POUCH OR NO POUCH: THAT IS THE QUESTION

A SURGEON'S VIEW

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WHAT IS A POUCH/INTERNAL POUCH?

Pouch is a small bag but in this case is internal

A surgeon will create an ileal pouch from your ileum, which is the end of the small intestine

The pouch acts as a reservoir for your stools that connects to your anus (back passage), the way your rectum once did.

WHO IS THE INTERNAL POUCH FOR?

If you have had or need to have a total proctocolectomy, you may wish to have an internal pouch with it.

Total proctocolectomy removes your colon and rectum

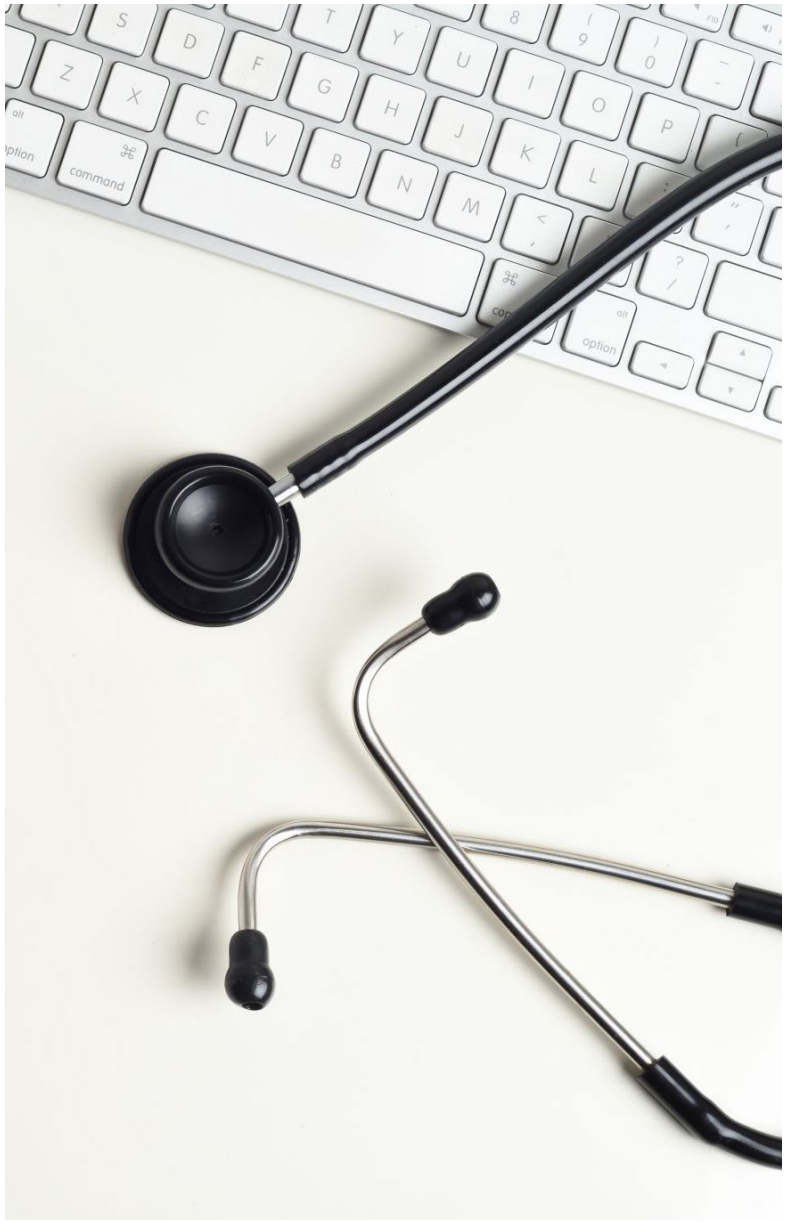
A total proctolectomy can be indicated in inflammatory bowel disease, polyposis (genetic condition) and cancer.

WHAT IS THE DIFFERENCE BETWEEN AN ILEOSTOMY AND INTERNAL POUCH?

