



Internal Pouch - A Surgical View

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IBD
Intestinal Failure



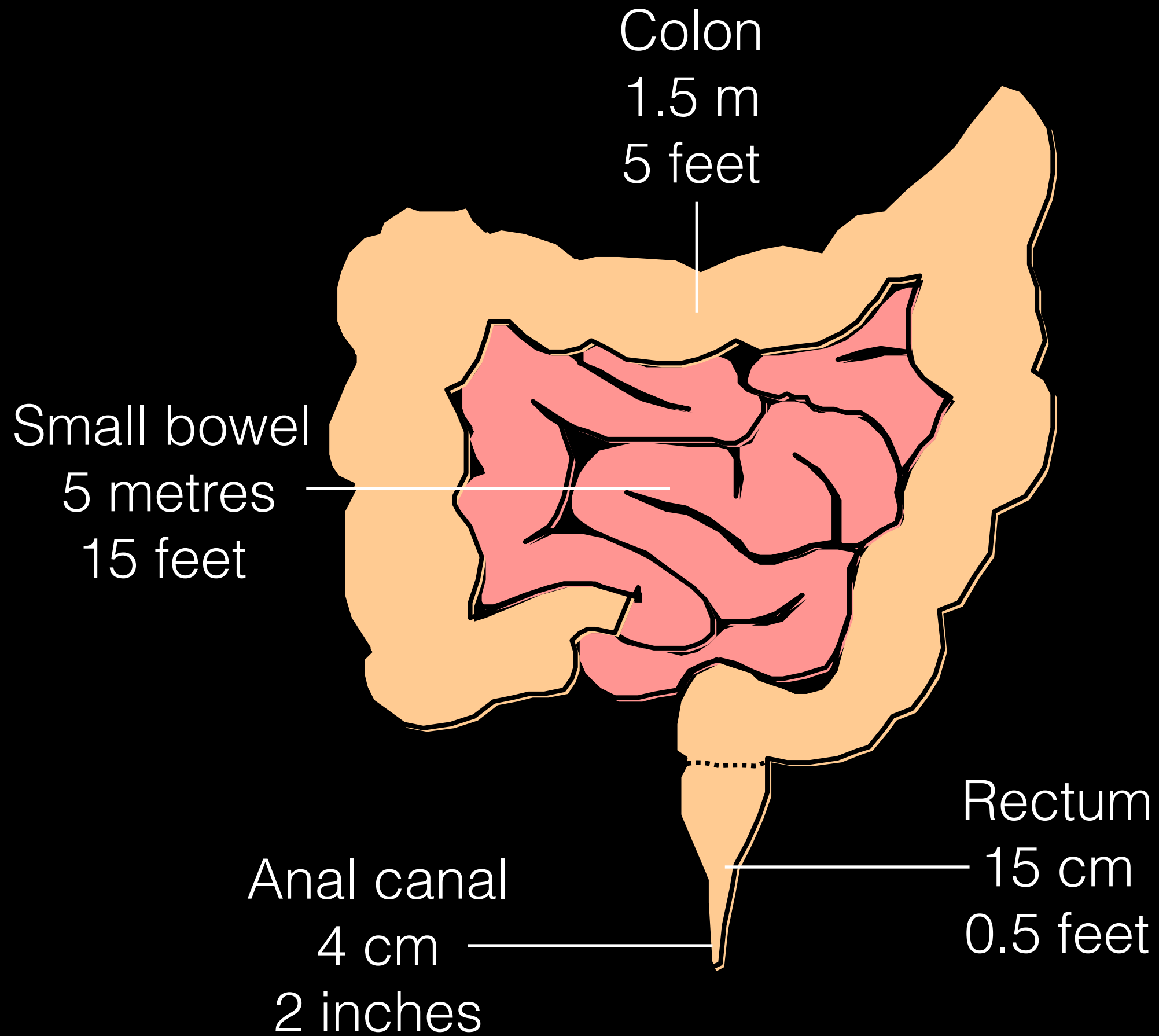
Internal pouch

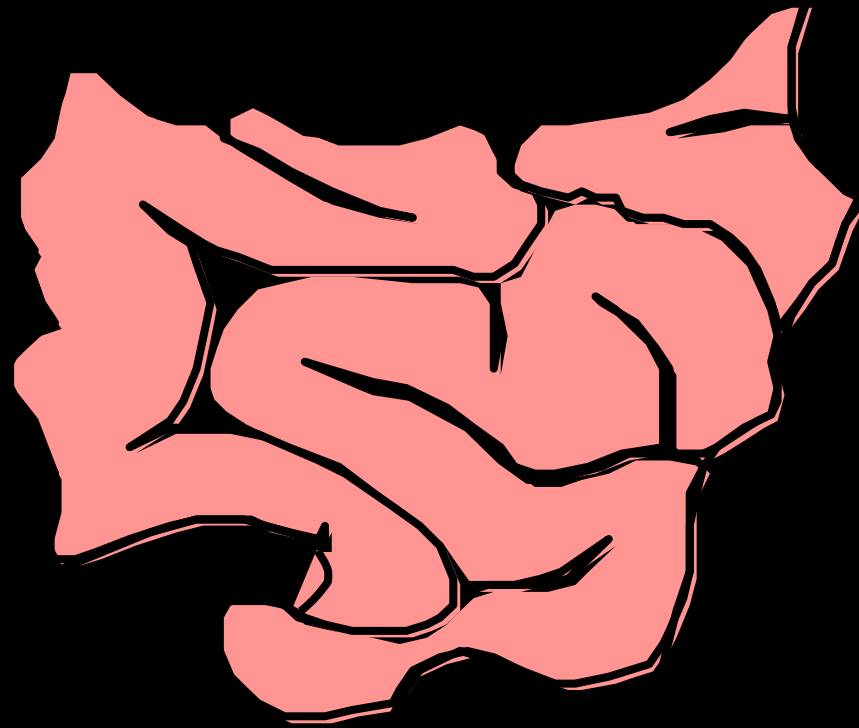
History of internal pouches

Kock pouch - current status

Ileal pouch - indications

