Introduction

This booklet has been written to give you the information and help which you may need before and after Coloanal J Pouch Surgery. It has been designed to answer some of the questions you may have and to provide constructive solutions to some of the problems you may experience. It is based on other leaflets and articles and made specific to the Lothian University Hospitals NHS Trust.

After surgery in which the rectum has to be removed, the options are to have a permanent colostomy or a reconstruction so that you can move your bowels through the back passage.

The Coloanal J Pouch operation has been developed in order to surgically recreate the back passage (rectum). In this operation the rectum is removed and the sphincter muscles and anal canal are left in place. Firstly, it may be helpful to explain the normal anatomy of your intestines.

Fig. 1
From the stomach food enters into a passage known as the duodenum. The duodenum empties into the small bowel (small intestine) which is about 400cms in length. In the small intestine digestive juices are added to the food, allowing some of it to be absorbed into the bloodstream. The small intestine empties into the large bowel (large intestine or colon). The large bowel is much wider and measures about 100cms in length. It begins in the lower right side of the abdomen, then travels up and across the top of the abdomen and down the left side to join the rectum. The rectum is the lower 15cms of the large bowel and it is the storage area for waste matter (stool). Awareness of the presence of waste matter in the rectum gives rise to the urge to empty it. The waste comes out via the anus, which lies between the buttocks. The anus is surrounded by sphincter muscles which are able to tighten so that it is possible to control the passage of wind and waste matter at will. This act of emptying the rectum is called defaecation.

**What does the operation involve?**

Your surgeon needs to remove your rectum because of the disease affecting it. Your rectum is where you store body waste until you wish to empty your bowel. The sphincter muscles surrounding the anus (back passage) are left intact. These muscles are important for bowel control.

Your surgeon will make a new rectum from a piece of your remaining bowel. This new rectum is called a Coloanal J Pouch, or simply a Pouch. It is stitched to your anal canal and this will eventually allow you to go to the toilet in the usual manner. A temporary loop ileostomy will probably be made in order to allow the pouch to heal. This is the first stage of the procedure and the operation takes between two to four hours.

Fig. 2

The ileostomy is usually closed (reversed) after 8–12 weeks. This is the second stage of the procedure and closure (reversal) will depend on the results of a test called a Pouchogram. For this test, dye is passed via your
anus into your new pouch and x-rays are taken. This is done as an outpatient and is a painless procedure. Your Stoma Care Nurse will give information about an ileostomy to you. A separate booklet is available.

Before surgery

Before your admission to hospital various routine tests (e.g. blood tests, scans, x-rays etc) have to be performed to ensure that the pouch operation is the correct procedure for you.

Length of stay in hospital

Formation of the Colo-pouch involves 10–14 days in hospital. If you also had formation of an ileostomy you will be readmitted to the hospital for closure of your ileostomy. The usual length of stay for this procedure is 5–7 days.

Hospital stay

You will probably be admitted to the ward 1–2 days prior to surgery. During this time a doctor will examine you and assess your general condition. A member of the ward team will explain your operation to you, what is going to happen and what to expect. They will endeavour to answer any questions you may have. This is in order that you can make an informed consent. You will then be asked to sign a Consent for Operation Form. This is a form which everyone must sign before surgery and it states that you agree to have an anaesthetic and that you understand and agree to the stated operation. The doctor may send you for some routine tests in preparation for surgery. These may include blood tests, and electrocardiogram (ECG) to check out your heart and an x-ray to check out your heart and lungs. At this time you may also meet the Stoma Care Nurse who will answer any questions you may have regarding ileostomy. She will also place a mark on your abdomen to the surgeon can make the ileostomy in the best possible position for you. This does not mean you will definitely have an ileostomy, it is a precaution to make sure the best site is chosen. The Anaesthetist will see you before the operation to discuss the anaesthetic and pain control.