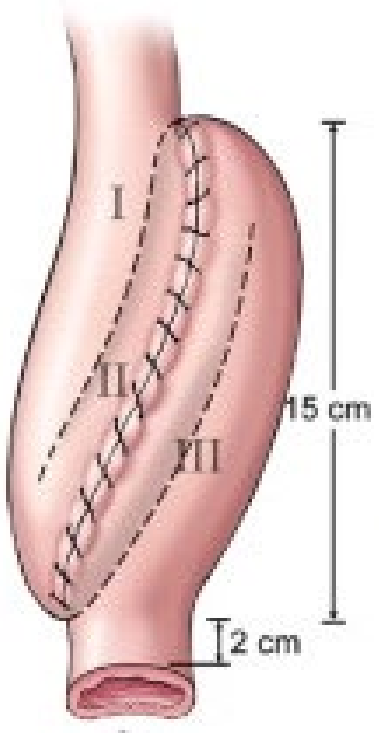
- Internal pouch is an alternative to a permanent ileostomy
- It reconnects your ileum to your anus, so you can poop normally
- An ileostomy diverts your small bowel to a new opening in your abdomen called a stoma, stools come out of your stoma into an external ileostomy bag, which you then can empty.

WHO CAN HAVE AN INTERNAL POUCH?

- You may be a candidate for J-pouch surgery after your proctocolectomy if:
  - The muscles and nerves in your anus are functional enough to control your bowel movements. Your surgeon will evaluate their condition after you've healed.
  - You're healthy enough to be safe for multiple surgeries. Some people who need a proctocolectomy have other conditions or take medications that need to be considered.
- Your surgeon will discuss these factors with you before and after your proctocolectomy.

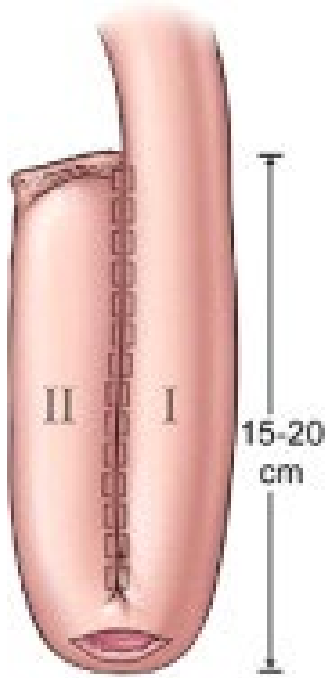


HISTORY OF ILEOANAL POUCHES



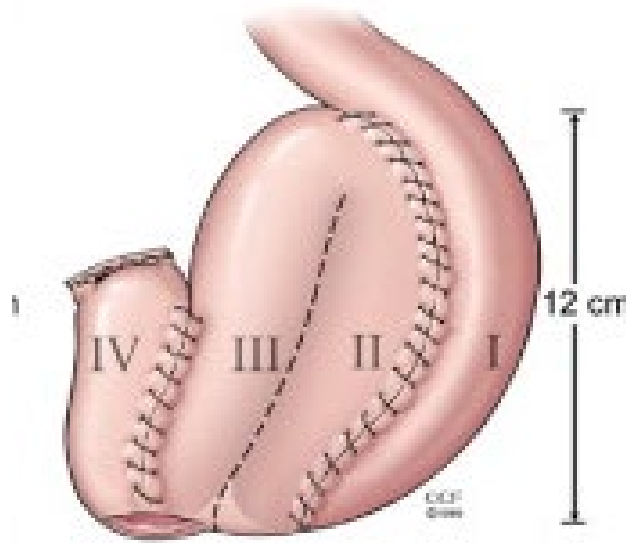
- 1976 – First pouch surgery
  - Sir Alan Parks – Royal London Hospital
  - Soon after joins St Marks Hospital with Prof Nicholls
- 1978 – publish their results
- S pouch
- The original Sir Alan S-pouches had a bit of intestine at the bottom of the design that often made them difficult to evacuate

