THE BIRMINGHAM BOWEL CLINIC

Ileo-Anal Pouch Procedure

What Is Ileo-Anal Pouch Procedure?

An ileo-anal pouch procedure, also known as a J-pouch or ileal pouch procedure is an operation to remove the entire colon and rectum. It is most commonly performed for patients with ulcerative colitis. It may also be necessary for individuals with familial adenomatous polyposis and occasionally for patients with multiple bowel cancers. In most cases, this operation can be performed using a laparoscopic (keyhole) surgical technique. The procedure replaces the large intestine with a pouch made from the small intestine.

Ileo-anal pouch surgery can be performed as a one-stage, two-stage, or three-stage procedure. Your surgeon will discuss the best option for you, considering factors such as disease severity and current medications, particularly steroids.

- **One-stage procedure:** The entire colon and rectum are removed, and a pouch is formed without the need for an ileostomy
- **Two-stage procedure:** The colon and rectum are removed, a pouch is formed, and a loop ileostomy is created. The ileostomy is closed in a second operation
- **Three-stage procedure:** The first stage involves a subtotal colectomy with the formation of an end ileostomy. The second stage removes the rectum, forms the pouch, and creates a loop ileostomy. The third stage involves closing the ileostomy

What Does The Operation Involve?

This operation can be performed using open or laparoscopic (keyhole) surgery. During the procedure:

- The entire colon and rectum are removed
- A pouch is created from the small intestine and joined to the anus using special staples
- If a loop ileostomy is required, it is placed on the right side of the abdomen

The procedure typically takes 3-4 hours. The removed bowel is sent to the pathology department for examination, with results available within two weeks.

What Are The Risks Of The Surgery?

As with any abdominal operation, an ileo-anal pouch procedure carries some risks, including:

General risks:

- **Blood clots (thrombosis):** Patients wear compression stockings and receive blood-thinning injections to minimise risk
- **Bleeding:** While rare, a blood transfusion may be required if significant blood loss occurs
- **Infection:** Wound infections can occur but are usually treated with antibiotics

Specific surgical risks:

- **Ileus (delayed bowel function):** The bowel may temporarily stop working, causing bloating and vomiting. This is usually managed with bowel rest, intravenous fluids, and sometimes a nasogastric tube
- **Bowel obstruction:** Adhesions, kinks, or twists in the bowel can cause a blockage. Most cases resolve with bowel rest, but surgery may be necessary in some cases
- **Pelvic nerve damage:** Important pelvic nerves may be affected, potentially causing issues with bladder function and, in men, sexual function (erections and ejaculation). This risk is higher for patients who have undergone radiotherapy
- **Conversion to open surgery:** If a keyhole approach is not feasible, the procedure may need to be completed as an open operation

Recovery And Aftercare

In hospital:

- An epidural is often used for pain relief and may continue for at least a day after surgery
- An intravenous drip for fluids is usually removed within 24 hours
- A catheter (to drain the bladder) is generally in place for 48-72 hours

- An abdominal drain may be placed and is typically removed within a few days
- A small tube through the anus into the pouch may also be required and is normally removed after a few days
- You will be encouraged to eat and drink as soon as you feel able, usually the same day
- Early mobilisation is encouraged to aid recovery
- The colorectal nurse specialist will help you learn how to manage your ileostomy before discharge, if applicable
- Hospital stay typically lasts 5-7 days for keyhole surgery and 7-10 days for open surgery, though this may vary

At home:

- You should remain mobile but avoid heavy lifting or strenuous activities for about six weeks
- Most patients can resume driving after two weeks, though recovery time may be longer after open surgery
- A follow-up consultation is scheduled approximately two weeks after discharge, though earlier appointments can be arranged if needed
- The consultant and colorectal nurse specialist will provide ongoing care and support

Adjusting To The Pouch

Once the bowel is connected and the pouch is functioning, bowel habits will change. It may take several weeks to establish a stable pattern. Eventually, most patients:

- Pass stools 4-6 times per day and once or twice at night
- May use loperamide (Imodium) to slow down the pouch function
- Find that dietary changes can help improve function

Only a small number of patients experience urgency or leakage (anal incontinence). In some cases, patients develop pouchitis (inflammation of the pouch), which usually responds well to antibiotic treatment. In rare cases, if the pouch fails to function properly, a permanent end ileostomy may be necessary.

Why Choose The Midlands Bowel Clinic?

- **Expert colorectal surgical care** with a focus on patient-centred treatment
- **Specialists in minimally invasive keyhole procedures** for faster recovery and reduced discomfort
- **Comprehensive pre-operative and post-operative** care tailored to individual patient needs
- **Dedicated colorectal nurse specialists** providing support for stoma care and recovery
- **A multidisciplinary team** offering high-quality care in a professional and comfortable environment

Contact Us

If you have any questions about the ileo-anal pouch procedure or would like to arrange a consultation, please contact the Midlands Bowel Clinic. Our friendly team is here to provide support and guidance at every step of your treatment journey.