

Ileoanal Pouch Surgery

Here are some words to help you understand this surgery.

There are pictures on the next page so you can see these parts in a body.

Bowels: The bowels are the parts of the body that digests food and fluids. Bowels are also called intestines. There is a small bowel also called the small intestine and a large bowel also called the large intestine or large colon. The bowel wall has many layers. There is a picture on the next page.

Small bowel: The food moves from the stomach to the small bowel first. The food is broken into very small pieces and is absorbed into the blood as the muscles push it along.

Large bowel: The food moves through the small bowel into the large bowel. The large bowel may also be called the colon.

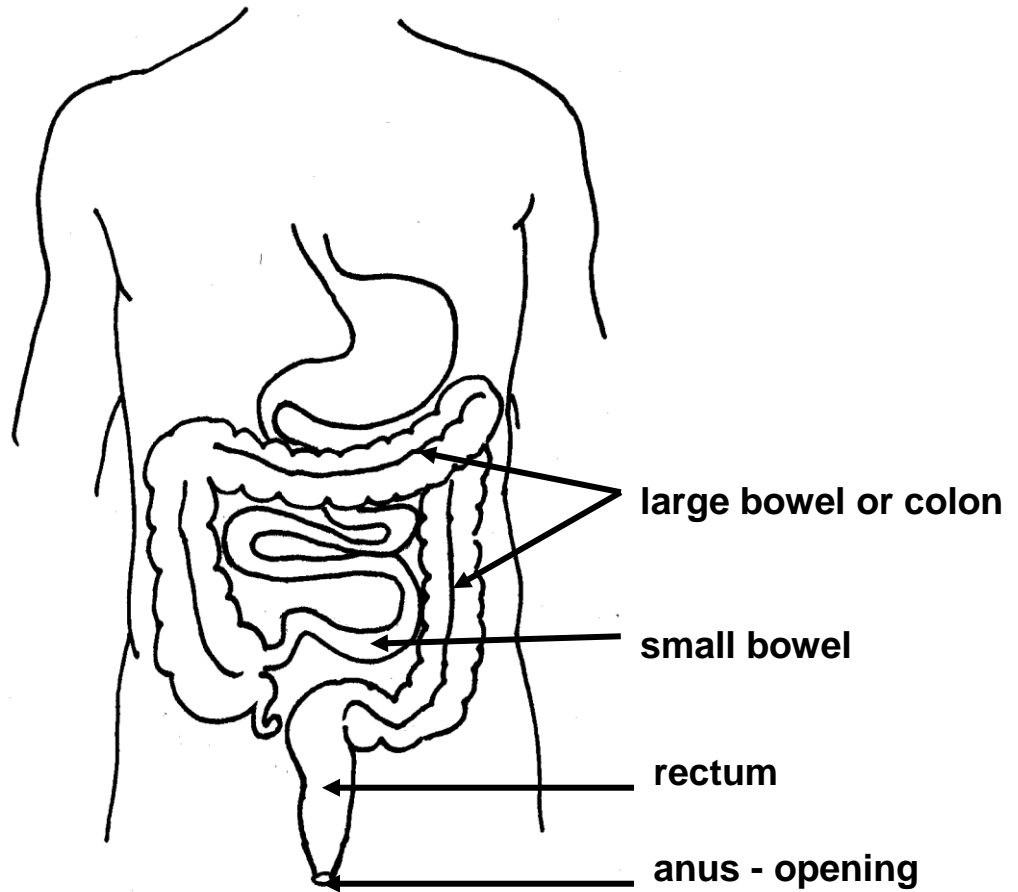
Rectum: The end of the large bowel or colon and stores stool until you have a bowel movement.

Anus: The opening where the stool leaves the body during a bowel movement.

Ileoanal pouch: This involves surgery that removes all of the large bowel and rectum. The anus or opening remains. The last part of the small bowel is used to form a pouch and attached to the anus to hold bowel movements called stool.

This handout will use the word **pouch** for ileoanal pouch.

Inside the body:



What happens when you eat or drink?

The food and fluid travels through the gastrointestinal tract.

This is what happens:

1. Food and fluids pass from the mouth down the esophagus and into the stomach.
2. The stomach mixes the food and breaks it up. The stomach pushes the food into the small bowel.
3. The small bowel breaks food into smaller and smaller pieces.
4. Each part of the small bowel absorbs different nutrients. These nutrients are passed through the wall of the bowel into the blood.
5. The blood carries these nutrients to the cells in your body.
6. Leftover material passes into the large bowel.
7. The large bowel absorbs water and forms stool.
8. Stool remains in the rectum until you have a bowel movement.
9. Stool leaves the body through the anus.

Why is this surgery done?

There are 2 main reasons for having an ileoanal pouch surgery.

❑ Ulcerative colitis:

Ulcerative colitis is one type of inflammatory bowel disease.

Ulcerative colitis is inflammation of the inner lining of the large bowel and rectum. It does not affect the small bowel.

❑ Familial polyposis coli also called familial adenomatous polyposis:

Familial means that this disease runs in families.

Polyposis means that there are many polyps in the large bowel.

Polyps are growths of overgrown tissue that bulge out of the lining of the bowel. They are not normal in the bowel.