HISTORY OF ILEOANAL POUCHES



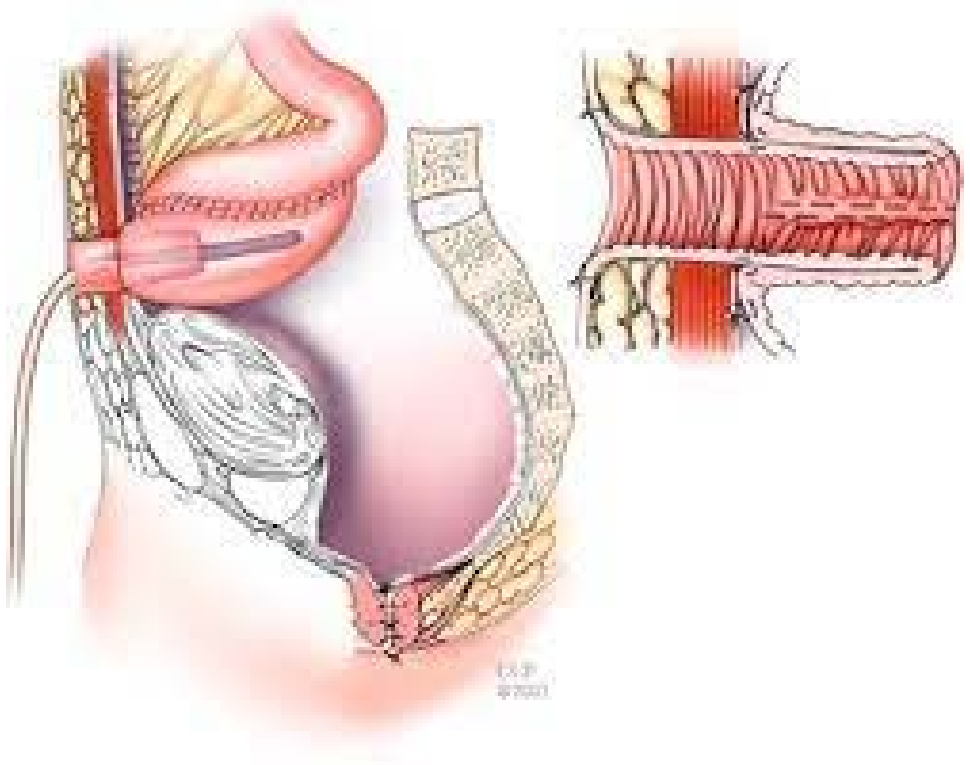
- In 1980, surgeons in Japan published the first study on the J-shaped pouch.
- Dr. Utunomiya
- The J-shaped pouch design eliminated the 'conduit' or bit of intestine at the bottom
- J-pouch eventually became the dominant shape
- J-pouches are considered faster and easier to make

HISTORY OF ILEOANAL POUCHES



- In 1982, Prof Nicholls premiered the W-pouch which was an augmentation of the J-pouch
- Aimed to expand the pouch's capacity and reduce the person's frequency of bowel movements.
- W-pouch is explained as two J-pouches placed
- The W-pouch was entirely hand-sewn and required a very experienced and highly skilled surgeon plus more time in the operating room

