

The sphincter muscles (trap-door) are being required to work at a far higher level of accuracy than when you had a colon.

And, finally, you yourself have got to learn how the hell it's all going to work so you can have quality of life and get on with the important bit - enjoying life again.

## What happens when food is introduced?

When those first few meals are sent down through all that new, shiny pipe work, all the pouch wants to do is to get rid of the package. It immediately knocks on the trap door to empty. Now, that's fine if the whole package is ready and waiting, but the pouch is a bit too keen in these initial days and, often as not, it's just wind.

You get the alarm signal and off you dash or waddle to the toilet. Sit down and then nothing, or maybe a wee 'phut' of wind for your troubles. So back you go, only to get another alarm call fairly soon afterwards and back you go to the toilet and so it goes on.

This probably will happen for a while, but don't panic. Like every new piece of equipment your new pouch has to learn what's what. It will adjust and so will the trap door. It will learn what is and what isn't a false alarm.

Over the first few days or in some cases a week or two you will get to know your toilet very well, so keep a few good magazines or books handy.

*... keep a good few magazines or books handy*



I should hasten to add before everybody rushes out and cancels their operation that it will decrease and a more normal occupancy of the loo will occur soon.

Nowadays, I go about 4 to 6 times during the day and maybe once at night.

Obviously like all people I have off days when the output can increase to 10 or 12 times, but this is usually down to something I've eaten or a bit of stress creeping in from somewhere or other. Work usually.

Sometimes in those early days, after a few of these excursions to the loo, it can also feel as if the trap door has got the hump with the pouch and is trying to pass that as well, like a drawing sensation at the base of your tummy. I think this is the trap door panicking and over reacting to the new situation it's been plunged into. After all, you would only moan like a drain to your consultant if it didn't alert you that things were about to happen and you had an accident, wouldn't you? So be a little tolerant with the trap door and give it time to learn.

After a few months if your pouch is like mine you won't even think about the frequency.

As I've already mentioned I got it down to 4 to 6 times a day and maybe once at night if I'd eaten late or had a couple of beers the night before. I think even 10 to 12 times a day is better than before I had the op. My main aim wasn't the frequency but to have good control over the trap door.

Having spoken to many 'Pouchies' I've got the impression that some think even 4 to 6 is too many visits, but I believe you have to be positive about the situation and remember that you will never be as you were before - once a day and regular as clockwork! You've had your colon out for goodness sake and shouldn't expect the remaining bits to do the same job. The pouch is good, but not that good.

The muscles you are supposed to use when emptying your pouch are your oblique muscles. It is easy to feel these muscles, if you hold on to your sides just below your rib cage and breathe in, push in slightly with your fingers and then breathe out or give a gentle cough these muscles you can feel are the oblique muscles.

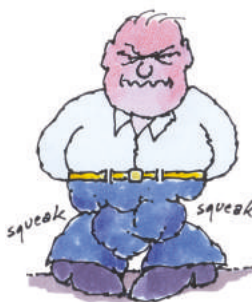
When emptying your pouch it is essential to use these oblique muscles rather than straining

and pushing through to your anus, which may mean you are contracting your anal sphincter muscles as opposed to relaxing them, which is required to defecate.

Straining can cause haemorrhoids, as well as inhibit pouch emptying, which can lead to feeling uncomfortable and bloated.

So it is important that you pay particular attention to your posture on the toilet. Make sure you are relaxed and sitting upright with your back as straight as possible. You will then be more likely to use the correct muscles to empty your pouch and won't strain.

If you have a lot of difficulty emptying your pouch, then try raising your feet slightly off the ground. Use an old telephone directory or even a small waste paper basket to put your feet on.



... *Clench the cheeks*

This will ensure you are using the correct muscles, and should also mean you feel better with the pouch emptying properly.



Of course, there are other reasons which may be causing the problem. Occasionally the join between the pouch and the sphincter muscles can become slightly narrowed and may need dilating, this can be done easily by your surgeon in the out patients clinic.

