Managing the Post Colectomy Patient

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Do I Really Need a Colectomy?
Can I live Without a Colon?

Do I need my entire colon out?
- What is the function of the colon?
- Will I need a bag? What is a pouch?
- How long will I be in the hosp?
- When may I return to work?

You can’t live with your colon. You can live without a colon.
What are my Surgical Options?

- Subtotal colectomy vs total proctocolectomy with incontinent Brooke ileostomy
- Evolution of continent Kock pouch
- Evolution of IPAA
What is a Pouch?

- Evolution of continent Kock pouch
- Evolution of IPAA
Can an IPAA be Created with One Operation, One Stage?
How do Pouches Really do?

- Adapts colonic function:
  - 10-20 bm to 6-8
- Incontinence/nocturnal
- Sexual/fertility
- Pouchitis
Long-Term Adverse Outcomes of Ileal Pouch Anal Anastomosis

Pouchitis

What is Pouchitis?

- Inflammation of pouch..replacing UC with a different disease ulcerative pouchitis.
- **Pouchitis is a unique phenotype of IBD**
- Total proctocolectomy cures UC vs IPAA may replace UC with UP
Constellation Pouchitis Symptoms

- Rectal Urgency
- Fecal Incontinence
- Rectal bleeding/diarrhea
- Abdominal cramping
- Fever and malaise
Classifying Pouchitis

- Pouch Disease Activity Index
  - Clinical
  - Endoscopic
  - Histologic
How do you Diagnose Pouchitis?
What is Cuffitis?
Differential Diagnosis

- Fistula/abscess:
  - Early is postoperative complication
  - Late is Crohn’s disease
- Crohn’s of inflow tract
- Stricture
  - Irritable pouch
Can you Predict Pouchitis?

- Role of preop serology…Pouchitis as a unique phenotype of IBD
- Primary Sclerosing Cholangitis
- Extraintestinal Manifestations
Can you Prevent Pouchitis?
Can You Predict Crohn’s of the Pouch?

- In the old days: Nothing like a pouch to bring out Crohn’s disease
- Controversy regarding serology
Cumulative Incidence of Pregnancy Within 5 Years

Adapted from *Gastroenterology*, Vol 122, Olsen KØ, Juul S, Berndtsson I, Öresland T, Laurberg S, Ulcerative Colitis: Female Fecundity Before Diagnosis, During Disease, and After Surgery Compared with a Population Sample, pages 15-19, Copyright 2002 with permission from Elsevier.
Male Fertility
Surgical Approaches to Minimize Infertility

- Possibly delay pelvic surgery
- Minimize septic complications
- Decrease adhesion formation
  - Ferric hyaluronate adhesion-prevention gel
  - “Pexing” ovaries
- Laparoscopic procedures
What is the Risk of Malignancy in Pouch?

- Rare
- Recommend handsewn anastomosis or end ileostomy in a patient with rectal dysplasia or CRC
- Lymphoma of pouch
How do you Treat Pouchitis?

- Cipro Flagyl
- Mesalamines
- Budesonide po/pr
- Peptobismol po
- Peptobismol carbomers pr
- Scfa/glutamine
- VSL/rifaximin
How do you Treat Refractory Pouchitis?

- Immunosuppression
- Anti-TNF
• Entire colon must be removed
• J-Pouch formation can be staged
• Expect to have 15-20 BM/day after J-Pouch formation, decreasing to 6-8 over the next 2-3 months
• 50% will have at least 1 episode of pouchitis in the first year post-operatively
• Antibiotics are the mainstay of pouchitis treatment
• Refractory pouchitis can be treated like IBD (including 6MP, anti-TNF)
• Early post-operative abscesses or fistulae is likely a surgical complication – not Crohn’s disease
• Persistent diarrhea after 6 months warrants further investigation including possible pouchoscopy
• Surveillance for dysplasia of the pouch
• Close collaboration between gastroenterologists and colorectal surgeons
Summary

- Early complications  Team approach
- Persistent diarrhea  pouchoscopy
- Pouch surveillance
- Vast majority improved quality of life