

AFTER CARE AND COMPLICATIONS OF POUCH SURGERY



MULTI DISCIPLINARY PATIENT CENTERED
APPROACH
(MDT)

SUCCESSFUL OUTCOMES

- Sensible patient selection
- Clear pre and post operative counselling
- Patient centred MDT approach
- Expedient management of complications

THE SALFORD WAY

- Colorectal Specialist Nurse – Lynchpin
- Support and Information
- Pre and Post operative counselling
- Patient centered and holistic care
- Continuity of care
- Link to MDT

AFTER CARE

- Access to MDT
- Diet
- Psychological Care
- Sex
- Exercise
- Pouch function and frequency
- Returning to work
- Pregnancy

ACCESS TO MDT

DIET

- New pouches
 - well balanced diet
 - high protein (healing)
 - starch (thicken output)
 - a little often
 - no spice OR NUTS for now!
- Established patients
 - Experiment!!!

PSYCHOLOGICAL CARE

- Ongoing support from nurse specialist/patient support groups
- Access to the MDT
- Accept counselling
- Family support
- Social support/financial help

SEX

- Yes you can!
- Confidence
- Alternative Positions
- Lubrication
- Support
- Better than before!!
- Discuss contraception

EXERCISE

- Highly recommended
- When you feel ready
- Resume all types of exercise

TRAVEL AND HOLIDAYS

- You will need it!!
- Usual precautions with food/water
- Take thickening agents
- Drink plenty – avoid dehydration

EMOTIONAL/FAMILY SUPPORT

- Support each other
- Be open about feelings
- Allow family to access MDT/specialist nurse and support groups with you

RETURNING TO WORK

- Enhanced recovery program
- When you feel physically and psychologically ready
- Support from MDT (letters/explanations)

PREGNANCY

- Wait 12 months
- Fertility can be affected
- Function/control can alter
- Normal pregnancy
- Early involvement of obstetrician/gynaecologist (MDT)
- Family/specialist nurse support
- May recommend caesarean

LONG TERM FOLLOW UP

- Annual outpatient appointment
- Annual pouchoscopy
- Regular contact with specialist nurse
- Continued access to MDT
- Support Groups
- Patient Buddy



COMPLICATIONS

Early Assessment

- Early review
- Stool culture
- Blood tests (biochemical and haematological analysis and inflammatory markers)
- Adequate support and information

COMPLICATIONS AND MANAGEMENT

Complications	Symptoms	Management
Pouchitis (Inflammation of the pouch mucosa)	increase in frequency in stools from the norm, burning sensation, abdominal cramping, a sense of urgency before having bowel movement and occasionally bloody stools and fever.	Offer support and information. Arrange pouchoscopy with biopsy. Medical treatment(usually a course of flagyl). Arrange follow up.
Crohns disease	increase in frequency in stools from the norm, abdominal cramping, a sense of urgency before having bowel movement and occasionally bloody stools and fever, loss of appetite, weight loss, lethargy, other manifestations, bloating, incomplete evacuation	Offer support and information. Consider pouchoscopy/ biopsy/ contrast studies/ EUA(dependent on individual assessment). Dietary advice. Discuss in MDT, consider medical therapy. (often results in defunctioning and or excision of pouch)
Stricture	increase in frequency in stools from the norm, watery stools, abdominal cramping, a sense of urgency, reluctance to eat, bloating, incomplete evacuation,	Offer support and information. Consider pouchoscopy/ biopsy/ contrast studies/ EUA(dependent on individual assessment). Dietary advice. Discuss in MDT, consider surgical or radiological dilatation with ongoing self dilatation. Regular assessment of symptoms
Weak sphincter/leakage	Varies from incontinence to small seepage of feaculant material intermittently or when passing flatus.(often occurs at night)	Commence or increase bulking agents(dry fybogel/codeine). Dietary advice including timing of meals, use of continence products, skin care(see skin irritation)

COMPLICATIONS AND MANAGEMENT CONT.

Complications	Symptoms	Management
Skin irritation	Excoriation, burning sensation, erythema, itching, weeping	Identify and treat the cause. Adequate cleansing, advise cotton underwear, use of barrier creams *Questan Cream.
Pouch vaginal Fistula	Passing vaginal flatus/enteric material, sepsis, vaginal soreness/excoriation,	Identify cause . Discuss in MDT. Can be managed with seton, can result in defunctioning or excision of pouch.
Early post operative Pelvic sepsis/ anastamotic leak	Abdominal pain, fever, tachycardia, evacuation of blood/pus from pouch, abnormal biochemistry/inflammatory markers	Early detection. May be managed with radiological drainage or surgery. May result in poor long term function or failure
Diarrhoea/increased frequency		Commence or increase bulking agents(dry fybogel/codeine). Dietary advice including timing of meals. Use of dioralyte check biochemistry
Male sexual dysfunction(can be functional or psychological can also occur in panproctocolectomy))	Erectile/ejaculatory dysfunction.	Careful counselling pre operatively. Should be offered sperm baning pre operatively, open discussion and acknowledgement by surgeon/nurse, early referral to urologist/ psychosexual counsellor.

COMPLICATIONS AND MANAGEMENT CONT.

Complications	Symptoms	Management
Female sexual dysfunction. (can be functional or psychological and can also occur in panproctocolectomy)	Vaginal dryness, painful intercourse, reduction in fertility	Careful counselling pre operatively, open discussion and acknowledgement by surgeon/nurse. Use of lubricating products, alternative sexual position. Early referral to gynaecologist/psychosexual counsellor.

FAILURE OR POUCH EXCISION

USUALLY THROUGH CROHNS BUT CAN BE ANY OF THE ABOVE/PATIENT CHOICE

- Pre operative counselling
- Support mechanisms
 - MDT
 - Specialist Nurse
 - Fellow patients/support groups

Patient Experience

“Still being in my early twenty’s it was a bit surreal to me being told that I needed to undergo at least one operation as my ulcerative colitis could not be controlled and inevitably this was slightly worrying. Even before I went for my first operation the support offered by both the nursing staff and the surgeon was fantastic, they explained everything in detail and gave me the opportunity to speak to patients that live with a stoma. Coming out of my first operation was like starting a new life and the feeling of waking up pain free or needing to take 25 tablets was absolutely fantastic. While still in hospital, the nurses worked very closely with me on how to care for my stoma and took me through in details all the different types of stoma bags to ensure I have the correct one. For me although I was 100% confident with my stoma I still wanted the reversal but before I underwent surgery, I spent a lot of time speaking with the nurse, surgeon, and past patients to make sure I understood the pros and cons inside out. I did not want the stoma removed from a cosmetic perspective but being a keen sportsman, I felt the stoma hindered my performance but did not stop me playing, I even continued to play in goal while having the stoma. Since having my reversal I could not be happier, the first few weeks are a little strange as you have to re-educate yourself on bowel movements but now there is no looking back. My bowel function is not what it was like while I was growing up, but I have now regained the control over my bowel and do not have to wonder where is the closest toilet! The reversal is the best thing I have ever done but is not for everyone. In total I had 3 operations and I still get checked over regularly to check there are no problems. Throughout the process, the biggest thing for me was the support channels officered by all of the staff involved, that put my mind at ease and meant there was always someone to talk to. Thanks.

IN SUMMARY

- Most patients have good outcomes
- Importance of MDT
- Continuous access to specialist nurse
- Good support mechanisms
- Always about patient choice