Ileal pouch - the details

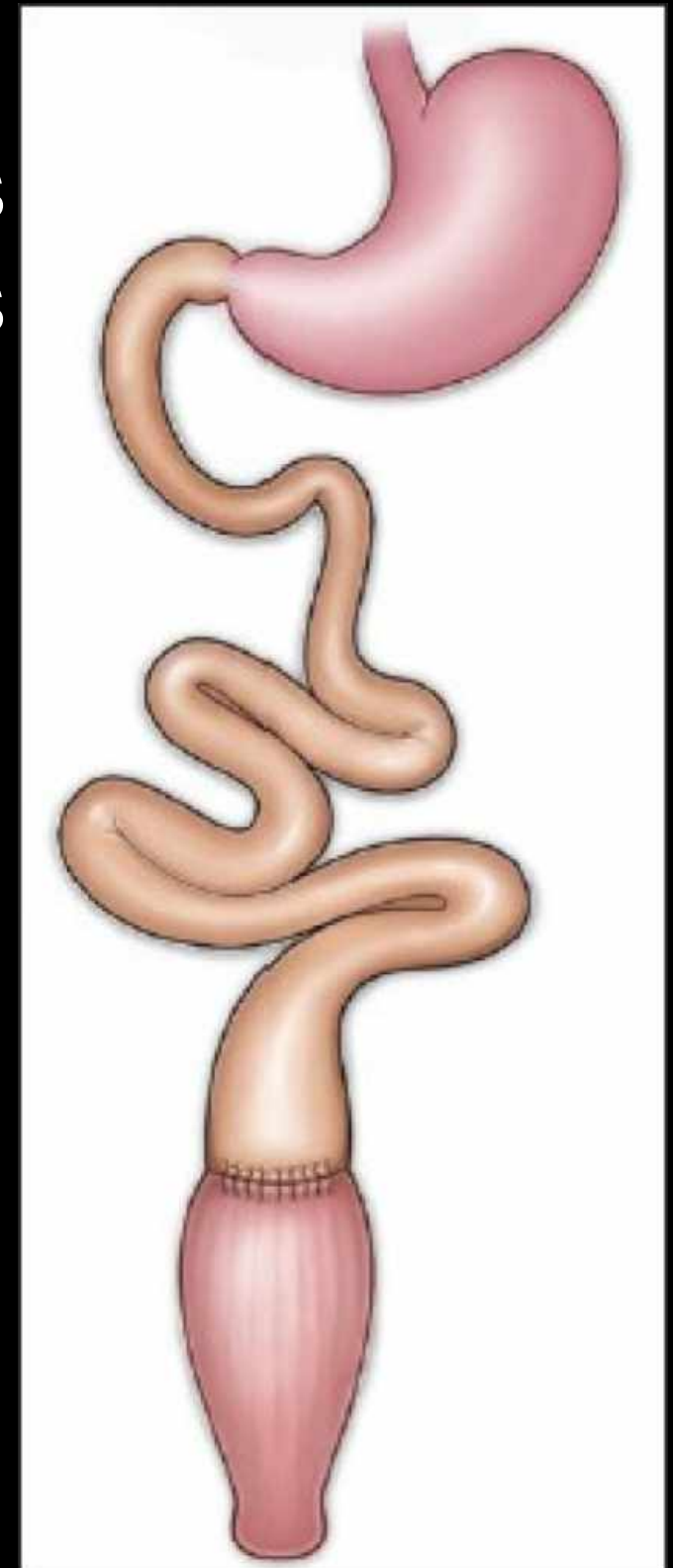




Ulcerative colitis (UC)
Familial adenomatous polyposis (FAP)

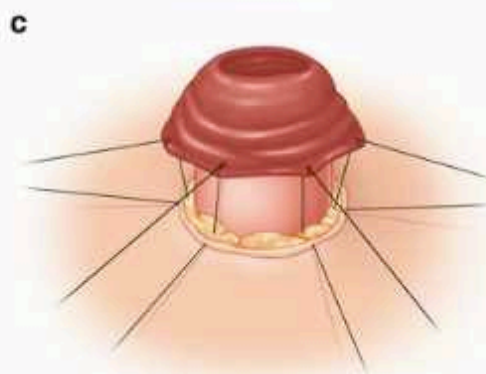
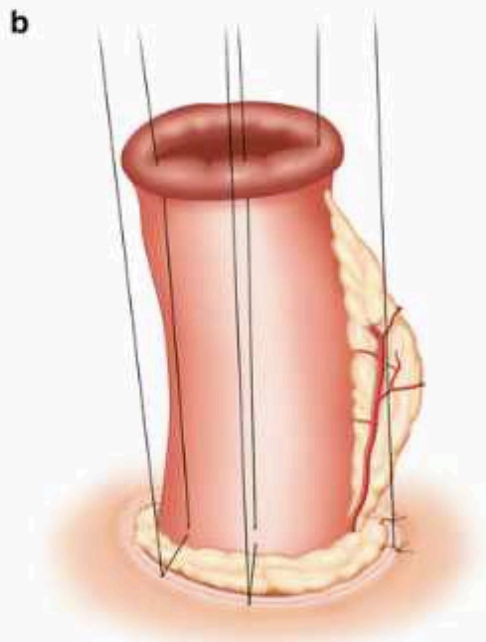
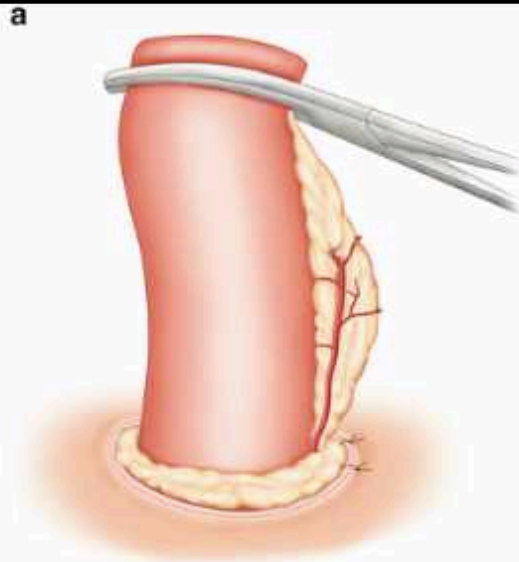
Crohn's disease

