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ILEAL POUCH-ANAL ANASTOMOSIS

Dr Matley & Partners: Patient Information

BRIEF DESCRIPTION

During this procedure the colon is removed including the rectum. A new rectum is fashioned from the healthy small intestine and joined internally to the anus to form a 'pouch' or reservoir. The surgeon uses part of the healthy small intestine to form the 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. The exact surgical procedure varies according to the hospital or surgeon and will also depend on the patient's physical condition, but generally it is divided into stages

Removing diseased tissue - An incision is usually made down the middle of the abdomen. The large intestine and any other diseased tissue is removed, leaving in place the healthy small intestine, the anus and surrounding muscles, and in some cases part of the rectum. Forming a pouch - The pouch is constructed using the end of the small intestine and it is a-attached to the anus. At this stage a temporary ileostomy is usually carried out further up the small intestine. The ileostomy allows waste matter to be diverted out on to the surface of the abdomen and means that the newly formed pouch is given the chance to heal before it is used.

Temporary loop ileostomy - This is formed by bringing a loop of the small intestine on to the surface of the skin through a small incision on the abdomen. A small incision is made in the loop to allow waste matter or faeces to be passed and collected in a stoma pouch.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of qualified professionals who aim to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys. All operations involving an anaesthetic have a theoretical risk of death.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

A small proportion of pouch operations result in failure and approximately 6% of all pouches are eventually removed resulting in a permanent ileostomy. If complications do arise it is usually immediately after surgery and they are treated before discharge home. The most serious are bowel blockage or a breakdown of the join (anastomosis) leading to peritonitis and emergency surgery to wash out the infection. Other complications include wound infection requiring nursing care for a period after discharge, and later, wound hernias. Around 20% of cases have episodes of inflammation of the pouch. This is called pouchitis and is usually treated with medicine and with pouch irrigation. Bleeding, caused by irritation of the suture line or the pouch, may accompany pouchitis.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

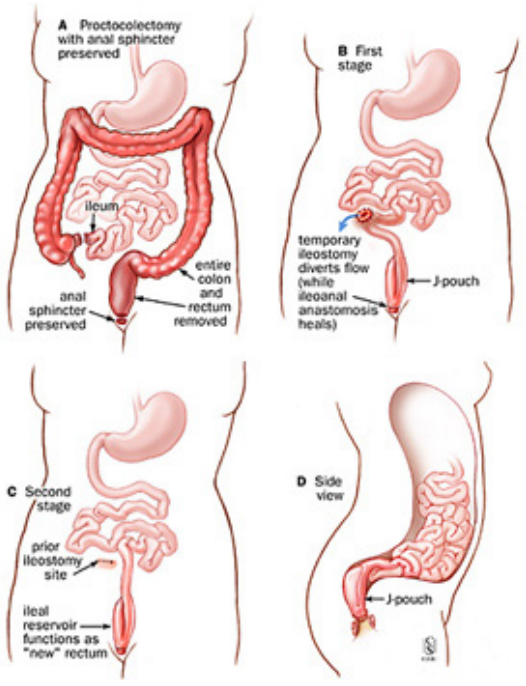
You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur. The operation requires a general anaesthetic.

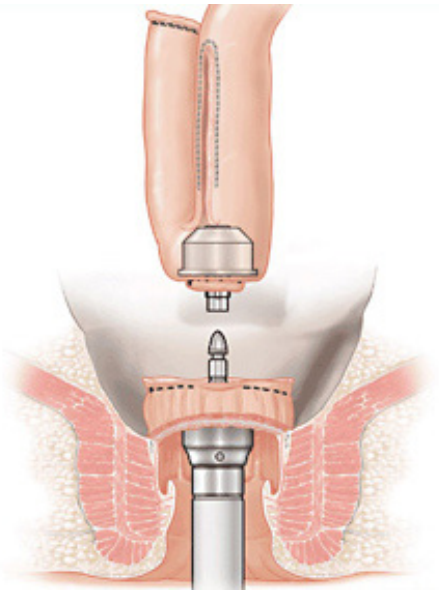
WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat anything for at least six hours before your operation. You can usually drink clear liquides until 3 hours before the operation, but discuss this with your surgeon or the nurses, if unsure. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation. You can drink as much as you like until a few hours before the operation. You may be given high energy drinks in the days preceding your operation. In some cases your surgeon may give you some preparation to empty your bowels or you may be administered an enema. You will usually be given some white stockings to wear during and after the operation. It is also usual for you to be given a small injection in your arm once a day. Both of these measures help prevent blood clots in your legs. A stoma is usually necessary for this procedure. For this reason you may see the colorectal nurse specialist, or stomatherapist, preoperatively to have a mark made on your abdomen. This will guide the surgeon where to place the stoma.

