

WHAT IS AN ILEAL POUCH-ANAL ANASTOMOSIS?

Dr Matley & Partners: Patient Information

BACKGROUND

If you suffer from chronic problems with a condition such as ulcerative colitis or familial adenomatous polyposis (F.A.P.), you may be advised that you must undergo surgery to remove the diseased bowel. This will usually mean having an ileostomy - the end of the small intestine is brought to the surface on the abdomen and a 'stoma appliance bag' is worn. Many thousands of people have ileostomies and have found that after the operation they enjoy a new improved quality of life -relieved of a constant preoccupation with bowel problems and general poor health.

Until 30 years ago the removal of the rectum resulted in a patient having a permanent ileostomy. Thanks to the pioneering work of the late Sir Alan Parks in the early 1970s, an alternative operation was developed which avoids the need for a permanent ileostomy. A new rectum is fashioned from the healthy small intestine and joined internally to the anus to form a 'pouch' or reservoir (ileal pouch-anal anastomosis - IPAA). This is where the diseased bowel is removed, but instead of bringing the end of the small intestine to the outside of your abdomen, a pouch or reservoir is created internally (a little like a man-made rectum) and connected to the back passage, or anus. Waste matter, or faeces, can then be passed in much the same way as usual, although it will be more liquid and more frequent.

Since 1976 these operations have been carried out in centres throughout the world. It is clear that the operation is safe and in the vast majority of cases is effective in providing a reasonable quality of life, without a permanent ileostomy.

The pouch is not a perfect solution - no surgery will replace completely normal function of the colon and rectum - but for selected patients it can be an acceptable alternative to a permanent ileostomy.

However, the operation is prone to complications, particularly in the early stages after surgery. It is for this reason that the pouch operation is usually considered only to be suitable for those patients who are very strongly motivated to avoid a permanent ileostomy. It is now recognised that a small proportion of pouch operations result in failure and approximately 6% of all pouches are eventually removed resulting in a permanent ileostomy.

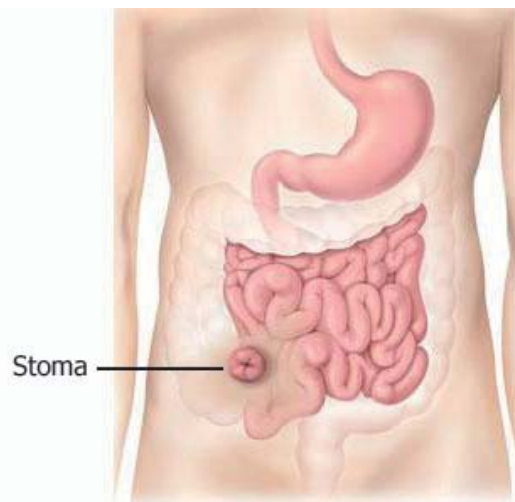
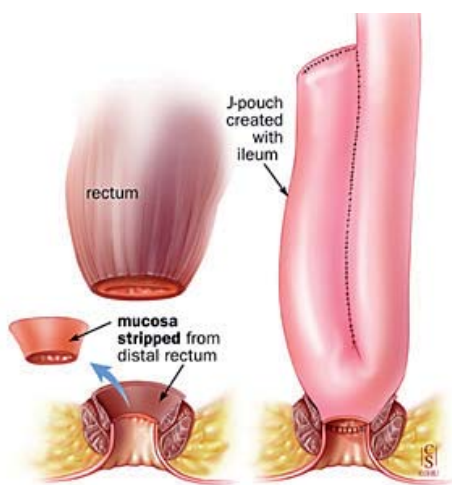
Whilst there must be considerable medical input into the process of deciding upon a particular operation, it is ultimately the choice of the patient, and therefore a realistic insight into the nature of pouch surgery should be readily available. This information booklet will be of value to patients who are considering the different surgical options for the treatment of their colitis.

WHY IS THIS SURGERY NECESSARY?

Food that you eat passes down the oesophagus into the stomach. Here it is churned in digestive juices until it is reasonably liquid and passes into the small intestine (ileum). During its journey through the small intestine most of the nutrients in the food are absorbed into the body leaving a semi-solid mixture of indigestible waste matter and water. The large intestine, (colon) absorbs much of the water, leaving the waste matter (faeces) in a more solid form. At the end of the colon, waste matter is stored in the rectum before being expelled through the anus at a convenient time. If the large intestine is diseased and needs removing, surgery must be carried out so that waste matter from the small intestine, which at this stage is still only semi-solid, can be expelled from the body. This is usually achieved by forming an ileostomy or a pouch.

WHAT IS AN ILEOSTOMY?

An ileostomy usually involves removing the entire large intestine. Faeces cannot be passed in the usual way and,



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

because the faeces no longer pass round the large intestine, they also remain semi- solid. The surgeon makes a small opening on the outside of the abdomen, brings through the end of the small intestine and attaches it to the outside to form a small spout where the faeces can be expelled. This is a stoma (meaning opening) and because it is a stoma created using the ileum, it is called an ileostomy. A stoma bag is worn on the abdomen around the stoma to collect the faeces. Although it is major surgery, an ileostomy is comparatively straightforward. After initial worries, subsequent surgery and convalescence, most ileostomists find that they soon get used to managing their stoma and that their quality of life improves dramatically. With an ileostomy, a discreet, odour-proof, rustle- free stoma pouch is worn that adheres to the abdomen around the stoma. The pouch is drainable and can be quickly and simply emptied. The pouch can be changed for a new one every 2- 3 days.