You cannot feel polyps and do not know that they are there.

Bowel cancer develops when polyps are not treated.

When is this surgery done (continued)?

Your health care provider will tell you the reason why you need a pouch.

Having this surgery cures ulcerative colitis and familial polyposis coli.

What happens during this surgery?

The surgery is called a **total colectomy with an ileoanal pouch**.

There are many ways to do this surgery. Your surgeon will explain this to you. This surgery is usually done in two parts and at two different times.

First Surgery:

The surgeon removes the whole large bowel and rectum but leaves the nerves, muscles and opening called the anus. The surgeon makes the ileoanal pouch from the last part of the small bowel. The pouch has a small spout which is attached to the anus.

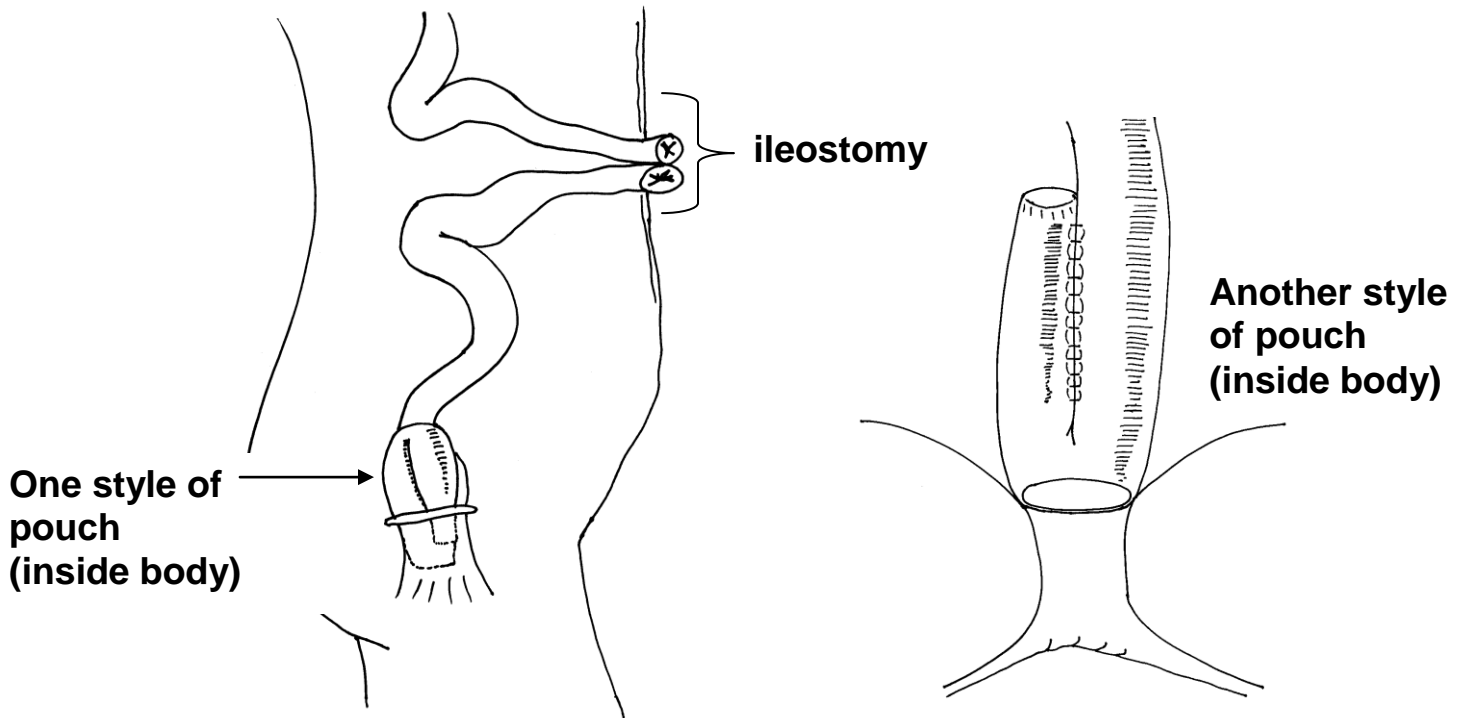


The surgeon brings a loop of small bowel out through the skin on the right side of your abdomen. This is called an ileostomy. This gives the pouch time to heal. The ileostomy has a bag attached to collect stool.

You will learn how to look after this for the next few months while the ileoanal pouch takes time to heal.

The surgery generally looks like this.

Your surgery may look a bit different.



Second Surgery:

After 12 to 24 weeks, when the pouch has healed, you will have a second surgery to close the ileostomy.

The stool can now go into the pouch and out the anus.

How many incisions will I have?