If problems continue you should seek advice from your surgeon or clinical nurse specialist.

## Ministry of silly walks

Another feeling I had in those early days and one that still makes me smile, was believing I needed to walk like Charlie Chaplin, but without the walking stick. I had no confidence in the trap door and felt I needed to clench the cheeks of my bottom as tightly together as I could whenever I walked. I thought that the world would fall out of my bottom if I didn't do this.

This does go, believe me. It's just a natural reaction but, like the pouch, you need to learn what's what and the different feelings 'down below'. For me the sensation seemed to just disappear over a few days without me even noticing until one day I realised suddenly that I wasn't clenching my buttocks together.

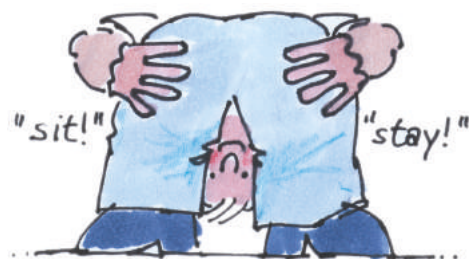
All was well and the trap door was doing a grand job without any help from me.

## "Sit! Stay! Walkies!"

A wonderful nurse who looked after me in those early stages told me that the pouch needs to be educated. "You rule the pouch; it doesn't rule you!" so here's a little tip - train your pouch early!

I suppose you could liken it to toilet training a new puppy. Start training when the puppy is first introduced into your home and the puppy soon learns when and where it can go, but let it do it's own thing and you can have problems forever.

A silly example I know, but that's exactly what I feel you need to do with the new pouch.



*... train your pouch early*

A week or two after coming out of hospital when you feel the urge to charge off to the loo again like a demented hippo, don't! Sit down, keep calm and try to hold on for 5 or 10 minutes before you go.

Do anything to hold on - cross your legs, do those strange breathing exercises pregnant women do during their contractions, go cross-eyed, anything but don't give in. Once you have mastered 5 to 10 minutes try and extend it to 15 or 20. Yes, you've got it; you're the boss.

At no time whilst performing this exercise did I strain. I was just determined I wasn't going to let the pouch dictate when I went to the toilet and did everything I could to keep the 'trap door' closed. If you are in any doubt about this exercise, then consult your consultant or clinical nurse specialist first.

My main objective with my new pouch wasn't so much the number of times I went to the toilet, although that was high on the list of priorities, but I wanted the control of my trap door when I felt I needed to empty my pouch.

This is especially the case if you

want to go wandering off into the wilderness, up some mountain, run a marathon, or whatever.

These early stages are critical; you're trying to educate your pouch. As in most things, get it right early on and the rest is a doddle.

Yes I did say run a marathon. You only have to read the many letters and articles in the IA Journal to realise you can do almost anything if you want to. I exercise regularly, play squash twice a week and enjoy hill walking and golf. You can see why control is important for me.

## Itchy Bum!

Some of you must remember Billy Connolly's sketch about the itchy bum. You don't, oh well it was very funny and had something to do with shop doorways and relieving the itch.

This is something all Pouchies seem to experience, so don't worry. It's natural after all the prodding and poking the surgeons have been doing in that region. You've either got stitches or staples at the bottom end and the area around these will be healing. Healing stitches do itch.

Remember how your abdominal incision felt?

In addition, you're now passing highly-acidic output matter, which hasn't had the benefit of passing through a colon, across very delicate skin around your bottom. So get a good barrier cream. One that isn't too oily and definitely not one that is perfumed or alcohol based.

I use a non anti-septic barrier cream (available on prescription from your GP) but there are many others available at the chemists or the supermarket, (you'll find many in the baby section). Eventually you will find one that suits you.

Some of the following may also cause anal irritation:

Spicy vegetables, curries, spices, coconut, popcorn, nuts, oranges, apples, coleslaw, celery, grapefruit.

