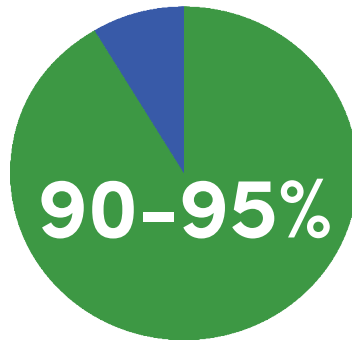


What is a J-Pouch

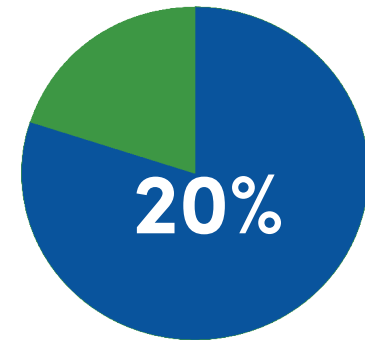
A **J-Pouch** is an alternative to a permanent ostomy for ulcerative colitis and familial polyposis patients that helps maintain functional bowel control. It is the most common internal pelvic pouch and is also known as IPAA (Ileal Pouch Anal Anastomosis) surgery. It is an elective surgery, meaning patients can choose either to have a J-Pouch or opt for a stoma.



DID YOU KNOW?



overall success* of J-Pouch Surgery
(*POUCH FUNCTION AND DURABILITY OVER 5-20 YEARS⁷)



of people with UC will need surgery^{1,2}

Patient Perspectives



"I wish I had known that my colitis would not necessarily be cured and that I would have to adjust to a new normal. I also wish I had known that my quality of life would increase exponentially and I would be able to do various activities that I enjoyed doing pre-diagnosis!"
- Sneha Dave



"I wish I had known what to expect for recovery after a J-Pouch surgery. This surgery saved my life, but recovery comes in varying stages, and I wish I had been more patient with my body and expectations for recovery. Go slow and know that you will settle in with your new pouch more as the months pass."
- Julia Gaspare-Pruchnicki



"Since my J-Pouch surgery I have found many new adventures. It has been incredibly important for me to continue an open conversation with my doctors and loved ones to ensure that I get the best quality of care."
- Catherine Wicker



"As a FAP patient, I had my ups and downs during recovery, be patient and let the body heal in its own pace. Be weeks or months, it will happen, your J-Pouch is the most prized possession because it gives you your life back."
- Grace Yong Tang

Patients who have a J-Pouch can expect to have 4-8 bowel movements per day³. After surgery most patients report **good to excellent quality of life^{1,3,4,5}**.

Some people will experience **"pouchitis"** or inflammation of the J-Pouch. This is a complication that is treated with antibiotics. Symptoms of pouchitis include bleeding, fever, pain, and an increase in stool frequency.

It is recommended that long term follow-ups with a gastroenterologist/colorectal surgeon to assess pouch health are conducted. Complications may occur years after J-Pouch surgery.