WHAT HAPPENS BEFORE THE OPERATION?

Before surgery, routine tests will be performed, you may be seen by a specialist physician who will also visit you daily after surgery. A





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.

visit to the ward to meet the staff may be arranged. Certain drugs, such as hormone replacement therapy or the contraceptive pill, are usually discontinued 4 weeks prior to surgery.
Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.
When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.
The surgeon will have explained the operation and you may be asked to sign another consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.
The operation area may need to be shaved to remove excess hair. This may be done in the ward or in the theatre after you are asleep.
You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax. You will be taken on a bed to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 60-90 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation you will be transferred back to the ward/ICU/HCU. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. On your return to the ward you may feel quite sleepy but will be aware of the drips and drains that are present. You will have a dressing over the surgical wound on your abdomen. The nurse will replace the dressing as necessary. A drip will be in your arm or neck in order to maintain your hydration and give you some energy. A catheter is placed into your bladder in order to drain urine. You may have a catheter in your back for an infusion of pain medication. This is called an epidural, and your anaesthetist will have explained this to you.
You may find that you have a sore throat or husky voice for a few days after the operation. This is because the tube used to help you breathe during the operation often bruises the delicate lining in your throat and vocal chords. Gargles may help ease any soreness, which should go within a few days. You can have a bath or shower as soon as you feel able, often within a couple of days of the operation. The catheter will usually stay in your bladder for a few days until you are able to get to the toilet yourself. Your stitches or clips will be taken out after about 10 days. It can be difficult to sleep well in hospital due to the change of surroundings, the need for observation and the tubes attached to you. A sleeping pill is usually offered. Some patients also experience strange dreams in the first few nights after the anaesthetic. Elderly patients may suffer some disorientation and confusion. You should find that your sleep improves after the first week or once you have returned home. In the first few days you will feel tired and may want to request that only close family and friends visit, and to keep visits quite short. Your temporary ileostomy will begin to be active immediately. The nurses will manage your ileostomy at first until you are taught how to do so. You will soon learn how and when to change the pouches. There is often a discharge of blood and mucus from the back passage, but this stops within a few weeks. A barrier cream helps to prevent soreness. The stoma care nurse will help you, advising you on the appropriate ileostomy pouches and accessories to suit you and ensuring that the pouches adhere properly to the abdomen so that no leakage, odour or sore skin occurs. The stoma care nurse will also tell you how to obtain the pouches, all of which are available on prescription.

WILL I HAVE PAIN?

We will aim for you to be as pain free as possible. Some discomfort is to be expected, particularly when getting in and out of the bed or chair . You will be in the High Care Ward and will have an epidural catheter in your back which carries an infusion of anaesthetic to the spinal cord numbing your pain. The doctors and nurses will monitor and adjust the infusion depending on your pain level.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed water or juice in small amounts immediately after the operation, and can start eating food once your ileostomy has started working. You will have an intravenous drip in your arm and neck during this time, to supply your body's fluid requirements. Once you are drinking normally you will usually be encouraged to start eating a light diet. You may consult with a dietitian before discharge home.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

The epidural anaesthetic limits mobility, but we will usually get you up into a chair the first day after your operation, for some people the same day of the operation.

HOW LONG WILL I STAY IN THE HOSPITAL?

You are likely to be in hospital for about 14 days and you will need to convalesce before any further surgery is carried out.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

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.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

During your convalescence, 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. 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.

HOW SOON CAN I START EXERCISE?

You can perform mild exercise, eg walking, soon after and should be discussed with the surgeon at your post-operative visit

HOW SOON CAN I DRIVE A CAR?

4-6 weeks. This will be discussed at your post-operative visit.

HOW LONG WILL I BE OFF WORK?

Usually about 6 weeks. Discuss with the surgeon at your post-operative visit

WHAT ABOUT PAYMENT?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost.

Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account.

We do not submit accounts to medical aids.

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