



# *Ileoanal Pouch Formation*

*A Patient Guide  
and Information*

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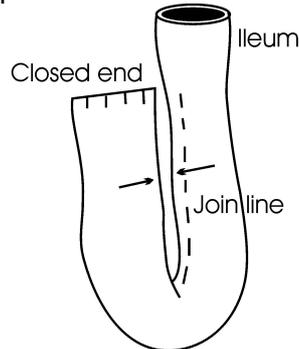
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### What is a Pouch?

The ileoanal pouch is known by many different names including:

- 'Ileoanal Pouch'
- 'J Pouch'
- 'IleoPouch Anal Anastomosis (IPAA)'
- 'Ileal Reservoir'
- 'Reconstructive Proctocolectomy'.

These names all refer to the same end result. This is the creation of a reservoir from the end portion of the small bowel (ileum) and its joining onto the top of the anus to allow the faecal waste to pass out of the anus instead of out via a stoma of some kind. To allow the ileum, which is normally a long tube, to act in a similar way to the rectum (to store faecal matter), the ileum must be widened to turn it into a flask shape. This is the pouch. It is usually formed by folding the last 40cm of the ileum back on itself and joining the two arms together down the middle. This is then stapled onto the anus.



### Why is it formed?

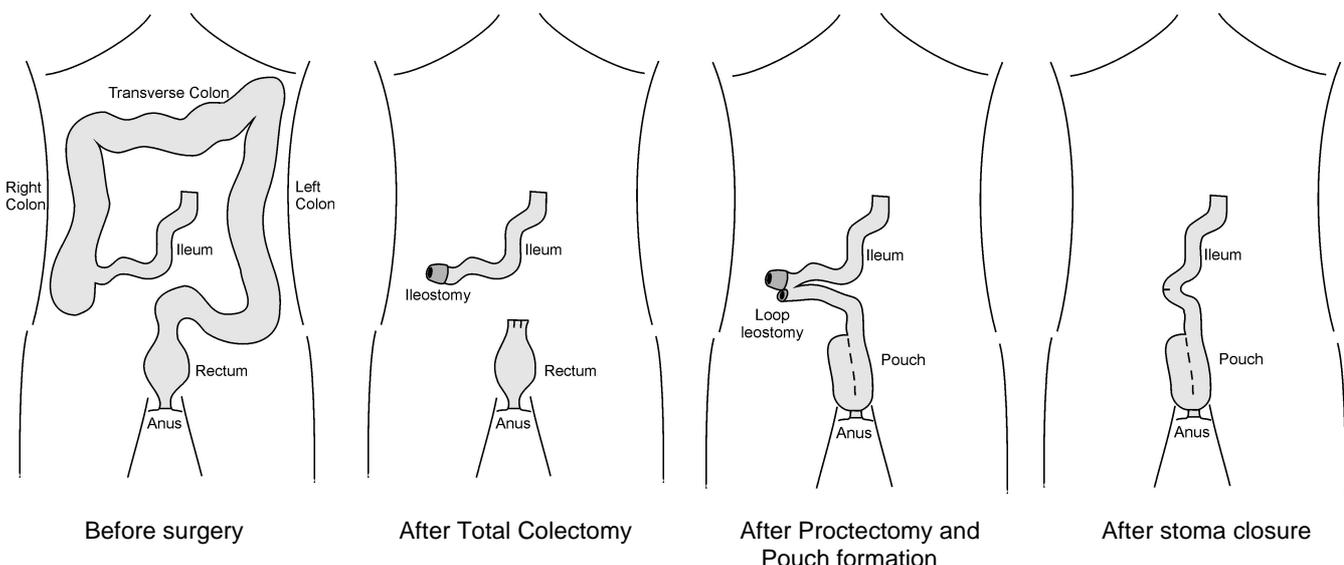
The commonest reason for the formation of a pouch is because the colon needs to be removed due to Ulcerative Colitis. Another, rarer reason is because the colon is forming multiple polyps or has multiple abnormalities which can only be removed by removing the entire colon. Previously, the only solution was to form a permanent ileostomy. The pouch provides an alternative to this in some patients.

### How is it formed?

The pouch can be formed in either 1, 2 or 3 stages.