Ileorectal
anastomosis
1940s

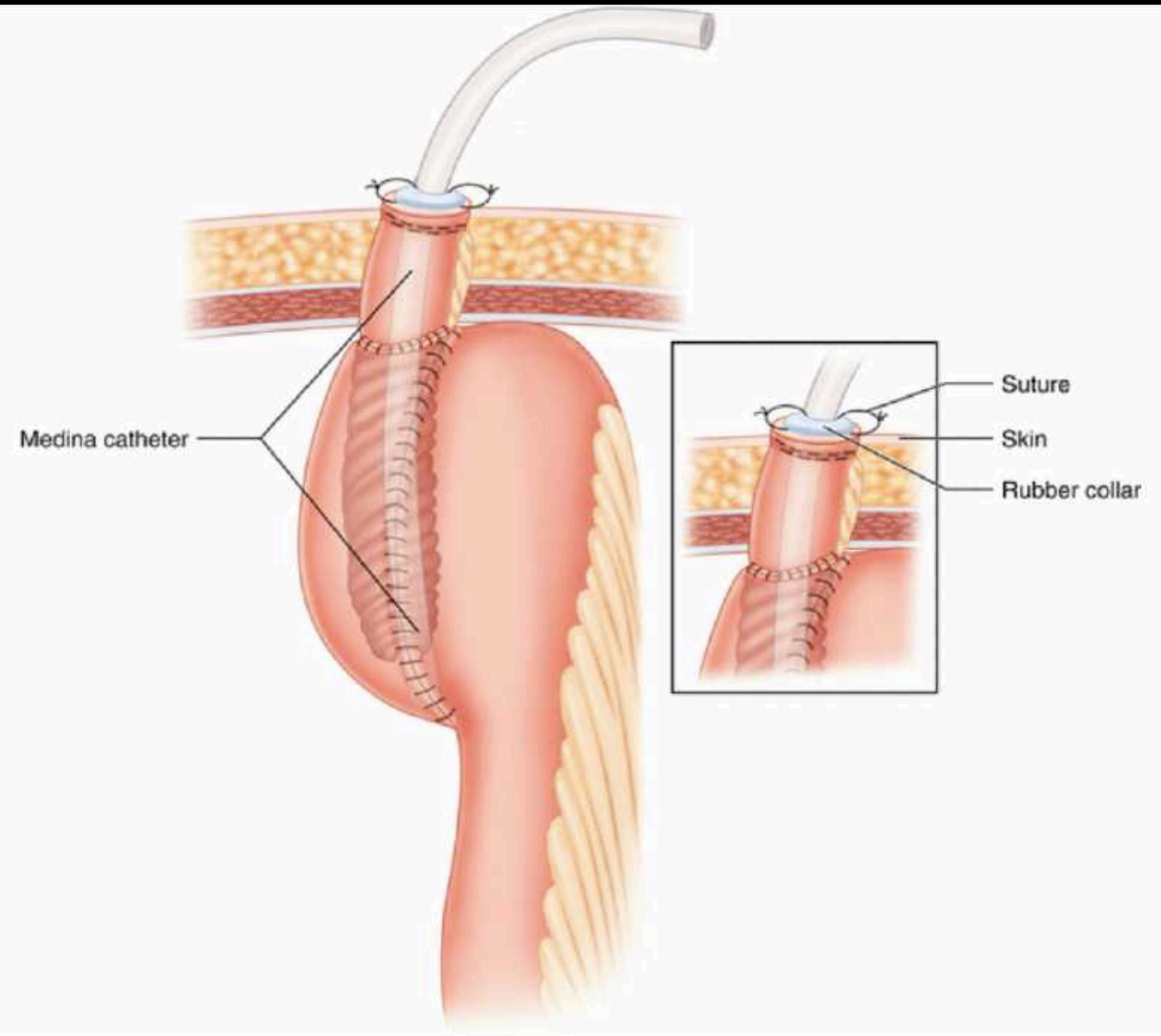


Flush ileostomy
1800s

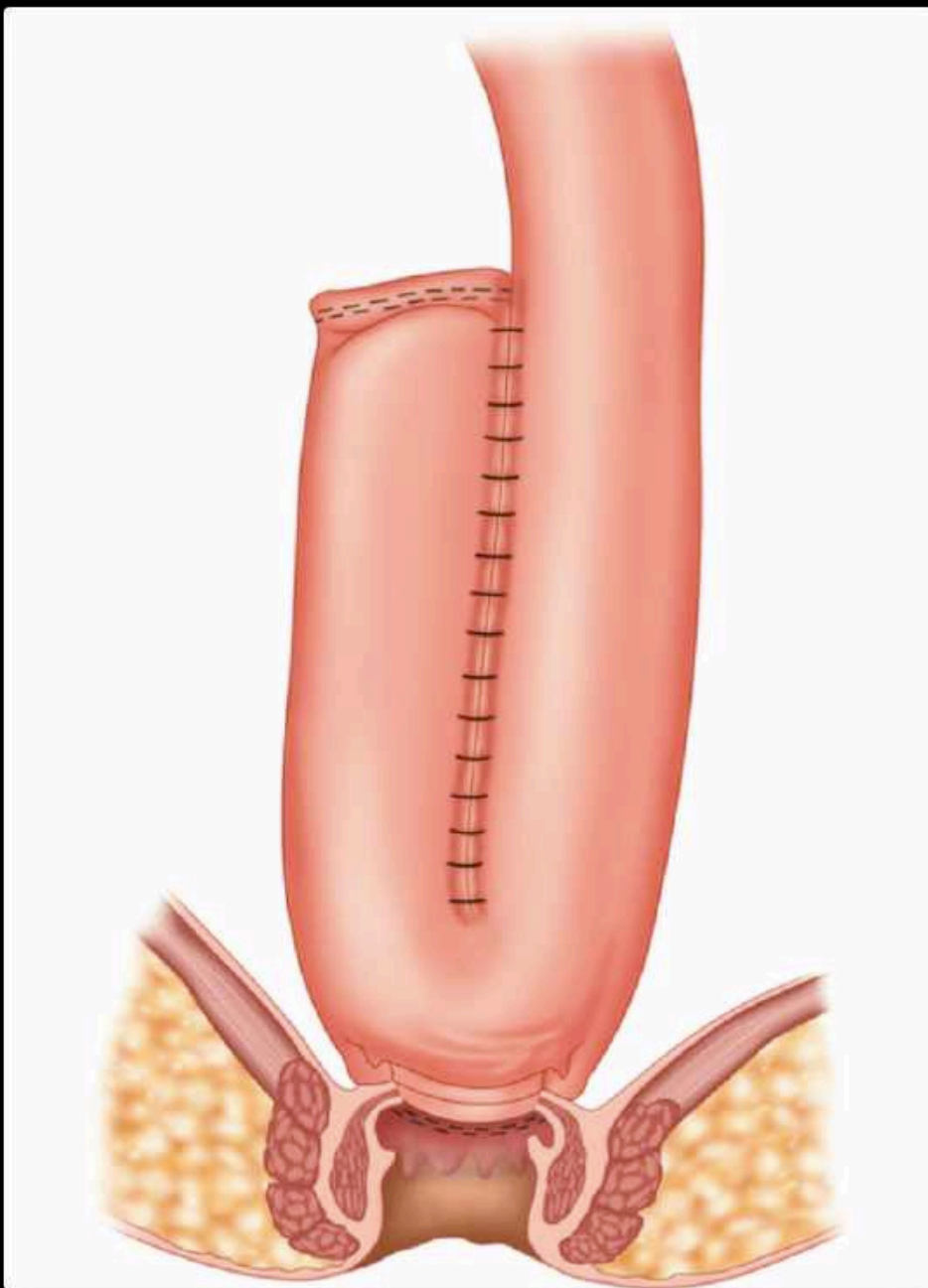




Brooke
ileostomy
1952



Kock
pouch
1969



Proctocolectomy without ileostomy for ulcerative colitis

A G PARKS, R J NICHOLLS

British Medical Journal, 1978, 2, 85-88

Internal pouch

History of internal pouches