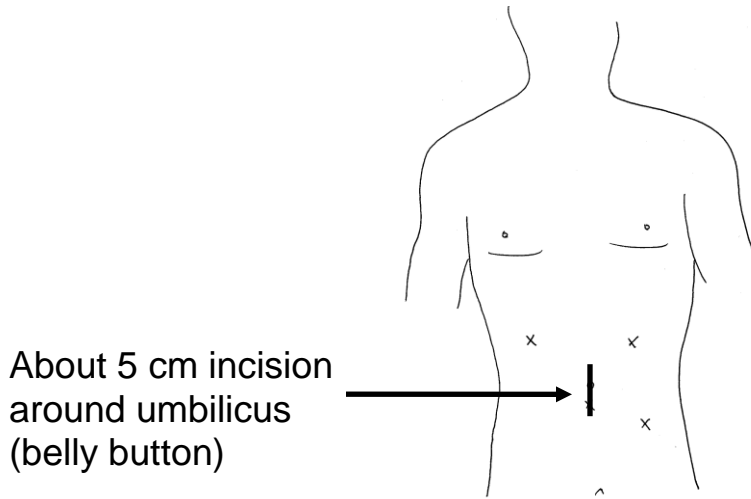
Both surgeries are done using the **Laparoscopic Method**.

This means that small incisions are made for the instruments to go in.

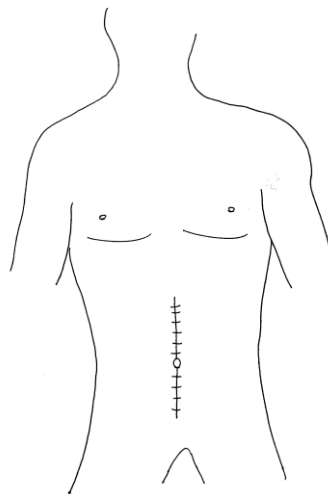
One incision has a small light inserted so the doctor can see.

Most people have 4 to 6 small incisions. This depends on your surgeon.

Here is an example of where the incisions may be (x):



Sometimes the surgeon uses 1 long incision during the **Open Method**. If this happens, the incision is closed with stitches and staples. Here is a picture:



What are the risks and benefits of this surgery?

Your surgeon will explain the risks and benefits of this surgery. Make sure you understand the risks and benefits before you sign a consent form.



Benefits are:

- the diseased colon is taken out
- you do not have a permanent opening or ileostomy bag to collect stool after both surgeries are complete
- you continue to pass stool in the normal way

Risks are:

- may have damage to the pelvic nerve
- may have inflammation of the pouch causing pain
- will have many stools each day
- the pouch may not heal and has to be removed

Risks for women who menstruate:

- Your periods may change for up to one year after surgery.
- Oral birth control pills may not be absorbed well so it is best to talk to your doctor or health care provider about using another method of birth control.

Risks for women planning a pregnancy:

- Talk to your surgeon.
- You will need to talk about having a Cesarean section to avoid injury to your anal muscles during a vaginal delivery.

Risks for men:

- Some men are impotent after this surgery.
- You need to talk to your doctor or health care provider about this before you have the operation and sign the consent.

What happens if the surgery does not work?

You and your surgeon, family doctor or health care provider will work together to solve the problem.

- rest the pouch
- medication
- surgery for pouch repair
- remove pouch
- create a new pouch
- have a permanent ileostomy

Will I be able to control my bowels after surgery?

Yes, after the second surgery. The anal sphincter, anus, pelvic muscles and nerves still work the same so you can control your bowel movements.

What is my role before and after surgery?

Before surgery, your health care providers will:

- explain the surgery
- explain your role and
- assess if you are ready for this type of surgery

If the team feels you are ready you will have a lot to learn.

You must be willing to follow special routines.



First Surgery

What happens before surgery?

Stoma marking

The Enterostomal Therapy Nurse will mark the place on your abdomen where the ileostomy will be. The opening is called a stoma.

The Enterostomal Therapy Nurse selects a place that you can see and reach. After surgery there will be a collection bag over the stoma. Gas and stool empty into this bag.

The stoma is in a place that you can reach and learn how to empty and change the collection bag.

Pre-Admission Assessment Clinic

You must come to the Pre-Admission Assessment Clinic 1 to 2 weeks before surgery to have any blood work, X-rays and other tests your surgeon orders. In this clinic, you will talk to a nurse, anaesthetist and pharmacist. You will learn how to get ready for surgery and have your questions answered.

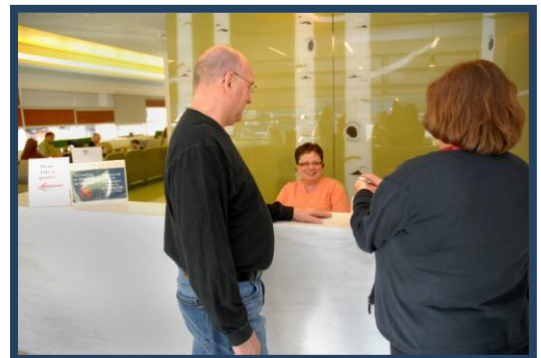


Bring a list of your medications to the clinic so the nurses, and anaesthetist and pharmacist can see what you are taking. You cannot eat or drink anything after midnight before your surgery. If you take medication each morning, the nurse will tell you if you should take it the morning of surgery.

You will have a general anesthetic. This means you are asleep during the operation.

On the day of surgery

You will come to the hospital at the time given in the Pre-Admission Assessment Clinic and go to the Day Surgery Unit.



Day Surgery Unit

The nurses will prepare you for surgery here.