## Keep it Clean!

Now the subject of keeping the rear end clean: I was once told this was most important, so like all good men I followed the instructions to the letter - once I'd been to the loo, I'd wash my backside with warm water and unscented soap,

then gently dab the area with a fluffy towel and finally apply the aforementioned cream.

Mission completed and successful!

No wait a minute, I need to go again. Oh well, let's start the whole process all over again. Now this is fine when you're off work and have the time - plus your own private space, but what about at work or when you're out? - for example, in a motorway service station? This is one of those times when I feel the need to adapt and improvise.

Remember I mentioned earlier you ruling your pouch and not the other way round. You need to be a bit flexible with this part of pouch life.

Some owners carry a small wash bag with all the necessary implements in it, but for me this isn't practical and far too fiddly.

Moist toilet wipes can be useful, especially the travel pack sizes. But when I'm out and about, I just use the supplied toilet paper, apply cream and then wash my hands.

Maybe not quite what the doctor ordered but it suits me and my rear-end. To date I've not had any problems.

## There she blows!

Wind and inopportune abdominal noises my surgeon once told me was called “surgeon’s revenge”, put in by him in return for the time he spent in the operating theatre performing my operation when he could have been out on the golf course, but I think he was only joking.

All Pouchies experience this problem to some extent. Sometimes the range of noises is really impressive. The problem is that we don’t have any control on when these little tunes start playing. But there’s absolutely no point in getting upset about it - just accept that it will happen at one time or another.

You’d think we could just laugh it off or ignore it. Instead we feel embarrassed and if you’ve only just had your operation some of its little quirks can be a bit alarming. It’s not unusual for some ‘Pouchies’ to wonder if something is wrong because it seems to happen more since the surgery.

These abdominal growls are officially called borborygmi (borbo-rig-me). Usually it is all sound and



### *... little tunes start playing*

fury signifying nothing important, just a red face and strange looks from those around you.

I have found a good move is to do the same as everybody else and look around in utter amazement at those close to you as if the noise came from them. It works wonders on a train but not with partners who know fine well it’s you.

Any of the following may be the cause:

**You are hungry** - peristalsis occurs even when there’s nothing in the stomach.

**You are nervous** - people often say their tummy churns when they’re nervous. Peristalsis increases in times of stress.

**You have been drinking** coffee, tea, cola or beer. These stimulate peristalsis. They are often drunk on an empty stomach and produce 'gurgles' as peristalsis redoubles its movement.

*You've added high-fibre food to your diet to lower cholesterol?*

Digesting fibre foods produces gas, so rumbles increase.



***...it was deafening***

You may be eating too many carbohydrates. The intestines don't digest starches and sugars as easily as protein and fats. Culprits are often lactose (a sugar in milk), sorbitol (a sugar-free sweetener in snacks), and raffinose and stachyose (sugar in dried beans).

The result is more gas gurgling about. You may have been eating too fast, with your mouth open, or trying to talk while you eat.

Your mother always told you it was rude, but she didn't mention that you would swallow air, which grumbles and growls as it is moved along the digestive tract.

Other foods can also increase wind:

beer, carbonated drinks, beans, peas, green vegetables, milk and milk products, onions, sweet corn, bran.

*So how can we reduce the rumbles?*

Eat a snack of fruit or vegetables between meals if you're hungry; eat smaller, more frequent meals; don't rush your meals.

Another area of pouch life I'm asked about is how we are able to know what is and what isn't wind. Basically I can't describe how I can tell, I just can, but only when I'm sitting or lying down, not standing.

I understand some Pouchies can't make the distinction at all, but the only way you'll know if you can or can't is try.

For the first few times, I suggest you experiment where it doesn't matter if an accident happens and eventually you may be able to tell and pass wind at will if required. Will might not like it but it will make life a little more bearable.

I also find that if I can get rid of any excess wind before I go to sleep, I can usually get through the night without having to get up. So, something I do when I initially lie down is to lie on my side, bring my knees up slightly and let the 'trade winds blow'.