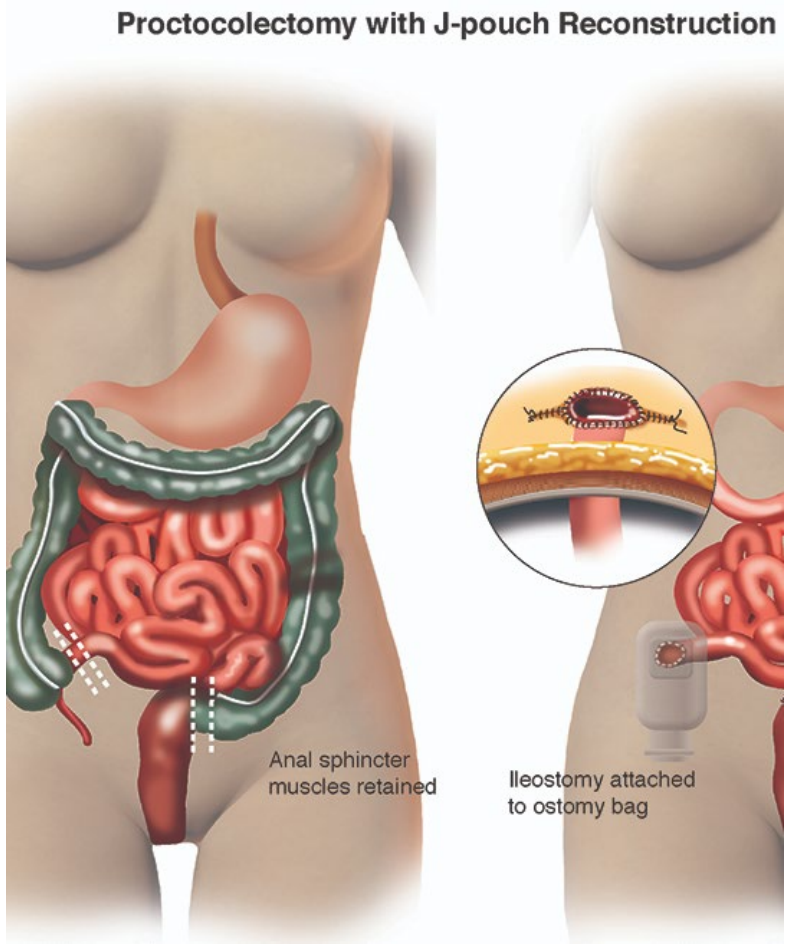
HISTORY OF ILEOANAL POUCHES

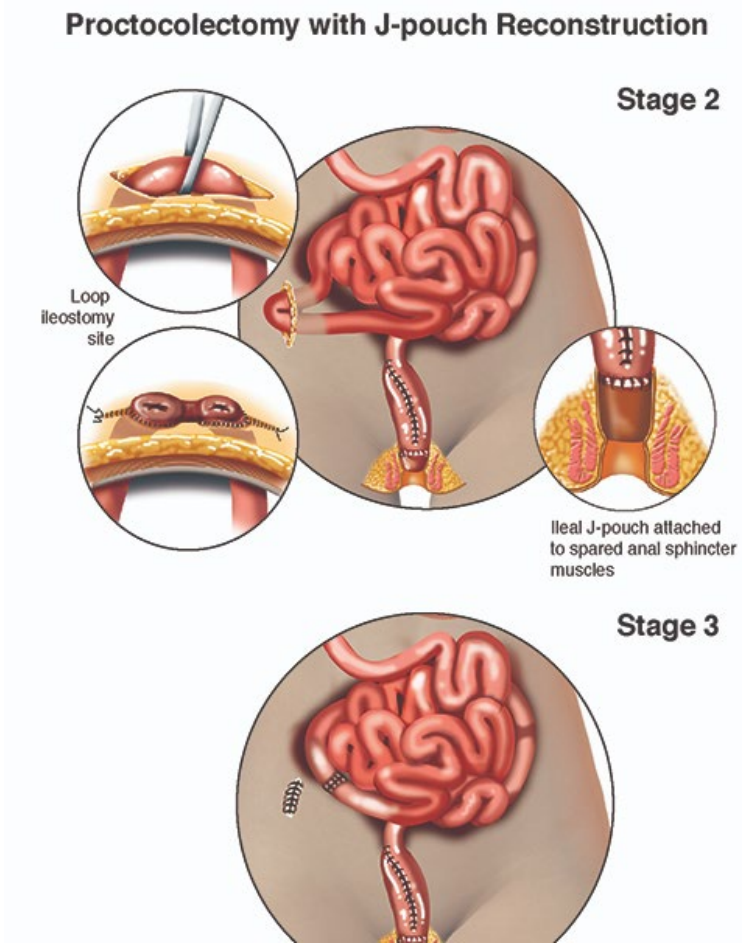


- **Kock pouch** is a continent pouch
- The procedure was detailed and first performed in 1969 by Dr Nills Kock
- It indicated for patients who are unfit for ileal anal pouch anastomosis (IPAA) because the anus and anal sphincter will be removed during the operation; and patients who develop severe incontinence after IPAA.
- A Kock pouch need not be created during the initial colectomy surgery.

