



Salford Royal **NHS**
NHS Foundation Trust

University Teaching Trust

safe • clean • personal

Nurse Led aftercare and management of pouch complications

Aims and Objectives

- Role of Nurse led after care
- Types of Complications
- Management of common complications

Post operatively

- New pouch - settling down period
- Loose stool initially
- Regular toileting
- Regular use of barrier cream (bum burn)
- None/minimal faecal leaking in the day
- Seepage may occur at night
- You wished you had not had it done

Aftercare

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



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



Exercise

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



Returning to Work

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



Sex and Pregnancy

Sex

- Yes you can
- Confidence
- Alternative Positions
- Lubrication
- Support
- Discuss contraception

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

Pouch function and frequency

- Normal pouch function : 6-8 times in 24hrs
- one nocturnal motion
- Loose stool (porridge consistency)
- Ability to defer defaecation
- No faecal leakage in the day, may occur at night

Travel and Holidays

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



www.beingwellsalford.com



 GET A COACH

 I WANT TO VOLUNTEER

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FEEL GOOD IN YOUR WORLD

Many people in Salford want to feel better about life starting with their health and wellbeing, but there can often be too many things to change at once. That's where we can help...

GET A COACH


or [Find Out More](#) About Us




Being Well Salford has a team of coaches who work with people who'd like to change two or more of these:

 Low

 Weight

 More Active



 Reducing Alcohol Intake

Nurse Led Clinics

- Work alongside medical staff
- Assessment/monitor progress
- Reassurance & provides counselling opportunity
- Early detection of problems
- Early discharge
- Reduction of re-admissions
- Ongoing link

Types of complications

- Early
- Late
- Inflammatory
- Non-Inflammatory

Early/Late Complications

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.	<ul style="list-style-type: none"> • Offer support and information. • Stool sample Pouchoscopy with biopsy. treatment usually a course of antibiotics /probiotics
Cuffitis Inflammation in the cuff above the anal transition zone	Symptoms similar to proctitis – burning, frequency and bloody stool	<ul style="list-style-type: none"> • Mesalazine suppositories 500mg BD for 6 weeks • Predsol suppositories 5mg BD for 6 weeks • Pouch revision surgery ?????
Stricture	increase in frequency in stools from the norm, watery stools, abdominal cramping, a sense of urgency, reluctance to eat, bloating, incomplete evacuation,	<ul style="list-style-type: none"> • pouchoscopy/ biopsy/ contrast studies/ • Dietary advice • Discuss in MDT, consider surgical or radiological dilatation with ongoing self dilatation.
Weak sphincter/leakage	Varies from incontinence to small seepage of feaculant material intermittently or when passing flatus.(often occurs at night) Excoriated bum	<ul style="list-style-type: none"> • Commence or increase bulking agents(dry • fybogel/codeine). • Dietary advice including timing of meals, use of continence products, • skin care(see skin irritation) • Anal manometry/bio feedback

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 /anastomotic leak	Abdominal pain, fever, tachycardia, evacuation of blood/pus from pouch, abnormal biochemistry/inflammatory	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)	Erectile/ejaculatory dysfunction	Careful counselling pre operatively. Should be offered sperm banking pre operatively, open discussion and acknowledgement by surgeon/nurse, early referral to urologist/ psychosexual counsellor.
Female sexual dysfunction. Can be functional or psychological	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

Ileo-anal Pouch Databases

- Patient demographics
- Investigation results
- Treatment details
- Follow-up
- Research

IN SUMMARY

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

Thank You!
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