

Total proctocolectomy and ileal-anal pouch

Definition

Total proctocolectomy and ileal-anal pouch surgery is the removal of the large intestine and most of the rectum. The surgery is done in one or two stages.

Alternative Names

Restorative proctocolectomy; Ileal-anal resection; Ileal-anal pouch; J-pouch; S-pouch; Pelvic pouch; Ileal-anal pouch; Ileal pouch-anal anastomosis; IPAA; Ileal-anal reservoir surgery

Description

You will receive general anesthesia before your surgery. This will make you sleep and pain free.

You may have the procedure in one or two stages:

- Your surgeon will make a surgical cut in your belly. Then your surgeon will remove your large intestine.
- Next, your surgeon will remove your rectum. Your anus and anal sphincter will be left in place. The anal sphincter is the muscle that opens your anus when you have a bowel movement.
- Then your surgeon will make a pouch out of the last 12 inches (30 centimeters) of your small intestine. The pouch is sewn to your anus.

Some surgeons perform this operation using a camera. This surgery is called laparoscopy. It is done with a few small surgical cuts. Sometimes a larger cut is made so the surgeon can assist by hand. The advantages of this surgery are a faster recovery, less pain, and only a few small cuts.

If you have an ileostomy, your surgeon will close it during the last stage of the surgery.

Why the Procedure Is Performed

This procedure may be done for:

- Ulcerative colitis
- Familial polyposis

Risks

Risks of anesthesia and surgery in general are:

- Reactions to medicines
- Breathing problems
- Bleeding, blood clots
- Infection

Risks of having this surgery include:

- Bulging tissue through the cut, called an incisional hernia
- Damage to nearby organs in the body and nerves in the pelvis
- Scar tissue that forms in the belly and causes a blockage of the small intestine
- The place where the small intestine is sewn to the anus (anastomosis) may come open, causing infection or abscess, which can be life threatening
- Wound breaking open
- Wound infection

Before the Procedure

Always tell your health care provider what medicines you are taking, even medicines, supplements, or herbs you bought without a prescription.

Before you have surgery, talk with your provider about the following things:

- Intimacy and sexuality
- Pregnancy
- Sports
- Work

During the 2 weeks before your surgery:

- Two weeks before surgery, you may be asked to stop taking medicines that make it harder for your blood to clot. These include aspirin, ibuprofen (Advil, Motrin), Naprosyn (Aleve, Naproxen), and others.
- Ask which medicines you should still take on the day of your surgery.
- If you smoke, try to stop. Ask your provider for help.
- Always let your provider know about any cold, flu, fever, herpes breakout, or other illnesses you may have before your surgery.

The day before your surgery:

- You may be asked to drink only clear liquids, such as broth, clear juice, and water after a certain time.
- Follow the instructions you have been given about when to stop eating and drinking.
- You may need to use enemas or laxatives to clear out your intestines. Your provider will give you instructions on how to use them.

On the day of your surgery:

- Take the medicines you have been told to take with a small sip of water.
- You will be told when to arrive at the hospital.

After the Procedure

You will be in the hospital for 3 to 7 days. By the second day, you will most likely be able to drink clear liquids. You will be able to add thicker fluids and then soft foods to your diet as your bowel begins to work again.

While you are in the hospital for the first stage of your surgery, you will learn how to care for your ileostomy.

Outlook (Prognosis)

You will probably have 4 to 8 bowel movements a day after this surgery. You will need to adjust your lifestyle for this.

Most people recover fully. They are able to do most activities they were doing before their surgery. This includes most sports, travel, gardening, hiking, and other outdoor activities, and most types of work.

References

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