Your nurse will put a thin tube called an intravenous or IV in your arm. The IV is used to give you fluids and medication before, during and after surgery.



After you are ready for surgery, your support person can wait with you until it is time for your surgery.

You will then be taken into the operating room. Your support person can wait in the waiting room while you have surgery. The surgeon will come and talk to your support person when your surgery is done if you give permission to do so.

What happens in the Operating Room?

You are greeted by members of the health care team and helped to move onto a narrow table while you are awake. For your safety, the team goes through a pre-surgical check called a surgical pause to make sure you are all ready.

You will have a general anesthetic which means you will sleep during the surgery. The surgery takes 4 to 5 hours.

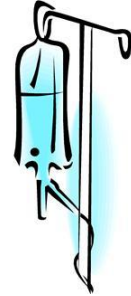
How will I feel after surgery?

After surgery, you will go to the recovery area. The nurses will watch you closely until you are fully awake. If you feel pain or have an upset stomach, the nurse will give you medication to help.

After recovery, you will go to a Nursing Unit. On this unit, the nurses will monitor your blood pressure, breathing, heart rate, incision, pain and general recovery from surgery.

Intravenous

After surgery, the nurses make sure your IV is working well. The IV is taken out when you can drink a lot of fluids without any problems.



Catheter

A catheter is a long, thin tube placed in your bladder during surgery to drain urine into a bag. The catheter stays in your bladder 2 or 3 days. This will allow the health care team to monitor your kidney function.

Drain

You may have a drain in your incision. This is a small tube used to drain old blood after surgery. The drain stays in 2 to 3 days and is removed when your surgeon decides.

Incision

You will have a dressing or tape over your incisions. There may be stitches or clips underneath. Your nurse and surgeon will check your incisions and the dressings.

Nasogastric (NG) Tube

You may have a tube in your nose going into your stomach. This tube is called a nasogastric or NG tube. This tube will keep your stomach empty, and may help relieve nausea or vomiting. You will need this tube until your bowels are active enough to have fluids.

While you have a NG tube, your throat and mouth may feel dry or sore. Your nurse can help you learn how to care for your mouth to prevent dryness. If your surgeon allows, you may suck on ice chips or take sips of water.



What activity can I do?

After surgery, you need to move around to prevent breathing and circulation problems. Moving also helps you build up your strength and recover faster.

It is very important for you to do deep breathing, coughing and circulation exercises each hour you are awake. You need to do these exercises even though it may be uncomfortable. Your nurse or physiotherapist can show you how to do these exercises. When you do these exercises, place a pillow or rolled up blanket over your incision. This will give extra support to your incision and prevent straining.

You will get out of bed on the day of your surgery. Ask your nurse to help you the first time you get up. As you feel stronger, you will be able to take longer walks.

Moving and walking as soon as possible after surgery will:

- keep your muscles strong
- prevent breathing problems
- help your blood move around your body
- help your bowels become active and pass gas

Over the next few days, you will be helped to wash and move around. You need help because you have some tubes that need to move with you. Moving around gets easier as these tubes come out.

Any time you get up, you will need to wear shoes with non-slip soles and full backs and toes for your safety.



When your tubes come out, you will be able to wear your own clothes and walk all around the unit.

Your surgeon may want you to wear special pressure stockings. These stockings keep blood moving and help prevent blood clots after surgery.

What can I eat?

You will begin drinking clear fluids your first day after surgery. Clear fluid includes water, broth and apple juice.

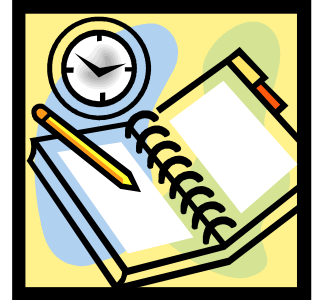
When you do not have any trouble drinking and the nurses can hear bowel sounds, you may eat soft food such as ice cream, applesauce and custard.

You will then progress to a low residue diet as you recover.

There is more information about diet starting on page 20 and 28.

You will need to record:

- all of the fluids and food you drink and eat
- the amount of urine you void
- the amount of stool in the collection bag



Your nurses will show you how to do this and tell you when you can stop recording.

How is my pain and discomfort controlled?

- You may have a Patient Controlled Analgesia or PCA pump to control pain and discomfort. The machine is attached to an IV tube that goes into a vein in your arm. When you have pain, you can push a button on the machine. The machine sends a dose of pain medication into your body. You may use a PCA pump for about 2 days. Then, you can have pain medication by mouth.
- You may have an Epidural Pump to control pain and discomfort. An epidural means the doctor puts a small tube called a catheter in your back during your operation. A machine is attached to the tube and you receive doses of pain medication constantly in controlled amounts. You may use this pump for about 2 days and then begin pain medication by mouth.



Remember

When you are using a PCA or epidural pump, you cannot leave the Unit without telling your nurse.

Other ways to relieve pain and discomfort are:

- drinking warm fluids
- walking
- any method of relaxation, such as listening to music or deep breathing



When you go home, take the pain control medication suggested by your doctor. Your pain should become less each day. If your pain does not decrease, call your family doctor or health care provider.



