The Ileo–Anal Pouch Operation

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Points to consider

Which conditions are suitable for treatment by the pouch operation?

Most pouch operations are carried out for ulcerative colitis. The operation may be used for patients with familial adenomatous polyposis (familial polyposis coli). It is also used occasionally for patients with very severe constipation for which they would otherwise need an ileostomy.

Are some people not suitable for the pouch operation?

Yes, there are several circumstances where the pouch operation is not advisable –

- The operation is not advised in someone with Crohn's disease because the risks of complications are increased. One of the difficulties in selecting who is suitable for the pouch operation is excluding Crohn's disease. This can be very difficult even when samples of tissue from the bowel are examined under the microscope in the laboratory, hence the reason for undertaking a preliminary colectomy in some patients.
- If the anal sphincter is weak.
- Age. There are no hard and fast rules about age, but the operation is not usually advised in people over 55 years. In older patients the sphincter muscles may be weaker and control more difficult. Also, the total amount of surgery required is less for the alternative operation of proctocolectomy and ileostomy than for the pouch operation.
- Obesity. The pouch operations are technically more difficult in overweight patients.
- Patient choice. Some patients prefer to have their disease treated in one operation and to have a permanent ileostomy rather than have two or three operations and accept the small risk of failure of the pouch operation.

The ultimate decision on whether to opt for a permanent ileostomy or a pouch rests with the patient. The great majority of people who are suitable now choose the pouch operation.

Are all pouch operations the same?

No, whilst the principle of making a reservoir and joining it to the anus is always the same, there are some variations. One type of pouch uses two limbs of small bowel and is sometimes described as a J pouch. Three (S pouch) or even four (W) limbs may be used. Pouches may be made using sutures (stitches) or by means of a sophisticated mechanical device which uses fine metal staples. Similarly the pouch may be joined to the anus either by suturing or by using a stapling device. Your surgeon will select the procedure which is most suitable in your case.
Is there an alternative to the pouch operation?

Yes, total proctocolectomy and permanent ileostomy. All of the colon and rectum and the anus, together with the sphincter muscle, are removed. The anal opening is closed and a permanent ileostomy is made.

What is an ileostomy?

An ileostomy is an opening of the small bowel on to the skin of the abdomen, usually on the right side just below the waistline. The bowel is turned inside out so that the bowel lining faces outwards and a small spout about one inch long is created. The faeces are liquid and drain continuously into a bag which sticks to the skin of the abdomen.

Can the operation fail?

Failures have become less frequent with increasing experience of the operation. Around 5–10% of operations fail. This may occur for a variety of reasons. If the operation is carried out on unrecognised Crohns disease, the risk of failure is higher. For this reason great care is taken to avoid the pouch operation in Crohns disease, but occasionally it is impossible to distinguish between ulcerative colitis and Crohns disease. Other reasons for pouch failure include frequency, incontinence, uncontrolled pouchitis or infection. Each of these is an uncommon cause of failure, but taken together they account for most of the failures. Complete failure means returning to a permanent ileostomy. The risk of dying from the operation is very low; it is less than for most other major abdominal operations.

How long shall I be in hospital?

As with any operation, the length of hospital stay depends on progress and the avoidance of any set−backs. When the operation is carried out as a two stage procedure, it is usual to spend about two weeks in hospital for the first stage and seven to ten days for the second.

The three stage operation requires a longer total stay. After the first operation, the colectomy, about two weeks is usual. Ten to twelve days is the norm after the second stage, and around seven to ten days for the third.

How long shall I be off work/school/college?

There are no rigid rules about the time required off work. It will depend upon the type of work and speed of recovery of the individual. For the two stage procedure, most remain off work in the two to three months interval between the first stage and closure of the ileostomy. Some, particularly those at school or college, may wish to return between the operations. The timing of the second stage is not critical and it can usually be adjusted around school holidays to minimise the loss of time during term.

The three stage procedure requires a longer time off work. Patients are usually ill when the first stage is carried out and would be unlikely to return to work in less than two to three months. After this, timing of the other stages is not critical and can usually be adjusted to the patient's requirements. However, after the second stage, most would take two to three months off work. The period of convalescence after closure of the ileostomy is variable depending on how quickly the pouch settles down to good function and upon the type of work. Obviously someone with a desk job and easy access to a toilet will be able to return to work earlier than a long−distance lorry driver. For most occupations a recovery period of about two months is necessary between ileostomy closure and return to work. The total time lost from work is usually several months. This is longer by about four months than for the alternative operation of proctocolectomy and permanent ileostomy. However, most patients feel this is an acceptable price to pay for the opportunity to avoid a permanent ileostomy.
**Will I have to alter my diet?**

Most people find that a small number of foods make the faeces more fluid. The same is true for patients with colitis or an ileostomy. Spicy foods, oranges and alcohol are common culprits. If you think a particular type of food has upset you, try it again cautiously at a later date. If it produces the ill-effect the second time, then it is unlikely to be coincidence and you may wish to avoid that particular food for the future. Most people with either an ileostomy or pouch make some, usually minor, alterations to the diet.