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Ileal pouch - indications

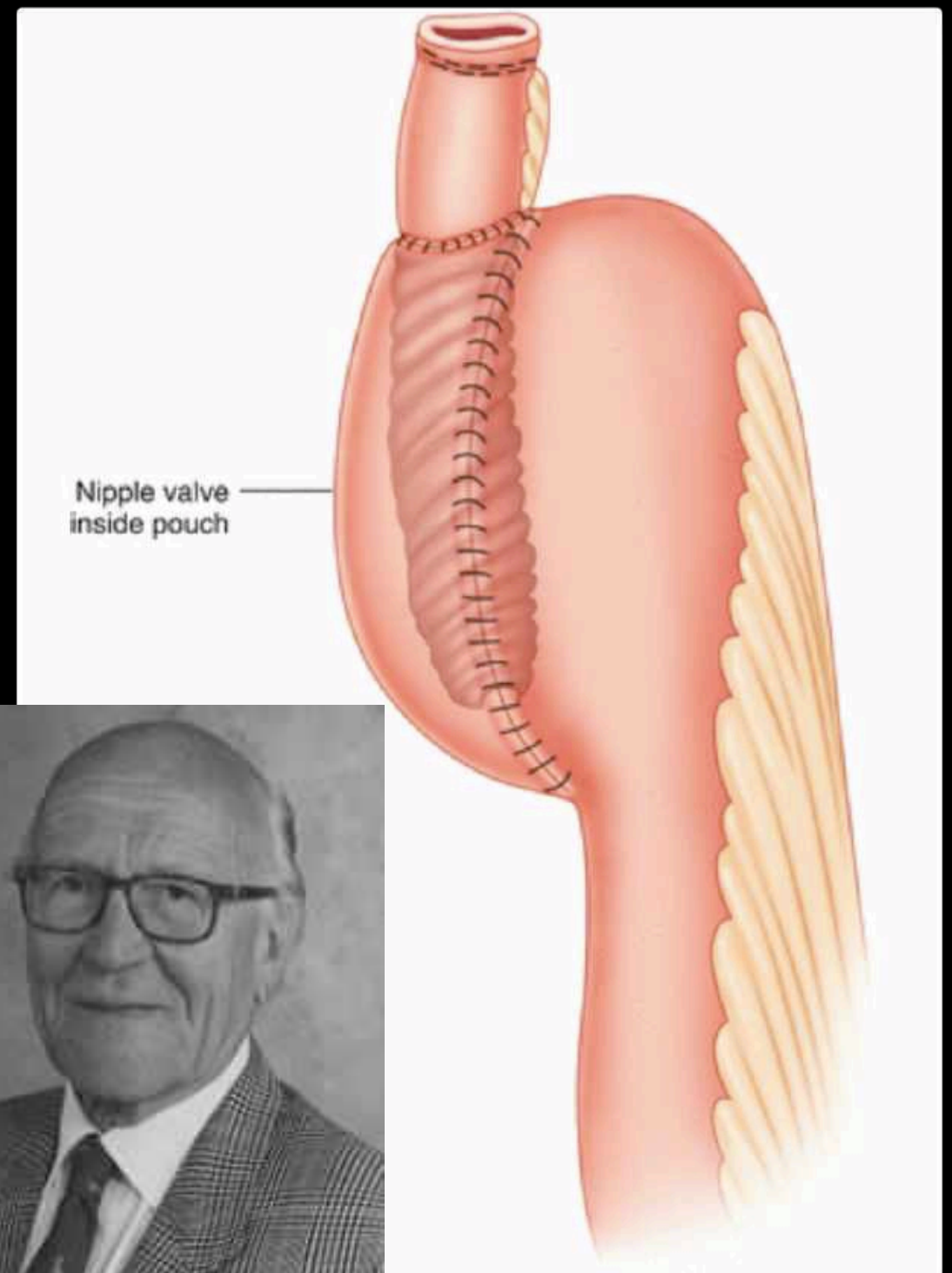
Ileal pouch - the details

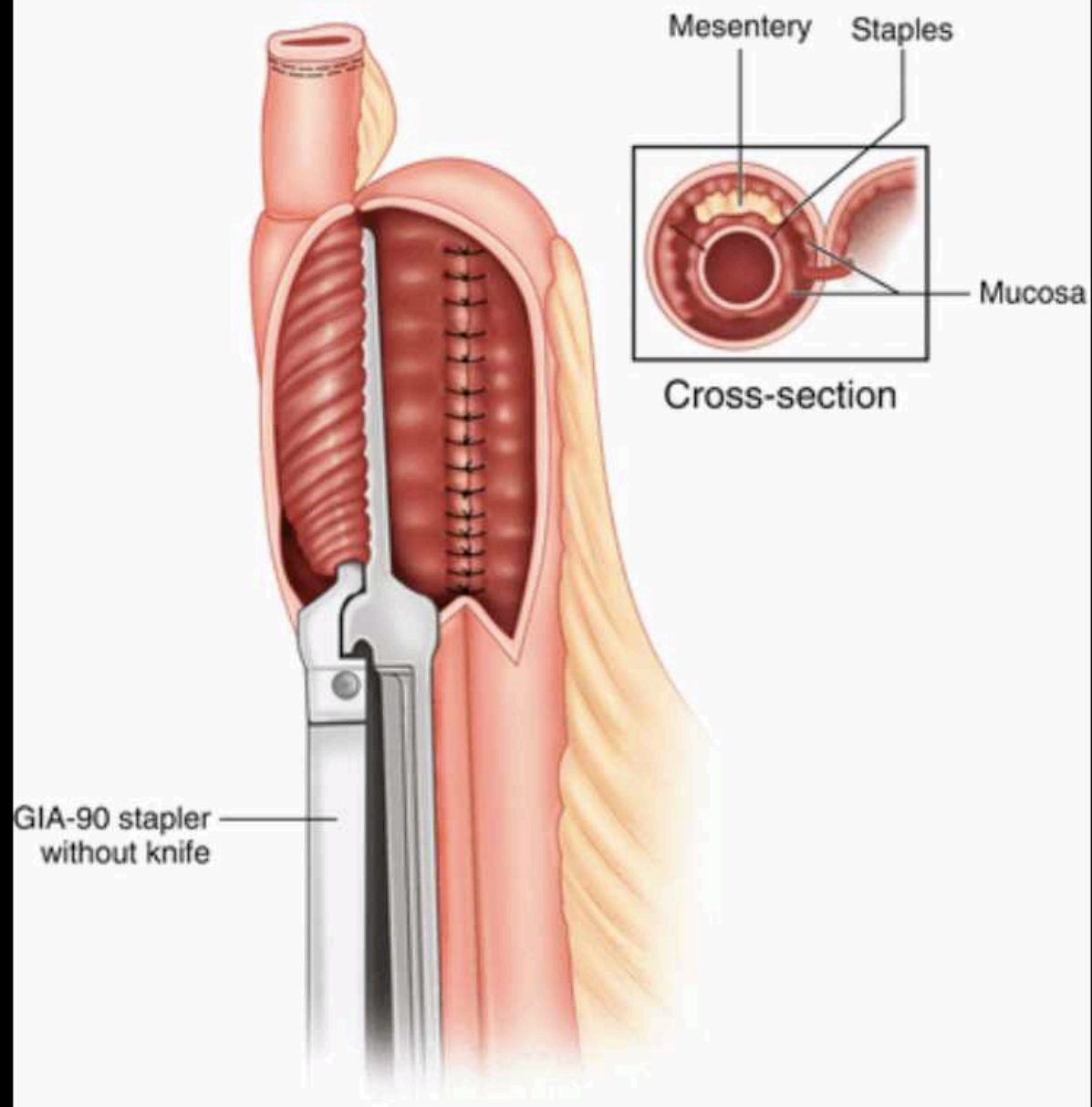
Kock pouch Continent ileostomy

Emptied using Medina
catheter 2-4 times per
day

95% no stoma bag

Long-term success 80%





Slipped valve

Pouchitis