How long will I be in the hospital?

You should plan to be in the hospital about 4 to 5 days.

Bowel movements and care

As your bowels begin to move, gas a stool will pass into the collection bag. The Enterostomal Therapist will see you each day and make sure you know how to look after your skin, empty the collection bag and apply a clean bag.

Stoma and ileostomy care

Your nurse and Enterostomal Therapist will look at your stoma to make sure the skin is healthy and the collection bag fits well. Your stoma will be swollen at first. As the stoma heals, the swelling will go down and the stoma will look smaller.

The stool will be loose and liquid. You will learn how to empty the bag 6 to 8 times a day. You will also learn how to keep the stoma clean, control odour and protect your skin.

The skin must be kept clean, dry and intact. Problems are caused by:

- liquid stool sitting on skin
- sticky products used to attach the bag to your skin
- reactions to skin care products

Your nurses and Enterostomal Therapist will assess your skin each day. The collection bag will be fitted to meet your needs. The size may change as the stoma heals and shrinks. The bag needs to be removed carefully and the skin protected so you do not have skin irritation and breakdown. You will have help deciding what products are best for you to lower the risk of problems.

It takes time to adjust to having an ileostomy. It is normal to feel anxious and embarrassed about wearing a bag and learning what to do. All of the members of the health care team will help and support you.



Drainage from anus or opening

It is normal for the bowel to produce mucous. Mucous helps stool pass through the bowels and go out through the anus easily. After surgery, your bowel will still produce mucous. It is important if you feel the urge to go to the bathroom to release this sitting on the toilet.

You may be bothered at night by the passage of mucous. Your nurses and Enterostomal Therapist will help you learn how to manage this, keep your skin clean and select the best product for you to wear. This gets better over time and after the second surgery.

Changing the collection bag

The collection bag is emptied when it is 1/3 to 1/2 full. A new collection bag is put on about every 5 days.

You will learn how to empty the pouch by yourself before you go home. You will watch and learn how to put a new bag on.

The visiting nurse from CCAC will continue to teach you when you go home.



When do I see my doctor again?

The nurse will give you a follow up appointment with your doctor before you leave the hospital.



If you do not get an appointment, you can call your doctor to arrange this after you go home. Your doctor will want to see you about 2 weeks after you go home.

Call your doctor if you have any signs of infection:

- increased swelling
- increased redness
- discharge from your incision
- increased temperature
- pain that does not get better



Are there any problems that can happen?

Yes, there can be problems after surgery. Some are rare but you will still need to learn what to watch for and when to contact your doctor.

Some problems to watch for are:

- ileostomy does not work due to a block
- dehydration or electrolyte imbalance

Blocked ileostomy

This is rare but can be caused by many things.

Signs to look for are:

- pain in the abdomen
- bloated abdomen
- nausea and vomiting
- nothing coming out into the collection bag
- a lot of watery, liquid coming out of collection bag
- decreased urine or not voiding very much

If you have any of the feelings:

- take a non-codeine pain control medication such as extra strength Tylenol[®]
- drink warm, sweetened tea
- have a warm bath to help you relax – only if you have someone in the house with you for your safety



Contact your doctor or health care provider right away if you have any of the above problems.



Dehydration and electrolyte imbalance

Dehydration means that you are not getting enough fluids into your body. To stay healthy you need to drink 8 to 10 glasses of liquids that do not contain caffeine each day.



Electrolytes are chemicals in your body that you need to stay healthy. Sodium and potassium are 2 of the important electrolytes to watch. Your doctor will test your blood for these electrolytes regularly.

Here are the signs to watch for:

Problem	Signs	What to do?
Dehydration	<ul style="list-style-type: none"> • feeling thirsty • dry mouth • dry skin • less urine or voiding • feeling tired • short of breath • cramps in abdomen 	<ul style="list-style-type: none"> • Make sure you drink 8 to 10 glasses of fluid a day • Avoid drinks that contain caffeine such as coffee, tea and cola • Avoid sports drinks such as Gatorade® as these dehydrate more
Sodium loss	<ul style="list-style-type: none"> • loss of appetite • cramps in abdomen • feeling drowsy • fainting • feeling cold in arms and legs 	<ul style="list-style-type: none"> • Drink more fluids high in sodium such as chicken soup, or bouillon
Potassium loss	<ul style="list-style-type: none"> • feeling tired • feeling weak • gassy or bloated feeling in abdomen • short of breath • decreased feeling in arms and legs 	<ul style="list-style-type: none"> • Increase food high in potassium such as orange juice, bananas, prunes, apricots

Problems with the stoma

The stoma may prolapse. This means that the stoma comes loose from the skin and a part of the bowel may come out. This can be repaired with surgery.

The stoma may herniate. This means that the bowel pushes through your muscles beside the stoma. This causes your skin to bulge out. The doctor may leave this alone, advise you to wear a special belt or repair this.

The stoma may retract. This means that the stoma may shrink and pull inside. This can be repaired with surgery if stool is blocked from coming out.

Getting ready to go home

Community Care Access Centre (CCAC) Manager Visit

While you are in the hospital, you will have a visit from the CCAC Manager. This manager will talk to you about going home.