SURGICAL PROCEDURE

- J pouch or ileal anal pouch anastomosis (IPAA) usually happens in two to three stages:
- Subtotal colectomy and end ileostomy
- Formation of J pouch and loop ileostomy
- Closure of loop ileostomy



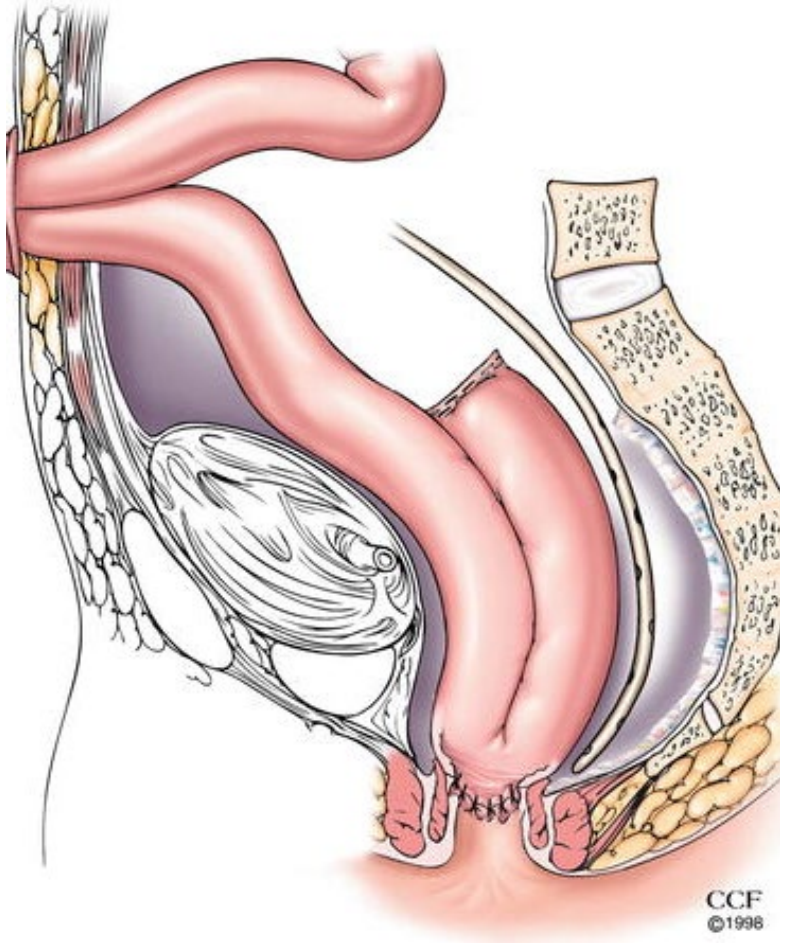


WHAT SHOULD I EXPECT AFTER POUCH SURGERY?

- Between stage 2 and 3 – your stoma can be flat and more difficult to manage
- Once your stoma is closed – your body will need to adapt to new anatomy
- Your J-pouch will be small at first, with little capacity. It'll gradually stretch out over the following months as you use it more.
- In addition, your anal muscles will be weak from a lack of exercise. You may need to retrain them to control your bowel movements.
- Good pouch function is approximately 6 to 8 times during the day and once or twice at night.

BENEFITS OF J POUCH

- The J-pouch is a simple and effective design
- The J-pouch eliminates the need to live with and care for a stoma and an ostomy bag.
- While you'll have to open your bowels more often than before, you'll maintain bodily control over when and where you poop.



WHAT ARE THE POSSIBLE RISKS OF J POUCH SURGERY?