I have spoken to others on the subject and some of them find this method quite good. Like everything else, what's good for one person isn't necessarily good for someone else, but maybe if you suffer from wind at night, then maybe give it a try.

*... a slight  
aroma*



## Phew!

Another problem that a lot of Pouchies worry about, is the smell left in the bathroom after emptying the pouch.

Well yes, I suppose there might be a slight aroma wafting around, but it's only natural. After all, you've had a major engineering job performed on your plumbing. There's a few bits missing now and I think some of the bits taken out were the parts that filtered out the pong.

Don't get a complex about it. Now, all the toilets in my house have small air fresheners in them and I carry a small pocket size odour spray with me if I'm visiting friends.

On the subject of emptying the pouch I have to mention, if you're like me, it can be a bit of a noisy affair.

The first time I was out and went to a public loo, I forgot they could have marvellous acoustics. I nearly died when I sat down and...My God it was deafening!

Not only was the pouch emptying its contents on demand, but all the air I'd inhaled in the last 24 hours

was being blasted out of my bottom at the same time, or that's what it seemed like to me.

Nobody had prepared me for this and my initial reaction was total embarrassment. I wondered what the other occupants of the loo thought was happening in my cubicle?

After the initial shock and I'd got over a fit of the giggles, I thought, "Well really, who cares?" This is a toilet, for heavens sake, and if I need to expel a little air then this is just the place to do it.

I must admit though that sometimes I wait for a couple of other cubicles to empty before I emerge from mine.

## Diet

*What did I eat in those first few weeks?* Well the advice I was given and which worked for me, was to take it easy. Eat little and often, being the guiding factor.

Graze instead of sitting down to three square meals a day. You may not feel like doing much else anyway, so a 'little of what you

fancy' may do you good.

As for your normal diet - take it easy. Don't start assaulting your pouch with red wine, roast dinners, fried food and all the other good things in life straight away. When the time is right just try a little and see what happens. If it doesn't suit the first time, leave it for a few weeks and then try again.



**...don't start assaulting your pouch**

I found that my pouch soon adapted to most things except mushrooms (which tend to exit in the same shape as they were swallowed - so make sure you chew them properly, otherwise you may end up with an uncomfortable blockage). Curry, for me, also has exciting consequences the following day.

But everyone is different, as I keep saying, so gently experiment, and see what you find good and bad.

Yes there will be 'off days' but these apply to the whole of humanity (including those strange beings that still possess colons) so keep this in perspective.

You may find it helpful to cut down on fluids late in the evening to help avoid bowel evacuation at night - having your main meal early and a snack in the evenings also helps.

Eat regular meals - don't omit meals if you have frequent bowel movements, because more wind may be produced when the bowel is empty.

## Slow Motion!

You will soon realise, once everything settles down after the operation, that the normal consistency of pouch output is similar to porridge.

As I mentioned earlier *"you'll never be constipated again. Well not in quite the same way as before the dear old surgeon whipped out your colon."*

Some days though, things get a bit too fluid, and there are things you can do to thicken things up a bit.

These 'fluid' days usually occur after a few glasses of red wine, or a couple of pints of bitter the night before. Also cola, coffee, chocolate, beans, raw fruit and vegetables, spicy foods, cooked new potatoes, beetroot, prunes, rhubarb can make life a little exciting if taken in any quantity.

If you eat something very rich you might find, like I did, that this had the same consequences. This is just one of those things. If you want to enjoy a bottle of fine red wine or a rich dinner, this may often be the price you pay, which you may feel is worth it, in order to enjoy yourself. Active or extended exercise can also make things a bit loose down below.

I have found that certain things could 'stodge up' the contents of my pouch. These suggestions can be very handy on those bad days:

- Buy jars of apple sauce and eat them like cartons of yoghurt.
- Boiled white rice and pasta work wonders,(but without the curries and spicy foods in my case!).
- Jelly cubes and marshmallows are also good but I can't stand marshmallows.