You will be given the supplies you need to go home with.

When you are home, a visiting nurse will assess you, teach what you need to know, arrange for supplies and help you get back to your normal lifestyle.

The visiting nurse will stay in contact with your doctor as well.



When you are home

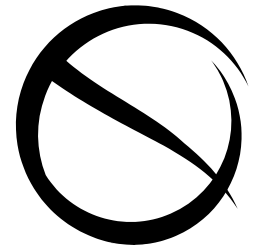
Medications

You will need to talk to your doctor or pharmacist before taking any new medications. For example, time released medication, enteric coated pills and laxatives will not work for you as you do not have a large bowel.

Remember . . .

If you need to have a special X-ray that includes a bowel preparation before the test, tell the staff that you will not follow the bowel prep instructions as you do not have a large bowel.

Do not put anything into your ileostomy or allow anyone who is not an expert to do this.



- If there **may be a block**, your doctor, Enterostomal Therapist nurse, hospital nurse or visiting nurse will assess the problem first.
- If there **is a block**, the doctor or nurse will gently put a soft tube called a catheter into the ileostomy. Small amounts of a special fluid will be used to try to get rid of the block.

Diet and Nutrition

You will not be on a special diet like you were before surgery.

However, some foods may affect you after surgery.

Here are some guidelines to follow:

- Follow the low residue diet for 4 to 6 weeks as instructed by your doctor. You then slowly introduce higher fibre foods into your diet.
- Chew your food well.
- Introduce food slowly and one at a time. This way you can tell if a food affects you and you can avoid that in your diet. You can wait to try that food again later on in your recovery.
- Drink 8 to 10 glasses of fluid a day. Drinks without caffeine are best. Drink in between meals. Avoid drinking large amounts with meals.
- Begin with small meals to avoid feeling bloated. Slowly increase the amount you eat.
- Eat regular meals and snacks. Skipping meals does not stop high output. More gas is made in an empty gut.
- Do not avoid fluid if you have high output. You may become dehydrated. Instead try food that thickens stool as listed in the chart on the next page.
- Try meal timing. Normal meals timing leads to increased output in the afternoon, evening and night. This can lead to problems sleeping. Try having more food early in the day and limit food and fluid at the end of the day.



Ileoanal Pouch Surgery

Type of Food	Problem	Examples
Foods that thicken stool	Slow bowel movements	<ul style="list-style-type: none"> • applesauce • bananas • boiled milk • buttermilk • cheese • marshmallow • peanut butter – smooth • rice – boiled • tapioca • toast – white bread • yogurt
Foods that increase fluid	Diarrhea	<ul style="list-style-type: none"> • beans – green • broccoli • chocolate • caffeine drinks • carbonated drinks • fruit – raw • grape juice • prunes • spicy food • spinach • vegetables – leafy green, raw
Food high in roughage	<p>Block – try these foods slowly and one at a time</p> <p>Eat in moderation if you can manage them</p>	<ul style="list-style-type: none"> • asparagus , beans, bran • celery, Chinese food • coleslaw, corn – kernel, • dried fruit • lentils • mushrooms • nuts • oranges, pineapple, popcorn • raisins • salad, seeds, shrimp, skins • tomatoes • vegetables – raw

Ileoanal Pouch Surgery

Foods that may cause gas	Gas and bloating	<ul style="list-style-type: none">• beans – dried• beer• bok choy• brussel sprouts• cabbage• cauliflower• carbonated drinks• collards• cucumber• dairy products• kale• kohlrabi• peas – dried• radishes
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Activity and Exercise

You can slowly resume your normal activities. If you have questions or concerns about your activity, ask your doctor.

Walking

- You can do moderate exercise like walking.
- Avoid contact sports.
- Do not do any strenuous activities like shovelling snow, raking leaves, vacuuming or mowing the lawn. Do not do any heavy lifting for 6 to 8 weeks. Heavy lifting is lifting more than 10 pounds or 4 kilograms. This weight is like a full grocery bag, a small suitcase or a small baby.



Pelvic Muscle Exercises

Pelvic muscle exercises, also called pelvic floor muscle exercises or Kegel's. These muscles allow you to control your bowel function.

You may learn to do these before surgery. After surgery, you will be told when you can start doing them again.

Do not begin to do pelvic muscle exercises until your doctor or nurse tells you to. It is important for the surgery area to heal first.

Both men and women do the exercises the same way. To locate the muscles, it is best to sit down. Try and squeeze the muscles that prevent you from passing rectal gas. Do not tighten your abdominal muscles, buttocks or hold your breath.

To do one pelvic muscle exercise, follow these steps:

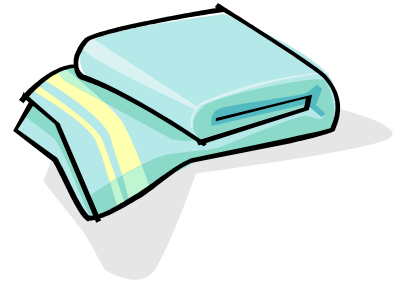
1. Squeeze the pelvic muscle.
2. Hold and count slowly ... 1 and 2 and 3
3. Relax for 1 and 2 and 3.

