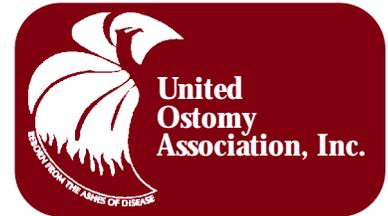


SURGICAL OPTIONS FOR BOWEL DIVERSION

The UOA is a volunteer-based health organization dedicated to providing education, information, support, and advocacy for people who have had or will have intestinal or urinary diversions.



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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*
- Continent Ileostomy*

*Not recommended for people with Crohn's Disease.

Glossary of Terms

Continent ileostomy

An internal reservoir placed in the abdomen.

Conventional ileostomy

The "standard" surgery developed by Dr. Brooke; also called end ileostomy.

Ileo-anal reservoir

Also known as a pelvic pouch or "J-pouch" with some variations called "W-, S-", etc. depending on the configuration of the internal reservoir placed in the pelvis.

Intubate

Insertion of a special tube or catheter through the continent stoma into the reservoir.

Pouchitis

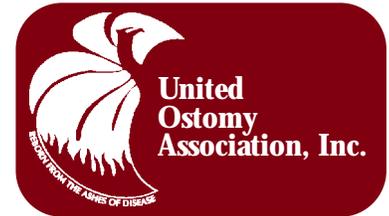
Inflammation in the pelvic or abdominal reservoir.

Proctocolectomy

Removal of rectum and colon.

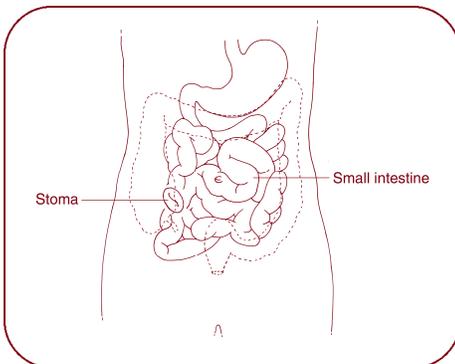
SURGICAL OPTIONS FOR BOWEL DIVERSION

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PROCTOCOLECTOMY AND CONVENTIONAL ILEOSTOMY



Procedure

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

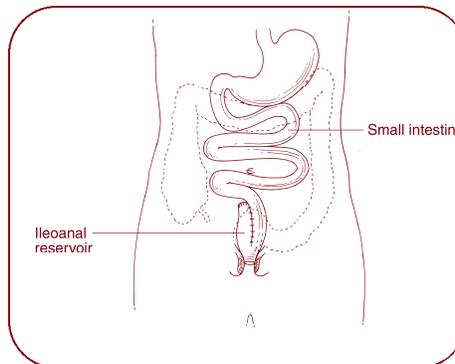
Advantage

- Cures the disease.
- Known long-term results.
- Relatively simple surgery.
- Fewest complications.

Disadvantage

- 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.

Advantage

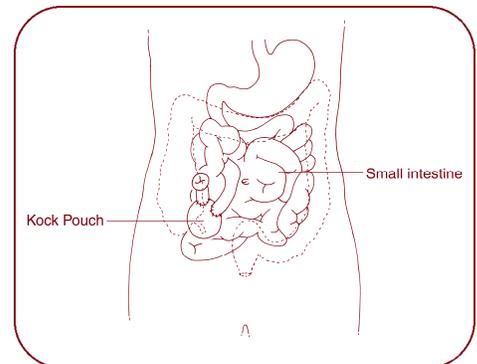
- Cures the disease.
- No pouching system required.
- Normal route of evacuation of stool.

Disadvantage

- 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.

(Note: If the procedure is unsuccessful, it may be converted to a conventional or continent ileostomy.)

CONTINENT ILEOSTOMY (ABDOMINAL POUCH) (KOCK POUCH)



Procedure

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

Advantage

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

Disadvantage

- 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.

(Note: If unsuccessful, it may be converted to a conventional ileostomy. Also, a conventional ileostomy may be converted to a continent ileostomy.)