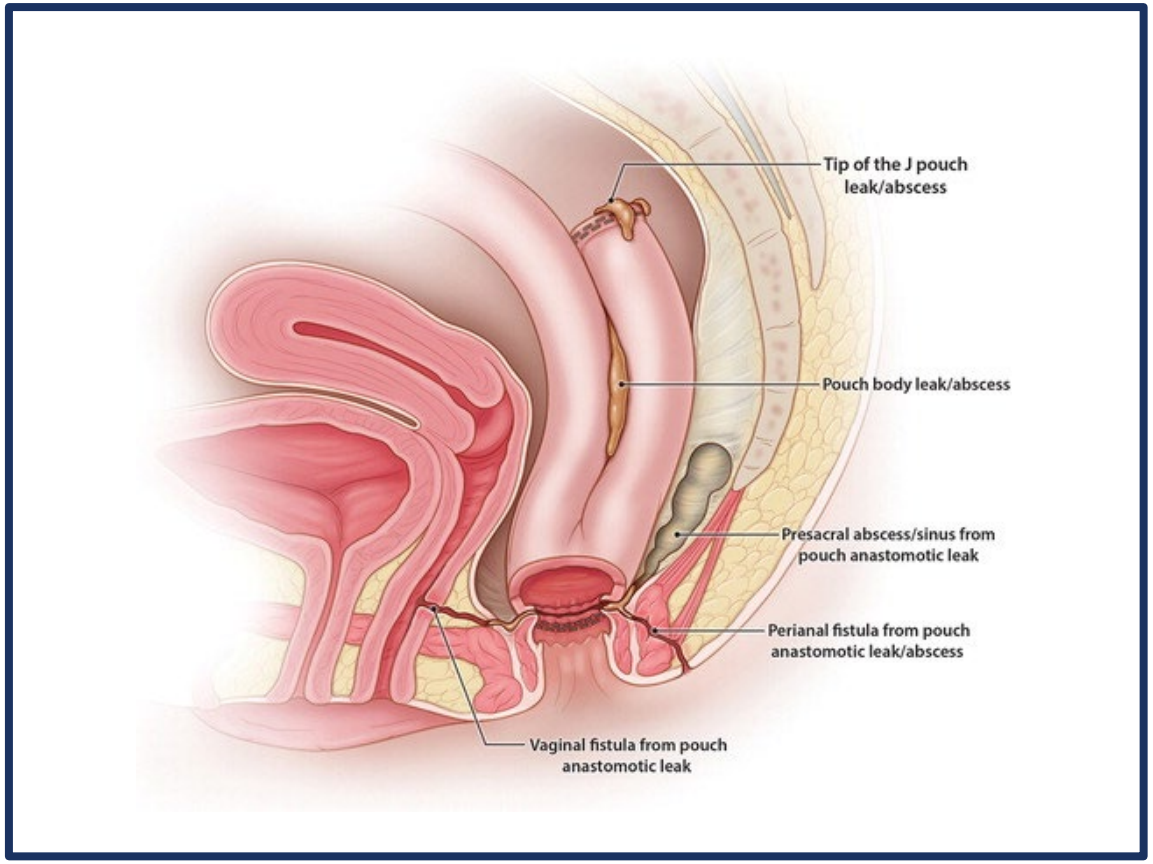
Early complications (15-20% patients)

- Anastomotic leak (5%)
- Pelvic sepsis (5-15%)
- Abdominal adhesions (10%)
- Sexual dysfunction
- Urinary dysfunction

Late complications

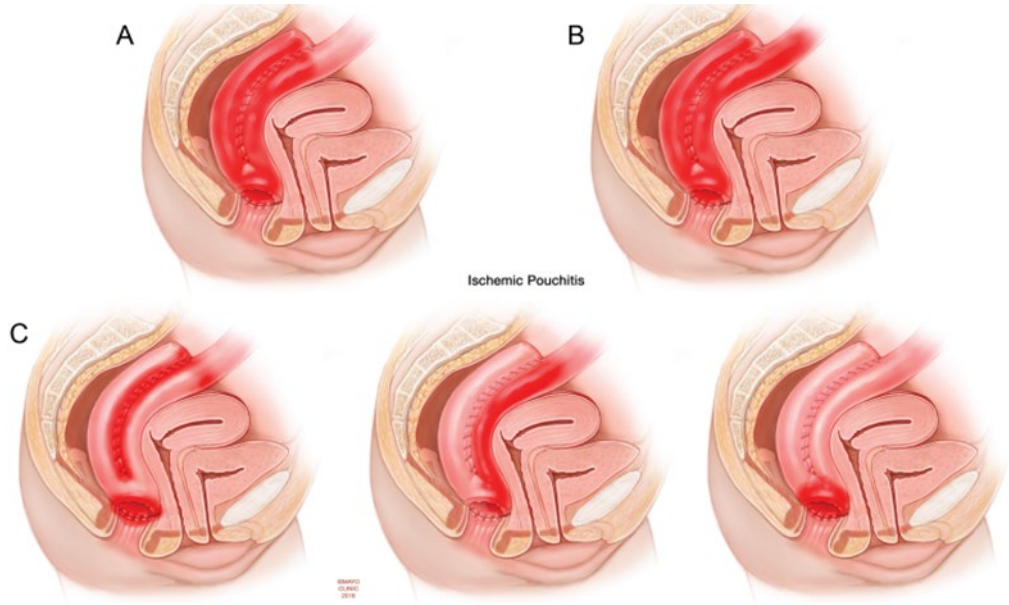
- Adhesions (blockage)
- Pouchitis
- Stricture/stenosis (Narrowing)
- Twisted pouch
- Reduced fertility/fecundity
- Fistula (communication with vagina or skin)
- Erectile or bladder dysfunction
- Pouch failure