Ten exercises are called a set. Do 1 set, 5 times a day. These can be done over a half hour or throughout the day. As you get better at doing these exercises and the pelvic muscle strengthens, you can count to 5 and then relax for a count of 5.

You must relax your muscles for the same amount of time as you squeeze. As you get used to doing these exercises, you can do them any time, any place and in any position.

Bathing and hygiene

You will begin washing at the sink. You can shower after your tubes and clips are removed and the incisions have healed. You can shower with the collection bag on since it is waterproof.



If you have a wound that is open and needs a packing dressing, you can shower before the dressing change. The nurses will show you how to do this. The nurse will pack the wound and put a clean dressing on after you shower.

If you have 4 small incisions, they will be closed with special tape called steri-strips. Pat these dry after a shower. Leave the steri-strips on until they fall off.

Second Surgery – Closing the ileostomy

What happens before surgery?

You will have a special x-ray done to check for pouch healing. Be sure to empty the collection bag before the x-ray. Bring an extra collection bag in case you need to change it.

When the x-ray shows that the pouch has healed and there are no leaks you are ready for the next step.

Pre-Admission Assessment Unit

You must come to the Pre-Admission Assessment Clinic 1 to 2 weeks before surgery to have any blood work, X-rays and other tests your doctor orders. In this clinic, you will talk to a nurse and anaesthetist. You will learn how to get ready for surgery and have your questions answered.

Bring a list of your medications to the clinic so the nurses and anaesthetist can see what you are taking. You cannot eat or drink anything after midnight before your surgery. If you take medication each morning, the nurse will tell you if you should take it the morning of surgery.

You will have a general anaesthetic. This means you are asleep during the operation.

The day of surgery

You will come to the hospital 2 hours before your surgery and go to the Day Surgery Unit. The nurses will prepare you for surgery here. Your nurse will put an IV in your arm. The IV is used to give you fluids and medication before, during and after surgery.

The surgery lasts about 1 to 2 hours.

How will I feel after surgery?

After surgery, you will go to the recovery area. The nurses will watch you closely until you are fully awake. If you feel pain or have an upset stomach, the nurse will give you medication to help.



After recovery, you will go to a Nursing Unit. On this unit, the nurses will monitor your blood pressure, breathing, heart rate, incision, pain and general recovery from surgery.

Intravenous

After surgery, the nurses make sure your IV is working well. The IV is taken out when you can drink a lot of fluids without any problems.

Incisions

You will have a dressing or tape over your incisions. There may be stitches or clips underneath. Your nurse and doctor will check your incisions and the dressings often.

What activity can I do?

After surgery, you need to move around to prevent breathing and circulation problems. Moving also helps you build up your strength and recover faster.

It is very important for you to do deep breathing, coughing and circulation exercises each hour you are awake. You need to do these exercises even though it may be uncomfortable. Your nurse or physiotherapist can show you how to do these exercises. When you do these exercises, place a pillow or rolled up blanket over your incision. This will give extra support to your incision and prevent straining.

You will get out of bed on the day of your surgery. Ask your nurse to help you the first time you get up. As you feel stronger, you will be able to take longer walks.

Moving and walking as soon as possible after surgery will:

- keep your muscles strong
- prevent breathing problems
- help your blood move around your body
- help your bowels become active and pass gas

Over the next few days, you will be helped to wash and move around. You need help because you have some tubes that need to move with you. As these tubes come out, moving around gets easier.

Any time you get up, you will need to wear shoes with non-slip soles and full backs and toes for your safety.

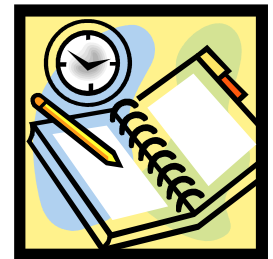
When your tubes come out, you will be able to wear your own clothes and walk all around the unit. Your doctor may want you to wear special pressure stockings. These stockings keep blood moving and help prevent blood clots after surgery.

What can I eat?

You will begin drinking clear fluids your first day after surgery. This includes water, broth and apple juice. When you do not have any trouble drinking and the nurses can hear bowel sounds, you may eat soft food such as ice cream, applesauce and custard. You will then progress to your normal diet as you recover.



You will need to record all of the fluids and food you drink and eat. You will also need to measure and record the amount of urine you void. Your nurse will show you how to do this and tell you when you can stop recording.



How is my pain and discomfort controlled?

You may have a Patient Controlled Analgesia or PCA pump to control pain and discomfort. The machine is attached to an IV tube that goes into a vein in your arm. When you have pain, you can push a button on the machine. The machine sends a dose of pain medication into your body. You may use a PCA pump for about 2 days. Then, you can have pain medication by mouth.

Remember

When you are using a PCA or epidural pump, you cannot leave the Unit without telling your nurse.

Other ways to relieve pain and discomfort are:

- drinking warm fluids
- walking
- any method of relaxation, such as listening to music or deep breathing



When you go home, take the pain control medication suggested by your doctor. Your pain should become less each day. If your pain does not decrease, call your family doctor or health care provider.





How long will I be in the hospital?

Plan to be in the hospital about 3 days.