Limited experience in most countries

Internal pouch

History of internal pouches

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Ileal pouch - the details

Indications for ileal pouch-anal anastomosis (IPAA)

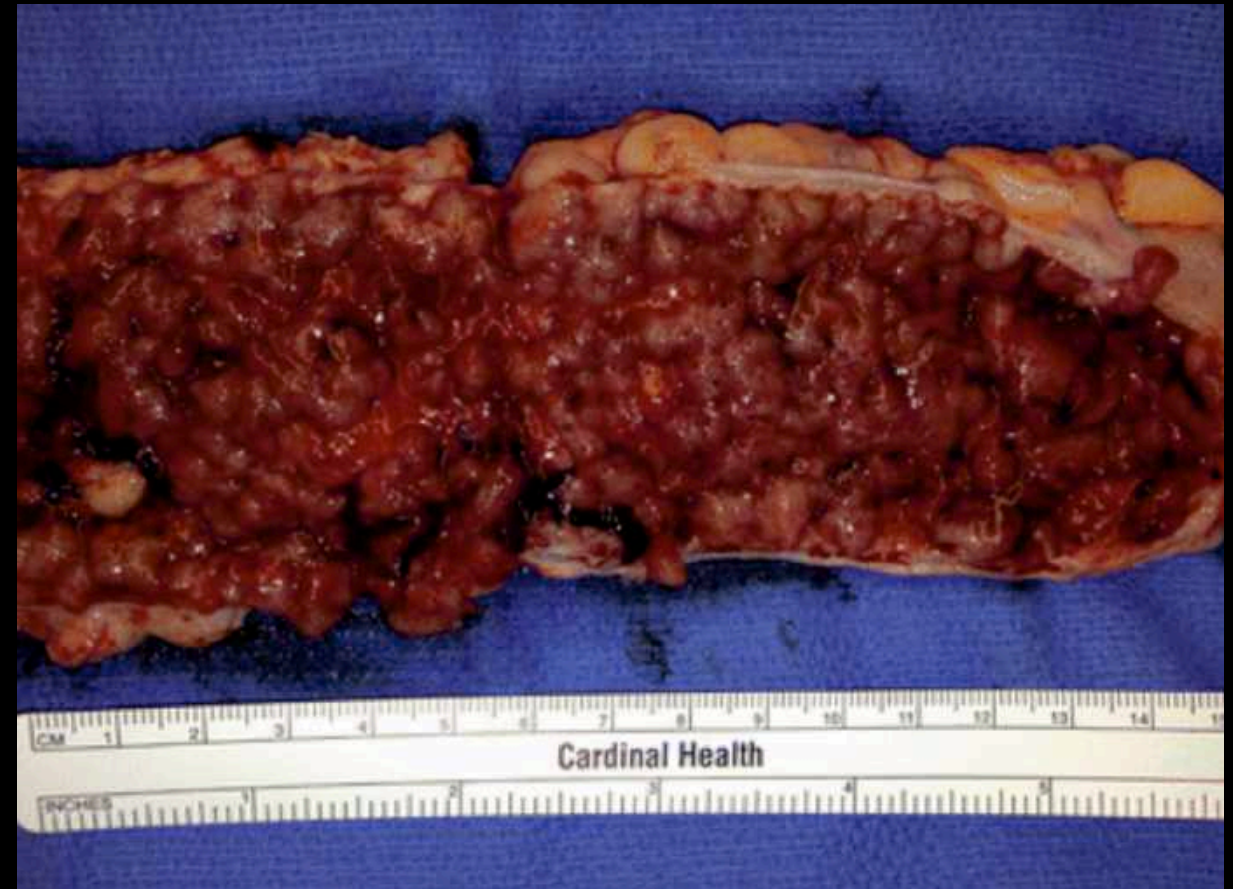
An option for many people who require surgical resection of their colon and rectum