- Milk puddings, eggs and cheese can also help some people.

You can also take medication - Imodium (loperamide) and codeine phosphate are popular choices.

Some people took so many medicines prior to their operations that they try to steer clear of them unless times are really bad. You can get expert advice on what to take from your clinical nurse specialist and consultant or GP.

## Have pouch will travel!

Holidays abroad? Yes of course you can although I suggest giving it just a few weeks after the op. and definitely check with your consultant before jetting off to distant shores. It's the usual story and I think the same as everybody else - be sensible, drink only bottled water from bottles you've seen being opened and eat only food that you have some idea how it's been cooked.

Other than that just get on and go for it. After all, you're well again and life is to be enjoyed once again.

## Sex

A lot of people asking about pouch life ask questions about sex and how an internal pouch affects it. It's not unusual just after a long bout of illness and/or surgery to experience a loss of sex drive and men might not be able to achieve an erection.

Usually this doesn't last too long, if at all. Permanent impotence is unusual.

You will know when you want to and when you do, remember you've just had an abdominal operation and things will be a bit delicate for a while. So no gymnastics for a while.

*... a loss of sex drive*



## Pregnancy

I'm often asked if women with internal pouches can have babies and if so, can they go full term? For accurate information tailored to your precise situation, you really should involve your consultant and clinical nurse specialist.

Doctors agree that it is advisable to wait at least 12 months after pouch construction before considering pregnancy. In the UK, pregnant women who have undergone pouch surgery are advised to have Caesarean section deliveries to avoid anal sphincter damage. However, studies from the USA and Canada have reported on women who have had successful vaginal deliveries with no lasting disruption to pouch function.

Pouch function during pregnancy is usually altered.

Alterations include change in frequency, urgency, sphincter control and perianal irritation, but normal service soon returns after the birth.

Most women find it helpful to talk to others who have experienced pregnancy and childbirth with a

pouch. IA can put you in touch with them if required.

Thought should also be given to the method of contraception as some are not advisable for those with a pouch, but again your clinical nurse specialist will advise you.

It is also not unusual for the pouch to be affected during a woman's monthly cycle.

In some women periods make the pouch more active and just before ovulation, everything can slow right down.

## Conclusion

I hope some of the experiences will be useful. From my 'end-user' point of view, I don't regret choosing the pouch for one moment.

Yes there are bad days, but everybody has those and the whole point of the operation was to cure me of ulcerative colitis, giving me my quality of life again. After those initial hiccups, I certainly have that. I hope you have the same success as I've had.

Please bear in mind that if you have a question or niggling doubt about

your new acquisition, don't keep it to yourself, talk to somebody about it.

Call IA National Office on 0800 0184724, or speak to your clinical nurse specialist or local IA visiting co-ordinator.

Finally, now you are on the road to recovery, spare a thought for your partner, carer, relative or friend. They have been through this journey with you and supporting you all the way.

Because of your state of health at the time of the operation maybe you were a bit insular in your outlook on life and what's been happening to you, sometimes taking others for granted.

*"Of course they're ok."*

*"Coping? Of course they're coping, they're always there at our side and smiling"*

*- but are they really ok?*

Just remember if it wasn't for your partner, parent, or carer helping you through these difficult times, it might have been harder to cope with the ups and downs. So spare them some time now.

Your show is over. The curtain has come down on the starring role.

Consider those who have been waiting breathlessly in the wings. They need some attention now.

And accept your new way of life. Not a lot has really changed. It's just that the bit that was causing all the problems before has gone and another bits now doing that job.

It takes a bit of getting used to, but always stay focused - remember how you were before the operation and how much better life is going to be now that you're well.

Thanks for taking the time to read this booklet, best wishes for the future and welcome to the club!

**Dick O'Grady**

## Acknowledgement

I would like to give a special mention to Stephanie Zinser and Carolyn Stammers, for their great help and encouragement whilst I was compiling this booklet and to the many pouch owners whose experiences I have drawn on to add to my own.

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