POUCH FAILURE

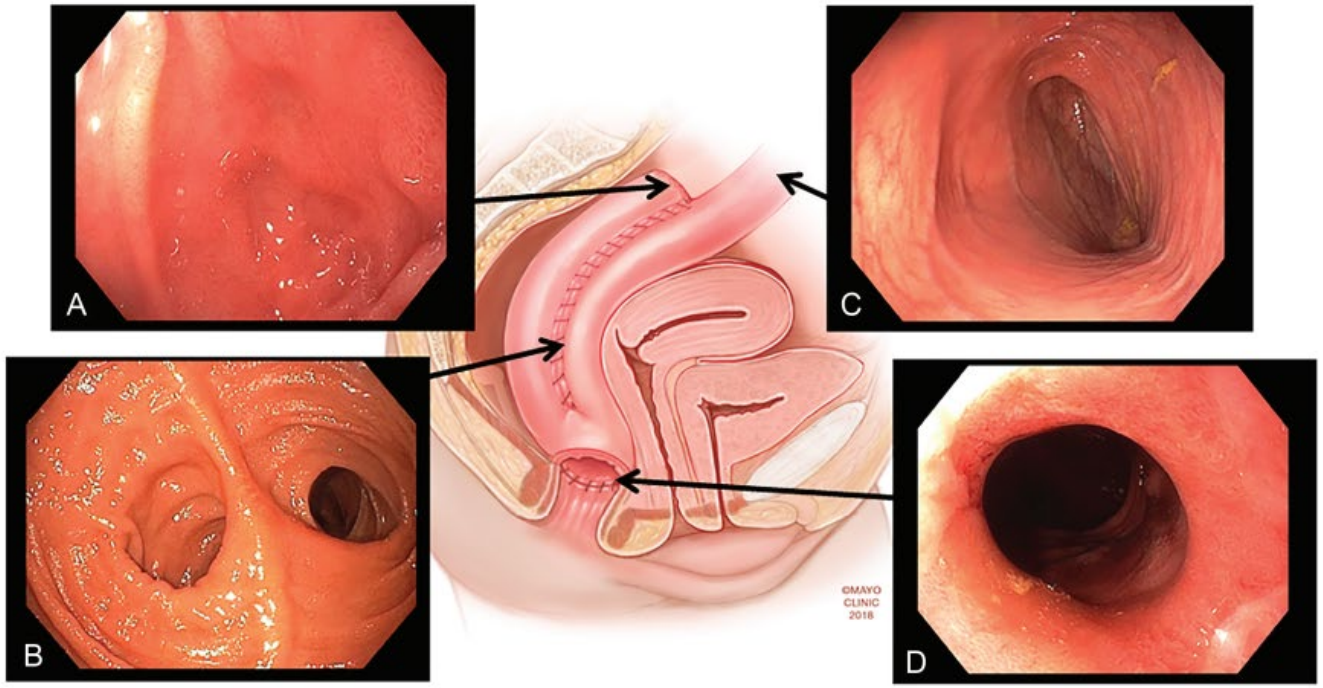


- Pouch failure:
  - 5% in 5 years
  - 10% at 10 years
  - 15% at 20 years
  - Approximately 25% of failures occur in the first year
- Causes:
  - Pelvic sepsis (50%)
  - Poor pouch function (30%)
  - Pouchitis (10%)

POUCHITIS



- It is an inflammation of the pouch
- Most common late complication - 20 to 60% of patients
- 60% develop recurrent attacks
- Symptoms: frequent loose stools, urgency, cramps, lack of energy and reduced appetite
- Diagnosis: endoscopy
- Cause is unclear but related to bacteria overgrowth
- Treatment: antibiotics, probiotics and 5-ASAs, steroids or biological treatment



THANK YOU

QUESTIONS?