# Patient & Family Guide to Ileal J-Pouch Anal Anastomosis (IPAA) Surgery



University of Pennsylvania Heath System Division of Colon & Rectal Surgery







# What is an ileal J-pouch?

 Patients with certain diseases that require complete removal of the colon and rectum (e.g. familial adenomatous polyposis (FAP) or ulcerative colitis) are candidates.



After the colon & rectum are removed, the end of the small intestine (ileum) is used to create an internal pouch that is attached to the anal canal

☑ A temporary diverting ileostomy is created during the same procedure



# What is an ostomy (or stoma)?



lleostomy

- An ostomy is a surgically-created opening in the intestine that is brought out through the abdomen (belly)
- Ostomies are frequently temporary, but they can be permanent

#### • <u>lleostomy</u>

- An opening in the small intestine (usually on the right side of the abdomen)
- A temporary ileostomy is needed for about 3 months to allow the J pouch to heal



# What to expect after surgery



 A healthy stoma is red, moist and has <u>NO</u> feeling

 It is usually less than 1 ½ inches in size but will shrink by 30% in the first 4-6 weeks.





When possible, stoma sites are marked <u>before</u> surgery to assure a good spot away from skin folds (creases).

# Four potential ostomy sites



# Caring for your ileostomy





• Empty the pouch when it is one-third to half way full





- In the beginning your stool will be loose and you may have to empty the pouch 6-8 times per day
  - As your stool thickens (toothpaste consistency), you will empty the pouch about 4-5 times per day
- The skin barrier that sticks to your belly around your stoma (called a wafer) is changed every 3-4 days





1. Undo the velcro at the bottom

2. Pinch the pouch to open & allow the stool to empty into the toilet or a disposable container



3. Clean the opening of the pouch with tissue or a wet paper towel

4. Roll the bottom of the pouch up 3 times and secure the velcro flaps







Gather all the supplies that you will need to change your ostomy appliance







# Carefully remove the skin barrier then clean the stoma & surrounding skin







# Measure the stoma using the guide then cut the corresponding opening onto the new skin barrier







Apply the new skin barrier & secure the pouch





# Press the pouch firmly onto the skin barrier and roll up the velcro bottom



# **Choosing your supplies**

# We will help you find what works best for you!!



- 1-piece vs. 2-piece appliance
- Drainable vs. closed pouch



O Clip vs. velcro closure
O Accessories

# **Daily life and activities**

# How will surgery affect your daily life & activities?



#### • You can wear your regular clothes

- The pouch should not show under your clothing
- Avoid belts laying over the stoma

#### • You may shower with the pouch on

- On the day you are due to change the appliance, you may shower with the entire pouch off
- People with ostomies return to work, travel, swim, and play most sports



**○** Intimacy will not hurt the stoma





- Avoid foods & drinks that cause excess gas
  - broccoli, cabbage, beans, corn, soda, cucumbers, dairy products, mushrooms, onions
- Drink 8-10 glasses of fluids daily to avoid dehydration
- Avoid high-fiber foods that may cause blockages
  - High-fiber foods: raw fruits, raw vegetables, nuts, popcorn, foods with seeds, meats with casings









#### • Will there be an odor?

- When everything is on securely, no one should smell anything
- When you open the pouch, there is some odor, but there are deodorant products available which help lessen this odor

#### • Will the pouch leak?

 Leakages should be rare, especially after you find the product that works best for you and know how to use it properly

#### • Will anyone know you have one?

Not unless you choose to tell them

# **Common Ileostomy Problems**

## Skin irritation (usually minor)

- Usually caused by skin being exposed to stool
- Use powders instead of creams or ointments
- Re-evaluate products being used

#### • Dehydration

- Drink at least 8-10 glasses of fluid per day
- Report high output of stool to your doctor or ostomy nurse specialist
- You may need to take Imodium pills to decrease the output

## Food blockage

- Chew your food well
- Eat frequent small meals
- Avoid high-fiber foods for about 6-8 weeks after ileostomy surgery
- Speak with your surgical team to ensure that blockage is not related to the surgery



Home care & Supplies

- Your ostomy nurse specialist & the floor nurses caring for you after surgery will teach you and your family how to care for your ostomy before you leave the hospital.
- The discharge planning nurse on your team will arrange for home care nurses to continue to help you and your family at home until you feel confident
- We will give you some initial supplies and help to make a plan for how you will order ostomy supplies at home
  - Most insurances cover 80% of the cost of supplies
  - Supplies are usually <u>NOT</u> available in pharmacies or local medical surgical suppliers
  - There are several large distributers which will ship supplies right to your home and bill your insurance company



# **Keys to Success**

- A positive attitude
- A sense of humor
- Let your loved ones help
- Ongoing follow-up for questions, support, and to report any problems
  - Home Care Nurses
  - Ostomy Nurse Specialist
  - Your surgical team



#### • Ostomy Product Manufacturers:

www.hollister.com www.convatec.com www.us.coloplast.com

### • Ostomy Online Communities:

www.c3life.com www.ostomy.org

#### • American College of Surgeons' Ostomy Home Skills Kit:

www.facs.org/patienteducation/skills/skillspatient.html

#### • Your Surgical Team:

#### Surgeons:

- Robert Fry, MD
- Najjia Mahmoud, MD
- Joshua Bleier, MD
- Brian Kann, MD
- Cary Aarons, MD

#### **Ostomy Nurse Specialists:**

- Ave Preston
- Dawn Carson
- Bill Falone



#### Nurse Practitioners & Physician Assistants:

- Helena McElhenney Michael Fejka
- Jennifer Elliot

## Sign up for more information on MyPennMedicine

www.mypennmedicine.org