A clip at the lower end of the bag allows it to be drained, usually about five times a day. The whole appliance is changed every three to five days. The skin around an ileostomy needs particular care to avoid contact with the faeces which are very irritant. Modern appliances are light and easy to wear and with practice most patients become very adept at managing their ileostomy.

**Is a temporary ileostomy essential with the pouch operation?**

Some pouch operations have been done without using a temporary ileostomy. However, this should only be undertaken under ideal conditions where the surgeon is sure the pouch is well constructed and in no danger of leaking. The ileostomy protects the pouch whilst it is healing. If there should be any leakage, exposure to faeces may lead to infection around the pouch and, possibly, even loss of the pouch. Also, if no ileostomy is used, the patient will have diarrhoea following the major operation of pouch construction and this may be more difficult to cope with than after the smaller operation of ileostomy closure. In addition, it is helpful to have had experience of an ileostomy which is the alternative to the pouch operation.

**What are the results of the pouch operation?**

Function of the pouch usually continues to improve over many months. Average bowel frequency is three to five per day after about one year. Some people, probably about a third, will need to get up at night. The great majority have full control of the bowel, although some leakage is not uncommon in the early period after ileostomy closure. In the long term only few patients need to wear a pad in their clothing because of soiling.

It is important to realise that the pouch operation does not restore completely normal function. It is an alternative to ileostomy, rather than an entirely normal bowel. Patients with an ileostomy empty their appliance with about the same frequency as pouch patients defaecate. People who have an ileostomy often need to empty their appliances at night and some may have an occasional leak.

**Are there any long term ill effects?**

The pouch operation was first described in 1978. There is not, therefore, any experience of patients who have had a pouch for longer than this. So far there is no indication of late ill effects.

**Can I get complications?**

As with any major operation, complications sometimes occur. With all surgery involving the large bowel, there is a risk of infection. Antibiotics are always given at the time of surgery and help reduce the risk but do not completely eliminate it. Some degree of narrowing quite commonly occurs at the area where the pouch is joined to the anus. This sometimes needs to be stretched in the early period after the ileostomy has been closed. Bowel obstruction due to adhesions can occur after any abdominal operation. The frequency with which this occurs is similar for the pouch operations and for the alternative proctocolectomy and ileostomy.

Some patients develop a condition called pouchitis, which is a type of inflammation in the pouch. It causes the pouch function to be less good with increased frequency of defaecation, urgency and sometimes bleeding. It is usually controlled with medication.
Can I drink alcohol?

Yes, in moderation. If taken in excess, particularly beer or red wine, it is likely to give you diarrhoea.

Will sexual activity be affected?

Both men and women almost always achieve normal function after the operation. However, after any major operation in this region, it may take some time before the inclination returns and for women there may be discomfort with intercourse in the first couple of months.

Can I have children?

Some women have had children following the pouch operation. During pregnancy and for about three months after delivery, the frequency of night defaecation increases. Otherwise there is not much change in pouch function. Sometimes delivery is by Caesarean section to avoid the risk of any damage to the anal sphincter. However, this is not always necessary and your obstetrician will advise about the safest method of delivery.

Can I travel abroad?

Yes, take care travelling to countries where to you are likely to get diarrhoea. You will be susceptible to infective diarrhoea, so drink only bottled water and be careful with your diet. It is wise to take some anti-diarrhoea pills with you. Never, travel abroad without adequate health insurance just in case you are unlucky enough to be ill.

Can I play sport?

Yes, virtually no sports are excluded.

How can I obtain further information?

This information sheet will not have answered all your questions. It is intended to complement, not replace discussion of the operation with your surgeon and stomatherapist. Please do not hesitate to ask if you are unsure about any aspect of the operation. Write your questions down beforehand so that you do not forget. You may wish to talk to someone of your own sex and age group who has already had the operation and this can usually be arranged. The Ileostomy Association has members who have experience in this area, and are always willing to help new patients both before and after the operation.

Western General Hospitals NHS Trust

Produced by SALTS Healthcare