

SURGICAL OPTIONS FOR BOWEL DIVERSION

UOAA is an association of affiliated, nonprofit, support groups who are committed to the improvement of the quality of life of people who have, or will have, an intestinal or urinary diversion.



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INTRODUCTION TO BOWEL DIVERSION PROCEDURES

If you need to have your colon and rectum removed because of ulcerative colitis or familial polyposis several operations may be available.

Whatever operation is chosen, it must be remembered that a major organ has been removed with permanent (not detrimental) alteration in gastrointestinal function.

The ultimate goal is protection from further complications and cure of the disease, so that a normal lifestyle may be resumed.

Not every person is a candidate for these operations. Most surgeons carefully screen their patients for the ileo-anal reservoir and the continent ileostomy since there are many considerations in addition to the patient's preferences.

This brochure provides information about the surgical procedures commonly available today. Each procedure has its own advantages and disadvantages. All offer the potential for cure of the disease and a normal lifestyle. There are many satisfied people who have undergone each of these operations.

While this brochure is designed to help you make a more effective decision, individuals who are faced with the need to have the colon and rectum removed are advised to seek out complete professional information on all the possible procedures before making decisions.

It is recommended that you seek advice from qualified healthcare professionals who have been trained and have experience with these surgeries. It is also highly recommended that you seek consultation before and after surgery with a certified Wound, Ostomy and Continence Nurse (WOCN) or ostomy nurse.

If you need a colectomy (removal of the colon) for:

- Ulcerative colitis with severe disease or long-term colitis with risk of cancer or dependency on steroids.
- Familial polyposis with high risk of colorectal cancer.

These solutions may be appropriate:

- Proctocolectomy (removal of the colon and rectum) and Conventional Ileostomy
- Ileo-Anal Reservoir / Pelvic Pouch / J-Pouch*
- Continent Ileostomy / Kock Pouch / BCIR*

* **Note:** The internal pouch surgeries (J-Pouch and Continent ileostomy) are not recommended for people with Crohn's disease.

GLOSSARY OF TERMS

Continent ileostomy / Kock pouch

An internal reservoir for stool storage, made from ileum and attached to the abdominal wall by a special stoma / one-way valve, emptied by inserting a catheter through this stoma. The BCIR is a variant of this procedure

Conventional ileostomy

The "standard" surgery perfected by Dr. Brooke in the early 1950s; also called end ileostomy.

Ileo-anal reservoir / J-pouch

An internal reservoir for stool storage, made from ileum and attached to the anus to allow more-or-less normal evacuation. Includes "J-", "S-" and "W-" variants.

Intubation

Insertion of a special tube or catheter through the abdominal stoma to empty the reservoir of a Continent ileostomy.

Pouchitis

Inflammation of the internal reservoir in a J-pouch or Continent ileostomy.

Proctocolectomy

Removal of the colon and rectum.

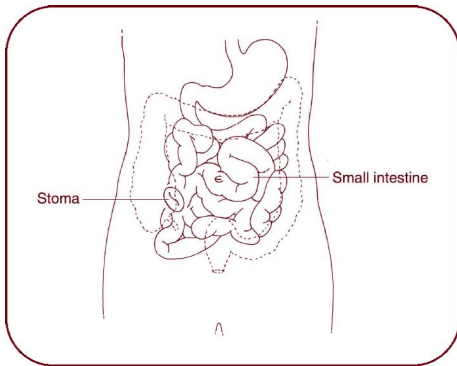
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PROCTOCOLECTOMY AND CONVENTIONAL ILEOSTOMY



Procedure

Remove the entire colon, rectum and anus, and construct an end/Brooke ileostomy.

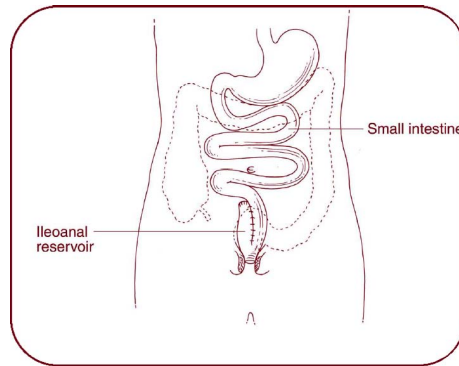
Advantages

- May cure the disease.*
- Known long-term results.
- Relatively simple surgery.
- Fewest complications.

Disadvantages

- Requires external pouching system.
- Pouching system requires periodic changes.
- Pouching system must be emptied 4-6 times daily.
- Occasional problems with the ileostomy such as prolapse, narrowing, retraction and skin problems.

ILEO-ANAL RESERVOIR / PELVIC POUCH / PULL-THROUGH / J-POUCH



Procedure

The entire colon is removed. Anal muscles are preserved. Sphincter control is essential. A reservoir is constructed from small intestine and attached to the anus.

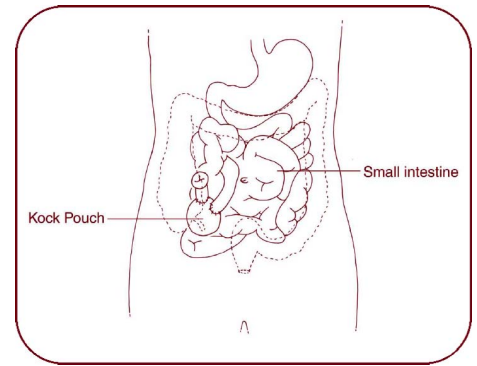
Advantages

- May cure the disease.*
- No pouching system required.
- Normal route of stool evacuation.

Disadvantages

- Often requires two surgeries.
- Higher risk of complications.
- 4-8 bowel movements daily.
- Possible peri-anal skin problems.
- Chance of pouchitis which may require periodic irrigations/medication.
- Possible irregularity and/or incontinence.
- Longer period of adaptation.
- Long-term results are unknown.

CONTINENT ILEOSTOMY / ABDOMINAL POUCH / KOCK POUCH / BCIR



Procedure

Colon, rectum and anus are removed. An internal reservoir with a nipple valve is constructed. The opening is on the abdomen.

Advantages

- May cure the disease.*
- A patch to absorb moisture is the only external equipment needed, i.e., no pouching system needed.

Disadvantages

- Highest risk of complications, operation revision is often required.
- Must intubate to empty 2-4 times daily.
- Chance of pouchitis which may require periodic irrigations/medication.
- Long-term results are unknown.

* Complete removal of the colon and rectum and of the anal mucosa is considered curative for ulcerative colitis and familial polyposis. It isn't curative if the patient actually has Crohn's disease or if Crohn's disease develops later. The internal pouches (J-Pouch and Continent ileostomy) are susceptible to pouchitis, which occurs more frequently in patients who have these surgeries for ulcerative colitis than for polyposis, and is sometimes similar to the original colitis. When internal pouch surgeries are done for familial polyposis, polyps may develop in the internal reservoir.