The Role of the Colorectal/Pouch Nurse prior to surgery
Aims and Objectives

• The role of the colorectal/pouch nurse
• The MDT process
• Pre operatively counselling
Current pouch service

• History of SRFT Pouch service
• 7 Colorectal surgeons
• Mr Soop Lead Pouch surgeon
• 7 Colorectal nurses, 5 Stoma nurses and 1 Support worker
• 8-12 pouches a year
A Specialist Nurse Role :-

- Clinician
- Educator
- Researcher
- Consultant/resource
- Administrator/manager/change agent
Direct Care

- Expert practitioner
- Role model
- Patient advocate
Indirect Care

• Clinical teacher/supervisor
• Communicator
• Researcher
• Liaison
• Enabler
Is Pouch surgery for me?

• unresponsive to medical therapy,
• Familial adenomatous polyposis (FAP)
• Function is effecting QOL
• You have just had enough of your symptoms
Multidisciplinary Team Meeting
Successful outcomes

• Sensible patient selection
• Contraindicated: crohns disease, weak anal sphincters, obesity
• Clear pre operative counselling
• Realistic expectations
Staged Operation

2-stage proctocolectomy:
- Ileum (small intestine)
- Loop ileostomy
- Pouch (intact)
- Colon and rectum removed
- Loop ileostomy is closed after 3-4 months

3-stage proctocolectomy:
- End ileostomy
- Rectum and anus intact
- Loop ileostomy
- Ileostomy closed
Role of the nurse specialist

- Role of the nurse practitioner/specialist
- Early introduction to patient and reassurance of long-term point of contact
- Realistic expectations of pouch function and lifestyle (written information)
- Comprehensive understanding of the process and stoma care-differentiate
- between end and loop stoma
- Introduce an established patient with similar background
- Assess psychological, physical, spiritual, religious, cultural and socioeconomic needs
- Patients informed as to what will happen post-operatively/stoma care
In Summary

- The colorectal specialist nurse primary aim is
  - To co-ordinate & deliver care to the colorectal pouch patient from the point of referral, always there to provide advice