UC - refractory to medical therapy

UC - dysplasia or not possible to surveil bowel

UC - emergencies

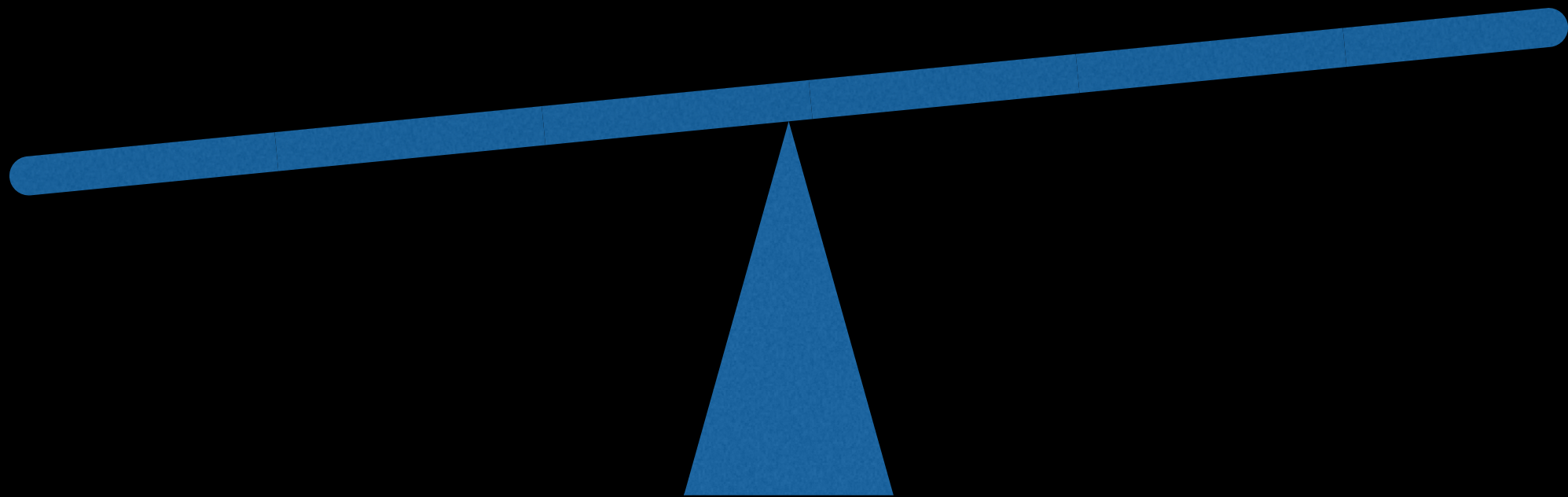
FAP



Ileal pouch vs ileostomy

Quality of life
without a stoma

1-2 additional operations
Risk for complications
Less than ideal function



How do we predict a good outcome?

In UC, *how confident* are we that this is UC?

What is the *anal function* like?

Is this the *right time* for another operation?

Is *fertility* a concern?

Internal pouch

History of internal pouches

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Ileal pouch - the details

Two-stage or three-stage ileal pouch

Planned surgery

1

Removal of colon
Formation of ileal pouch
Loop ileostomy



2

Removal of loop ileostomy
Pouch in use

Urgent surgery Poor nutritional state

1

Removal of colon
End ileostomy



2

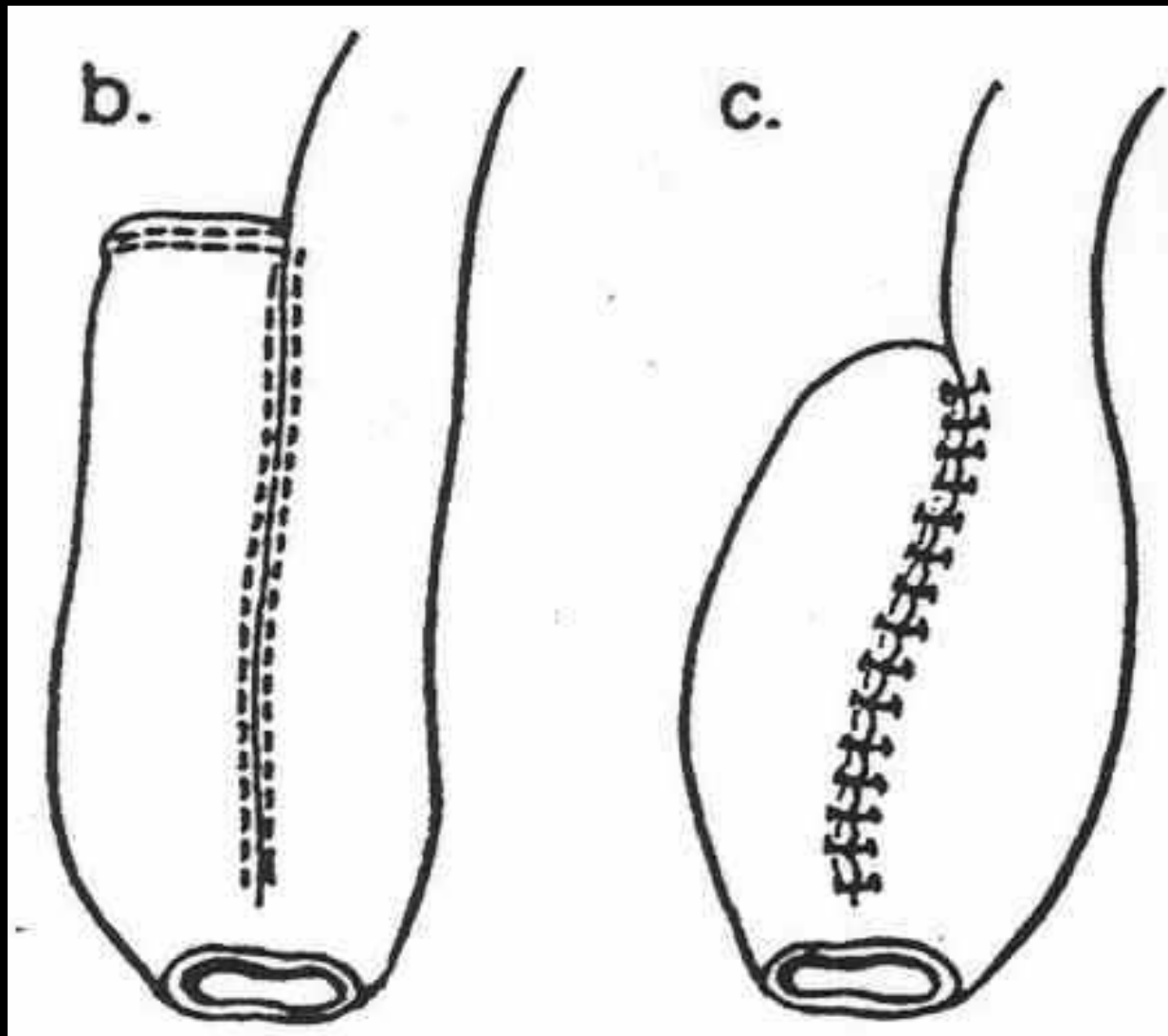
Removal of rectum
Formation of ileal pouch
Loop ileostomy