Bowel movements

You will have up to 24 bowel movements a day for the first few days. This gets less and less each day as the pouch adjusts to holding stool. Your surgeon may give you medication to help control the number of bowel movements you have.

Over the next 6 months to a year, you will average 4 to 6 bowel movements a day and 1 to 2 at night. At home, you are encouraged to try and hold your stool and not to respond to each urge to go to the bathroom. This helps the pouch get bigger. You may also help the pouch adjust by controlling your diet and medication.

Some people have problems with seepage or incontinence. This improves over time. Members of your health care team will help you select the right products to wear and teach you how to look after your skin.

Skin care around the anus

You will learn to protect your skin as so many bowel movements or mucous leaking can cause problems.

Follow these steps after each bowel movement:

- Use warm water to moisten a cotton ball or soft tissue. Toilet tissue, soap and scented products are too hard on the skin and cause itching.
- Clean the skin around the anus well.
- Dry the skin well with a soft tissue.
- Apply the cream given to you to use.
- To protect the skin from seepage, you can gently place a cotton ball over the opening of the anus.
- Only use pads or panty liner products recommended by your health care provider. Change this after each cleaning.
- Wash your hands well.

- Only wear cotton underwear as cotton absorbs sweat and allows air to flow better.
- You can try a sitz bath to clean gently. Ask your nurse to show you how to do this.
- Contact your doctor or ET nurse if you need help managing skin problems.

Medic Alert identification

You should wear medical alert identification and carry a card that reads “Total colectomy – ileoanal pouch”.



Diet and Nutrition

For 2 weeks

- Follow a low-fibre diet after the ileostomy is closed. Fibre is hard to digest.
- After this, slowly add fibre to your diet until you are able to follow your normal diet.

After 2 weeks

- Follow healthy eating habits. Eat moderate amounts. Avoid over-eating.
- Eat at regular times.
- Relax when eating and chew food well.
- Avoid skipping meals as skipping does not decrease the amount of bowel movements. Skipping can produce more gas and cause dehydration.
- You may need more sodium.
- Drink 8 to 10 glasses of fluid each day.



Ileoanal Pouch Surgery

Type of Food	Examples
Foods that thicken stool	<ul style="list-style-type: none">• applesauce• bananas• boiled milk, buttermilk• cheese• marshmallow• peanut butter – smooth• rice – boiled• tapioca• toast – white bread• yogurt
Food that may cause anal irritation	<ul style="list-style-type: none">• asparagus• beans• bran• celery, Chinese food• coleslaw, corn – kernel• dried fruit• lentils• mushrooms• nuts• oranges• pineapple, popcorn• raisins• salad, seeds, shrimp, skins• tomatoes• vegetables – raw
Foods that increase fluid in bowel movements	<ul style="list-style-type: none">• beans – green, broccoli• chocolate• caffeine drinks• carbonated drinks• fruit – raw• grape juice• prunes• spicy food, spinach• vegetables – leafy green, raw• wine

Type of Food	Examples
Foods that may cause gas	<ul style="list-style-type: none">• beans – dried, baked• beer• bok choy, brussel sprouts• cabbage, cauliflower• carbonated drinks• collards, cucumber• dairy products• kale, kohlrabi• milk and milk products• onion• peas – dried• radishes

Sexual activity

After normal healing from surgery occurs, you can resume sexual activity. Talk to your doctor or health care provider to talk about when sex is safe for you.



For women who menstruate

Your periods may change for up to one year after surgery. Oral birth control pills may not be absorbed well so it is best to talk to your doctor or health care provider about using another method of birth control.

When you are planning to become pregnant

Talk to your doctor or health care provider. You will need to talk about having a Cesarean section to avoid injury to your anal muscles during a vaginal delivery.

For men

Some men are impotent after this surgery. You need to talk to your doctor or health care provider about this before you have the operation.

CCAC at Home

You may have CCAC visit to help you with the dressing over your old ileostomy. Most people are able to do this by themselves and do not need any home visits.

Managing pain and discomfort

Before you go home you will be given a prescription for pain control. Take this when needed as directed by your doctor. Your pain or discomfort should be less each day.



Exercise and Activity

- You can slowly resume your normal activities. If you have questions or concerns about your activity, ask your doctor or health care provider.
- You can do moderate exercise like walking.
- Avoid contact sports.
- Do not do any strenuous activities like shovelling snow, raking leaves, vacuuming or mowing the lawn. Do not do any heavy lifting for 6 to 8 weeks. Heavy lifting is lifting more than 10 pounds or 4 kilograms. This weight is like a full grocery bag, a small suitcase or a small baby.



Return to work

When you return to work will depend on the type of work you do. Talk about this with your doctor or health care provider. Most people return to work in 6 to 8 weeks.

When do I see my surgeon again?

The nurse will give you a follow up appointment with your surgeon before you leave the hospital. If you do not get an appointment, you can call your surgeon to arrange this after you go home. Your surgeon will want to see you about 2 weeks after you go home.



Contact your surgeon if you have any signs of infection:

- increased swelling
- increased redness
- discharge from your incision
- increased temperature
- pain that does not get better



If you have questions or concerns

- If you have questions or concerns call your surgeon.