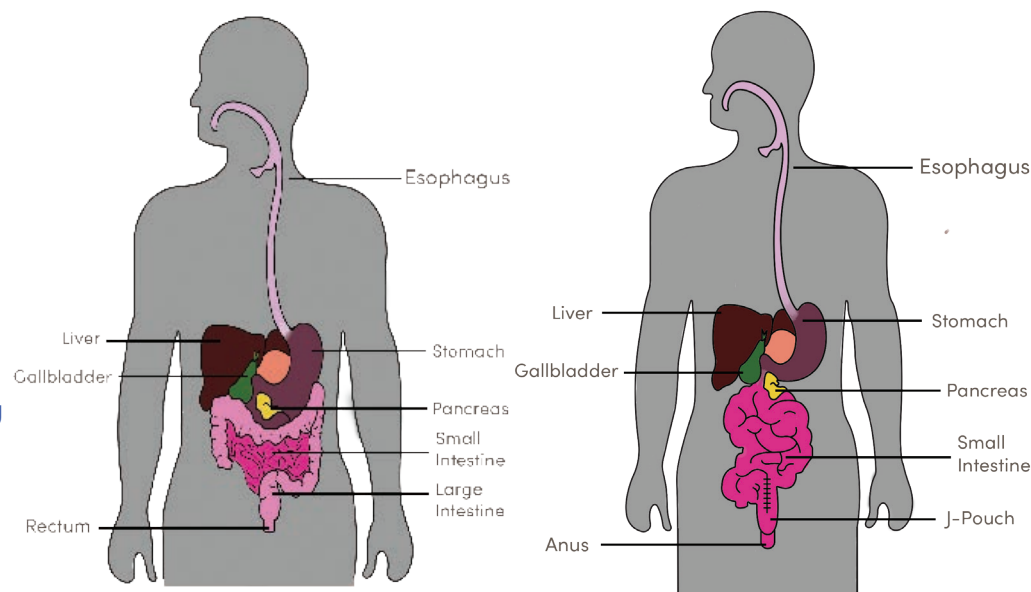
How a J-Pouch is Made

J-Pouch surgery is often done in 3 surgery stages with a period of approximately 12 weeks between surgeries, depending on the overall condition of the patient at the time of surgery. (Actual number of stages may vary based on surgeon's recommendations and patient health.):

1 STAGE The large intestine (colon) is removed. Patient is given a temporary end ileostomy to allow the body to heal and recover. They will wear an external ostomy pouch.

2 STAGE The rectum is removed, leaving behind a small anal cuff. The internal reservoir is created using the end of the small intestine, creating a "J-shaped" pouch. **The J-Pouch will be connected to the anal cuff, creating an ileoanal anastomosis.** The patient is usually given a temporary loop ileostomy and the J-Pouch is allowed to heal.

3 STAGE When the internal pouch is found to be leak-proof and healthy, the temporary ileostomy is reversed. The stool now passes through the small intestine, into the reservoir, and out through the anus.



Normal Digestive System

Digestive System with J-Pouch

For more information about J-Pouch surgery and continent diversions, visit ostomy.org.

UOAA and HAS appreciates the contributions made to this infographic by Angela Richardson, MSN, APRN-BC, CWO-CN, AGCNS-BC, and members of UOAA's Medical Advisory Board and Patient Advisory Board.

¹Chang, S., MD, Shen, B., MD, & Remzi, F. (2017, August). When Not to Pouch: Important Considerations for Patient Selection for Ileal Pouch-Anal Anastomosis. Retrieved August 19, 2020, from <https://www.gastroenterologyandhepatology.net/archives/august-2017/when-not-to-pouch-important-considerations-for-patient-selection-for-ileal-pouch-anal-anastomosis/>
²Reber, J., Author Affiliations From the Departments of Radiology (J.D.R., AG, P., RE, L., Et Al, B, J., . . . M, M. (2018, May 22). J Pouch: Imaging Findings, Surgical Variations, Natural History, and Common Complications. Retrieved August 20, 2020, from <https://pubs.rsna.org/doi/10.1148/rg.2018170113>

³Michelassi F, Lee J, Rubin M, et al. Long-term functional results after ileal pouch anal restorative proctocolectomy for ulcerative colitis: a prospective observational study. Ann Surg. 2003;238(3):433-445. doi:10.1097/01.sla.0000086658.60555.ea

⁴Pemberton JH, Phillips SF, Ready RR, Zinsmeister AR, Behrns OH. Quality of life after Brooke ileostomy and ileal pouch anal anastomosis. Ann Surg. 1989;209:620-628

⁵Marcello PW, Roberts PLS, Schoetz DJ Jr, Collier J, Murray JJ, Veidenheimer MC. Long-term results of the ileo-anal pouch procedure. Arch Surg. 1993;128:500-504

⁶Source: Dr. Bo Shen, Director of the Inflammatory Bowel Disease Center Columbia University, and recognized as the "King of Pouch"

⁷Fazio VW, Tekkis PP, Remzi F, et al. Quantification of risk for pouch failure after ileal pouch anal anastomosis surgery. Ann Surg. 2003;238(4):605-617. doi:10.1097/01.sla.0000090940.39838.6a