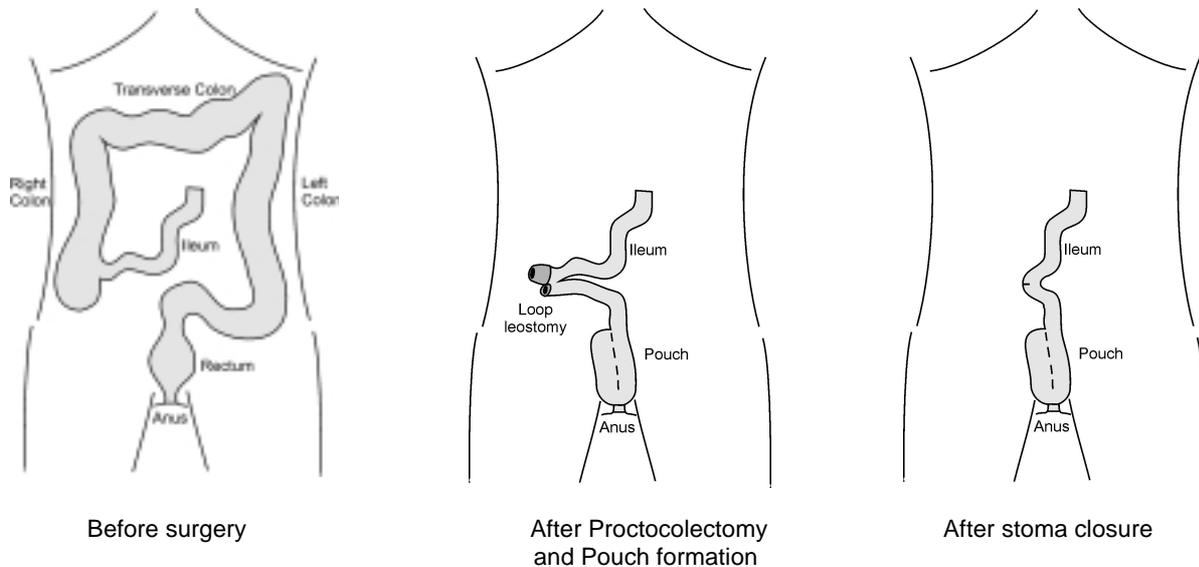
#### **3 Stage surgery.**

This is the commonest. In the first stage the colon is removed because of active ulcerative colitis (Total Colectomy). This forms an ileostomy and leaves the rectum in place. At the second operation, the rectum is removed and the IleoAnal Pouch made but to help this heal, a temporary ileostomy is formed as a 'loop' in the same place as the original stoma (Completion Proctectomy and Pouch formation). At the third operation, this stoma is closed and the pouch begins to work.



## 2 Stage surgery.

Most often this is performed where the problem with the colon is chronic and both the rectum and the colon are removed at once (Proctocolectomy). The pouch is formed at the same time as the rectum and colon are removed. This is a long procedure. A temporary stoma is often made as previously shown. This is then closed subsequently.



## 1 Stage Surgery.

It is uncommon to remove the entire colon and rectum, make the pouch and not make a temporary ileostomy. The advantage is that an ileostomy can be avoided after the main surgery. The disadvantage is that the pouch must begin to work immediately after its formation and this can be both more dangerous and difficult to look after in the early post-operative period.

### What should I expect after the operation?

You are likely to stay in hospital 10 to 14 days after the operation. This is a major operation and recovery is rarely very fast.

- There are usually drains placed in the abdomen to remove secretions formed around the area of surgery. These will be removed by the nurses after a few days.
- There is often a drain placed in the pouch via the anus. This keeps the pouch empty and prevents it becoming distended with secretions before it has healed. It is commonly removed after a few days. You will have a final empty of the pouch before discharge to make sure it is empty.
- Provided a loop ileostomy has been made, patients are allowed to start drinking and eating light diet in the first few days after surgery.
- Where a loop stoma has been made, it is left in place for 2-3 months to allow the pouch to heal. This is checked with an X-ray of the pouch before the stoma is 'reversed' (closed) at the final, smaller operation.

### What complications may occur?

Bleeding – a bit of bleeding from the pouch is not uncommon. Major bleeding is rare.

Leak – the healing pouch has many staples and lines of join which must all heal smoothly. If any of these leak, there may be some inflammation around the pouch giving a high temperature. This leak is usually dealt with using antibiotics or drains.

Small bowel obstruction – a minor degree of kinking in the bowel around the pouch or stoma is not uncommon. It is usually self limiting although can slow recovery down a little. It rarely needs an operation to free the bowel.

Irritation around the anus – when the pouch is first used (often after stoma closure) the anus can become irritated and sore. The pouch often works more frequently than it will do in future just after it has been made and the frequent wiping and cleaning of the anus contributes to this soreness. Proper barrier creams and special lotions can help with this.

Pouchitis – this is a name given to a range of inflammations which can occur within the pouch. They don't normally start until months or more after the pouch has been working fully and commonly present with increased activity of the pouch, bleeding or discomfort.

Pouch dysfunction – this is the name given to circumstances when the pouch will not work properly. It is often due to a narrowing of the outlet of the pouch into the anus or kinking / bending of the pouch.