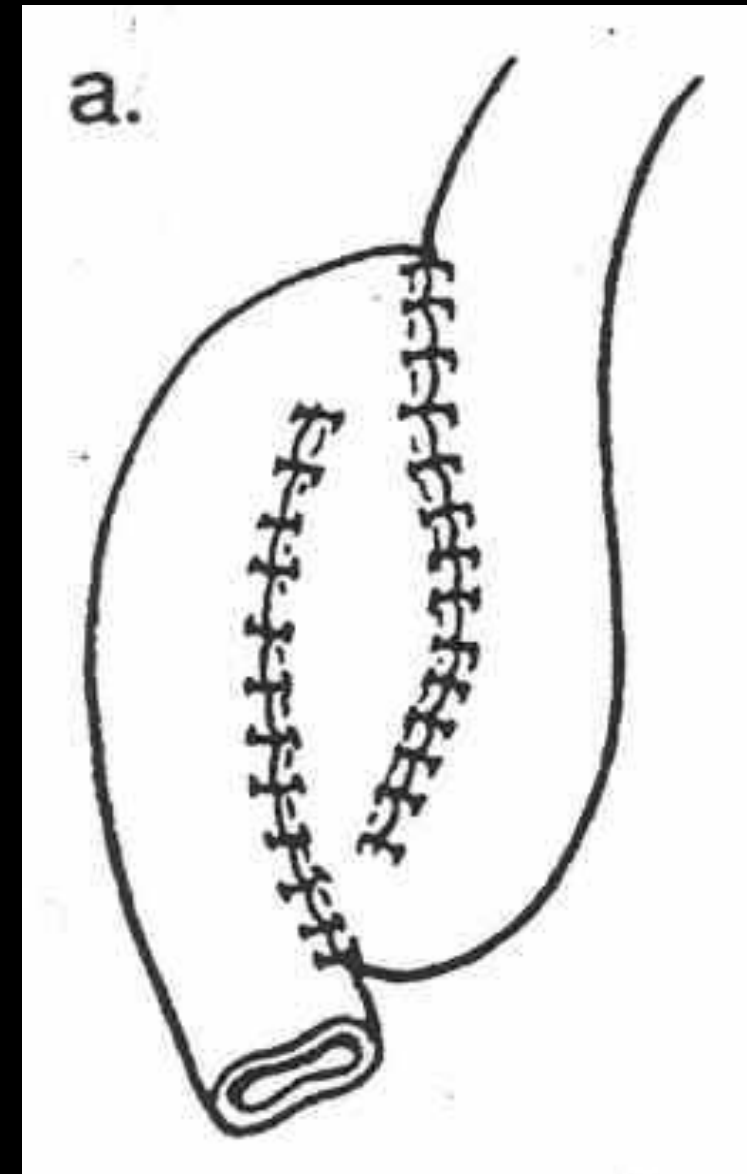
3

Removal of loop ileostomy
Pouch in use

Pouch configuration

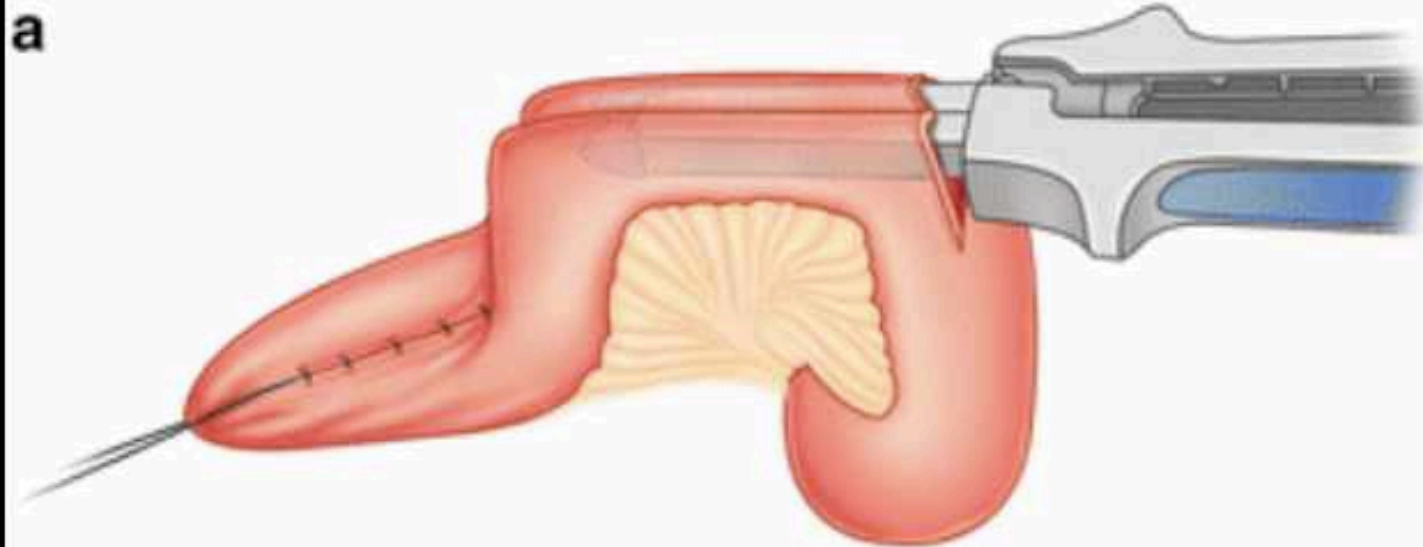


J-pouch - standard