• You will be given a strong laxative the day before your operation so that your bowel is clean for surgery. During this time you will only be allowed clear fluids to drink. This means fluids without milk or thickening e.g. black tea, coffee or Bovril. You will not be allowed to eat.
• You will not be allowed to eat or drink in the morning prior to your operation. The ward nurses will tell you when to stop eating or drinking. At this time a drip (intravenous infusion) may be inserted into your arm. This is to prevent you from getting dry, maintain your fluids and/or nutrition. If necessary you may also have a blood transfusion.
• When you wake up from your operation you will have a few more tubes attached to different parts of your body. You will have a drip going into your arm, a drain coming out of your abdomen and you may have a tube coming out of your nose. This tube will help stop you being sick.
• Sometimes the drip in your arm has to be kept in place for sometime after the operation because your bowel motions may be very watery and you will therefore need extra water and salt.
• So that your rectum can be removed more easily during the operation your bladder is drained with a tube (catheter). This will remain in place for 2–3 days after your operation. You will pass urine through this tube and will not need to go to the bathroom.
• You will be given small injections just under the skin every day. These injections are to prevent blood clots. You may also be given injections of strong painkillers to keep you comfortable. However it is more common to use patient controlled analgesia (PCA). The Anaesthetist will discuss this option with you before surgery.
• The medical and nursing staff will initially want to monitor your fluid intake and also your Pouch or ileostomy output (i.e. the frequency of emptying your Pouch and the amount passed each time). This is to ensure that your fluid intake is enough to replace and balance your output. Once allowed to drink, the amount of fluids will gradually be increased until you are allowed to eat.
• If you have lost a lot of weight, or if you have been seriously unwell before your operation, a special
A drip or feeding line will be inserted under your collar bone. This will be used to give you intravenous feeding.

- You will be taught how to care for your ileostomy before you are discharged home.
- You may occasionally pass a variable amount of jelly-like matter (mucus) from your back passage. It may sometimes be blood stained. Do not be concerned, but it is advisable to mention this to the ward staff.
- The stitches or clips in your wound will be removed after approximately 10 days. This may be done by the District Nurse at home.

**At home**

- To help make your recovery as swift as possible it is important to get plenty of rest and sleep. This does not mean going to bed as soon as you get home, but resting in-between taking some light exercise.
- You should not drive for at least six weeks. Your reactions will be slower for a few weeks following a long general anaesthetic and after taking strong painkillers. You will find your concentration levels are poor. Wait for them to improve before getting behind the wheel. Start by pretending to undertake an emergency stop in a stationary vehicle. Placing a small pillow underneath the seat belt can make you feel more comfortable without interfering with its effectiveness. Also, check the terms of your insurance policy with the company concerned.
- A bath or shower may be taken as desired both before and after closure of your ileostomy.
- You may take painkillers as prescribed, but do not drink alcohol or drive whilst on medication.
- Input from the District Nurse may be required. Ward staff will arrange this prior to your discharge from hospital.
- After major abdominal surgery it is quite common to lose your appetite for a short time. You may find that small meals or snacks taken on a regular basis help to increase your appetite and also your energy levels. Small changes to your diet may be necessary and it is important that you drink at least 2–3 litres a day to make up for the amount of fluid lost while you have an ileostomy.
- Alcohol, drunk in moderation, is fine.
- If you have an ileostomy, cooking with salt or the addition of salt to food is advisable.
- Your bladder may initially be affected by the surgery. This may result in difficulty in passing urine. Please seek advice from your G.P. if this happens to you.
- It is normal to feel tired after each stage of your surgery, as it takes both the body and the mind a time to adjust.
- While you have your ileostomy, the Stoma Care Nurse will support you in the community.

**Work**

Some people do return to work in between the main operation and closure of the ileostomy. This depends on how you feel and also the work you do. Your doctor and/or Stoma Care Nurse can advise you on this. You may also wish to discuss this with the medical officer or Occupational Health Nurse at your place of employment. Remember that some people prefer to return to work on a part-time basis at first.