If you have an ileostomy, permanent or temporary, the stoma care nurse, or nursing staff, will give further information, care for you and make sure you know how to manage the bag.

If you are having an IPAA created, you will usually at some stage have an ileostomy as a temporary measure.

WHAT IS A POUCH?

With a pouch, the diseased bowel is removed, but instead of creating a permanent stoma on the outside of the abdomen, the surgeon uses part of the healthy small intestine to form a pouch, or reservoir, inside the body and this is attached to the anus. The waste matter from the small intestine goes into this pouch and is passed in the usual manner -although the faeces will be more liquid and passed much more frequently.

Not everyone is, or can be, offered an IPAA but if your doctor thinks you may be suitable, he/she will discuss both procedures fully with you and explain what is involved. It is a worrying time when you learn that you need to undergo major surgery. Information gathering is important to relieve anxieties, so don't be afraid to talk as much as you need with medical and nursing staff -they will only be too happy to help. In many areas there are nurses who specialise in stoma care and can give advice alongside practical and emotional support. They will usually be able to arrange for you to talk to others who have an IPAA or a permanent ileostomy.

DIETARY HINTS

One of the benefits of your operation is that you will be able to eat a normal well-balanced diet again. As with everyone's digestive system, however, bowels can be affected by several factors, including diet (e.g. curries or large amounts of alcohol), exercise, stress, or problems such as gastro-enteritis. Avoid foods affecting bowel function such as beer, carbonated drinks, beans, peas, green vegetables, milk and milk products, onions, sweet corn, bran. Foods that can generally be taken without affecting bowel function include potatoes, bananas, lamb, beef, eggs, bacon, tinned peaches, fried foods, rice and rice-based cereals. Individuals vary, however, so these are only general guidelines. 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 small meals at first to prevent feeling bloated. Eat regular meals -don't omit meals if you have frequent bowel movements, because more wind may be produced when the bowel is empty and the faeces will be more liquid.

SEXUAL FUNCTION

After most surgical procedures sexual activity is reduced and it can take some time to get back to normal. Many who have had pouch surgery (or temporary or permanent ileostomies), however, find that health and vigour is much

improved when the incapacitating disease has been removed. Faecal leakage can occur in early stages during sexual intercourse, but this will improve with time. It helps to empty the pouch beforehand.

Fertility is not usually affected in women, although a caesarean is often recommended. There is a 3% risk of impotence in men. Consult your doctor for advice.

THE INITIAL RECOVERY

This is the time when patience is important. Don't expect too much too soon. The pouch has to expand and initially bowel movements will be erratic and very frequent - occasionally 10-20 times in the day and 2-3 times during the night -and soiling can also be expected. Within 4 weeks manageable frequency usually returns and by 6-12 months after surgery 80% of patients can control bowels 4 to 8 times daily and once at night.

Some degree of faecal incontinence may be experienced at first and it may take some time to get this under control. The faeces are fairly liquid and more difficult to retain. Some pouch patients can experience leakage at night when the muscles around the anus (the anal sphincter) relax. Bowel function can, however, go on improving for up to 18 months. You can wear pads to protect underclothing and bedding -the nursing staff who support you after your surgery will give you further information.

Drugs such as loperamide or codeine phosphate (sometimes called 'stoppers' or 'bulklers') may be prescribed by the doctor to help make the faeces more solid. Most people find that they need to take these from time to time, but the amount needed and frequency taken varies.

Another great help is pelvic floor muscle exercises. These improve control and need to be practised regularly over a long term as do the exercises described below:

Identify the anal sphincter muscle by imagining you have diarrhoea and need to hold on until it is convenient to go. Once identified -squeeze and hold the anal muscle for a slow count of four, release for a count of four. Do this 4 times.

Identify the urinary sphincter muscle by the same method, i.e. imagine that you have to pass water, and exercise as for the anal muscle.

After your operation, you may experience some leakage of mucus from the empty pouch. This is quite normal. Mucus is a clear jelly-like substance produced by the lining of the small intestine. It is very beneficial during the time between operations to practice the pelvic floor muscle exercises you have been given to help improve control around the anus.

To aid recovery it is important to rest, eat a well-balanced diet and take gentle exercise such as walking. As with any other abdominal surgery, avoid lifting (such as shopping or picking up children), stretching, mowing the lawn, vacuuming or similar activities for several months. You may be advised to wait for several weeks until you are strong enough to drive a car again.

LIVING WITH A POUCH

Chronic bowel disorders, such as ulcerative colitis, are usually a long-term problem and can be very debilitating. Surgery, too, can take its toll and may result in weakness, fatigue and depression. Give yourself enough time to convalesce and you will soon find your health much improved. It does help if you can take a positive attitude. Take time to talk to your family and close friends to explain and discuss with them what is happening. They will be extra supportive if you share your problems and feelings with them. Simple explanations of operations to children will also help to allay their fears. Accept any assistance offered - people like to be involved and it will help you to get better quicker.