**Travel and holidays**

- There should be no reason to restrict travel once you have recovered from the surgery. Normal measures should be taken to prevent holiday stomach upsets.
- Remember to have proper insurance cover. The Ileostomy and Internal Pouch Group can provide details. Telephone 01623 28099.
- Be aware of the procedure for obtaining medical treatment and making an insurance claim.
- Obtain form E 111 from your local Post Officer for countries within the E.U.
- If you are taking medication it is advisable to carry it in your hand luggage.
- A letter from your G.P. explaining your surgery and medication can sometimes be helpful.
If things go surgically wrong try to get back to your original hospital.

**Sexual health and fertility**

Most people experience a temporary loss of sex drive (libido) after illness or surgery. Give yourself time and do not expect too much too soon. Your partner will need to be patient and understanding. Both men and women usually return to normal sexual function but this may take time.

Your surgeon will explain the risks involved in pelvic surgery, and please feel free to ask any questions.

- Fertility should not be affected, however a woman's chances of becoming pregnant may be slightly reduced due to having undergone complicated pelvic surgery.
- Remember, while sexual difficulties can be due to surgery, they can also be linked to anxiety, fear of failure, or concern about your partner's feelings. Be patient.
- Following surgery to remove the rectum some women may find sexual intercourse painful. Trying different positions may help. Vaginal dryness may occur as a result of surgery or anxiety. The use of lubricating gel may help.
- Following surgery to remove the rectum some men may have difficulty in raising and maintaining an erection. These problems are usually temporary, but if they continue over a few months, please discuss with your surgeon.
- Certain types of oral contraception may not be effective, as the tablets may not be fully absorbed while you have an ileostomy. The coil is not advised. Please discuss this with your doctor.
- During pregnancy the frequency of pouch emptying may increase due to the fact that the baby takes up space and presses on the pouch.
- Women are advised to have a Caesarian section delivery. This is to avoid the risk of damaging the anal sphincter and adjoining muscles.
- Anal penetrative sex is not recommended. Please discuss this with your surgeon.

**If you do experience problems please discuss them with your surgeon, G.P. or Stoma Care Nurse.**

**Long term**

Your bowels usually start to work 24–48 hours after your second operation if you have an ileostomy. The output may be very loose and unpredictable at first. This will start to settle once you are taking solid food but may initially need the help of medication. You will be able to leave hospital once our surgeon is happy with your progress. At first you may experience some soreness of the skin around your anus. You will be given some barrier cream to help with this and as your output thickens and becomes less frequent it will resolve itself.

Bowel function is very variable but will improve with time. Occasionally it may be difficult to differentiate between the urge to pass wind and stool, but this again will improve with time. Your bowels may take up to 12 months to settle into a proper routine but most patients find that eventually they only have to go to the toilet about 3 times a day. Nocturnal pouch emptying may occur initially but should settle with time.

**Follow up**

Following this operation you will be seen at the out patient clinic on a regular basis to ensure that no problems have developed.

**Where to turn to for help**

It is always wise in the first instance to consult your G.P. The problem may be a minor one, quite unrelated to the operation, which can be very simply sorted out at home. If, however, there is a specific problem with the
pouch itself, or its function, you can contact us direct.

You can either ring the Stoma Care Nurse, she will give you her contact number, or the Sister on the ward to which you were admitted when you had your operation. The secretary of the Consultant Surgeon who has looked after you can be contacted through the hospital switchboard and she will pass a message on to him.

We certainly do not mind receiving queries from people who are genuinely concerned. If we are unable to give advice on the telephone we never mind seeing you at clinic so that the matter can be assessed and discussed face to face.

The Ileostomy and Internal Pouch Support Group are also available to give support to people who have undergone this surgery as well as their friends and relatives. They can be contacted on 01623 28099.

References

Blackley Patricia: Practical Stoma Wound and Continence Management, Research Publications PTY Ltd. Australia

Myers C: Stoma Care Nursing A Patient Centred Approach, Arnold Press, London


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