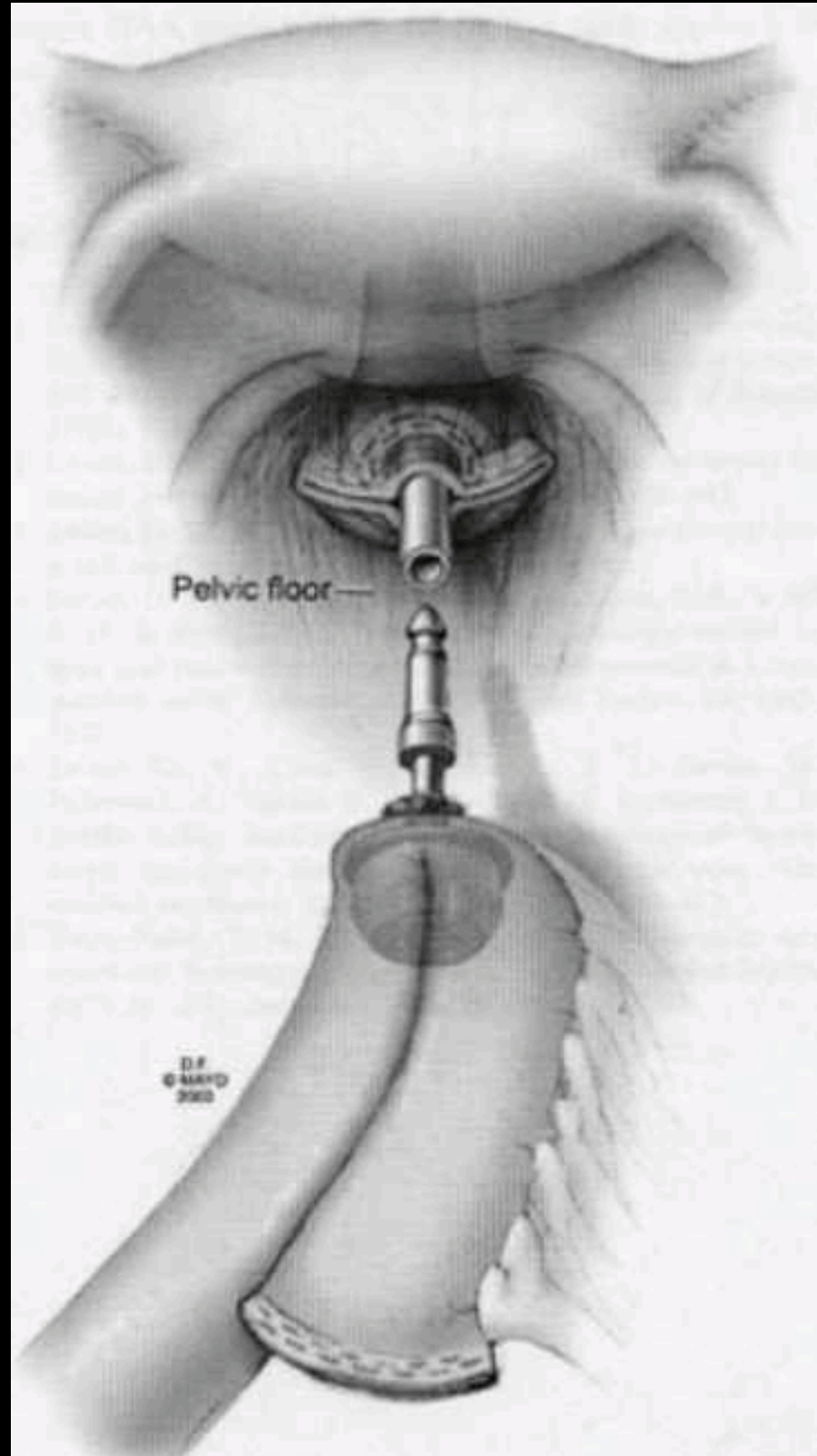


S-pouch - occasionally

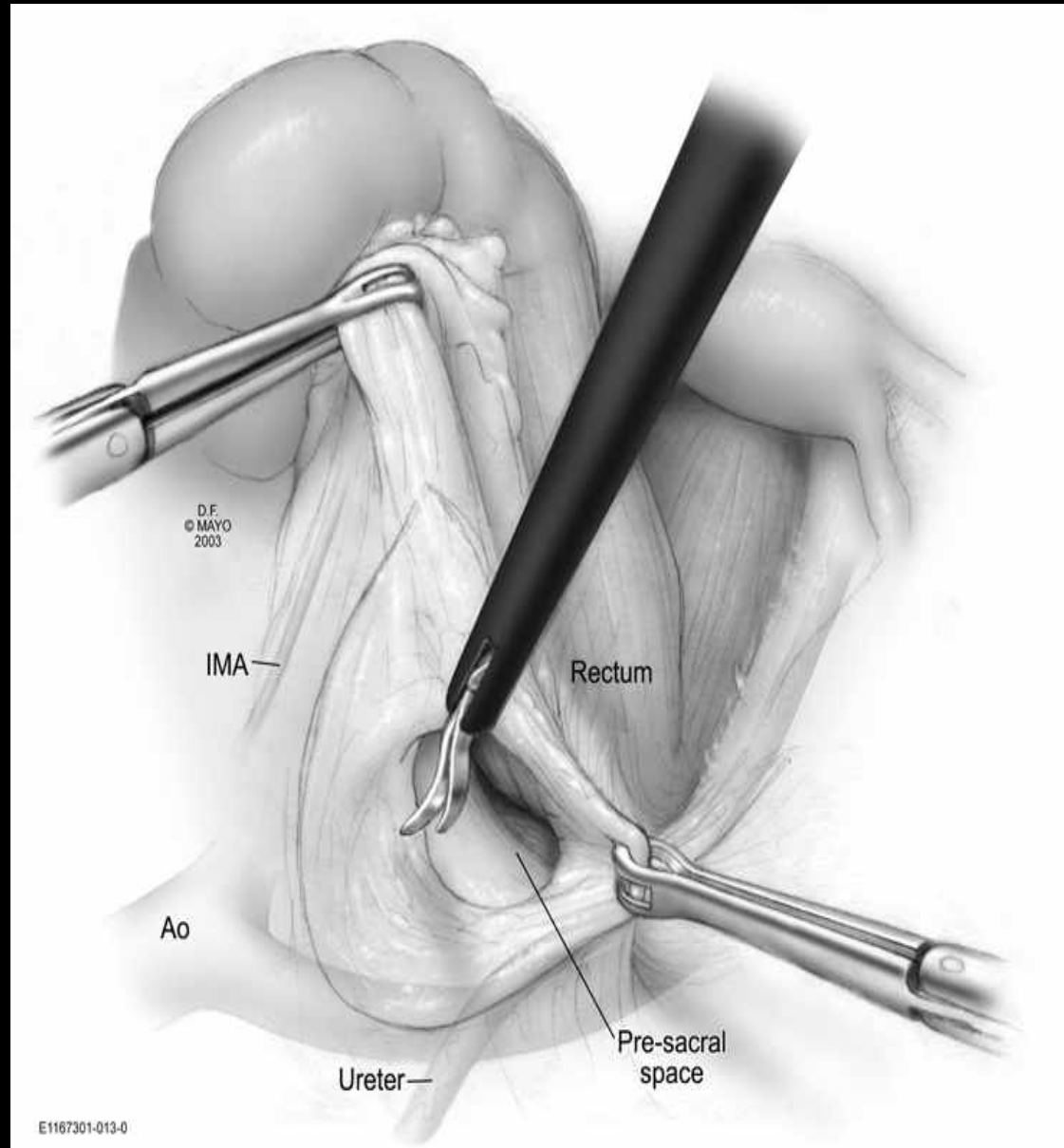
Making a J-pouch



Joining the J-pouch to the anal canal



Laparoscopic or open surgery



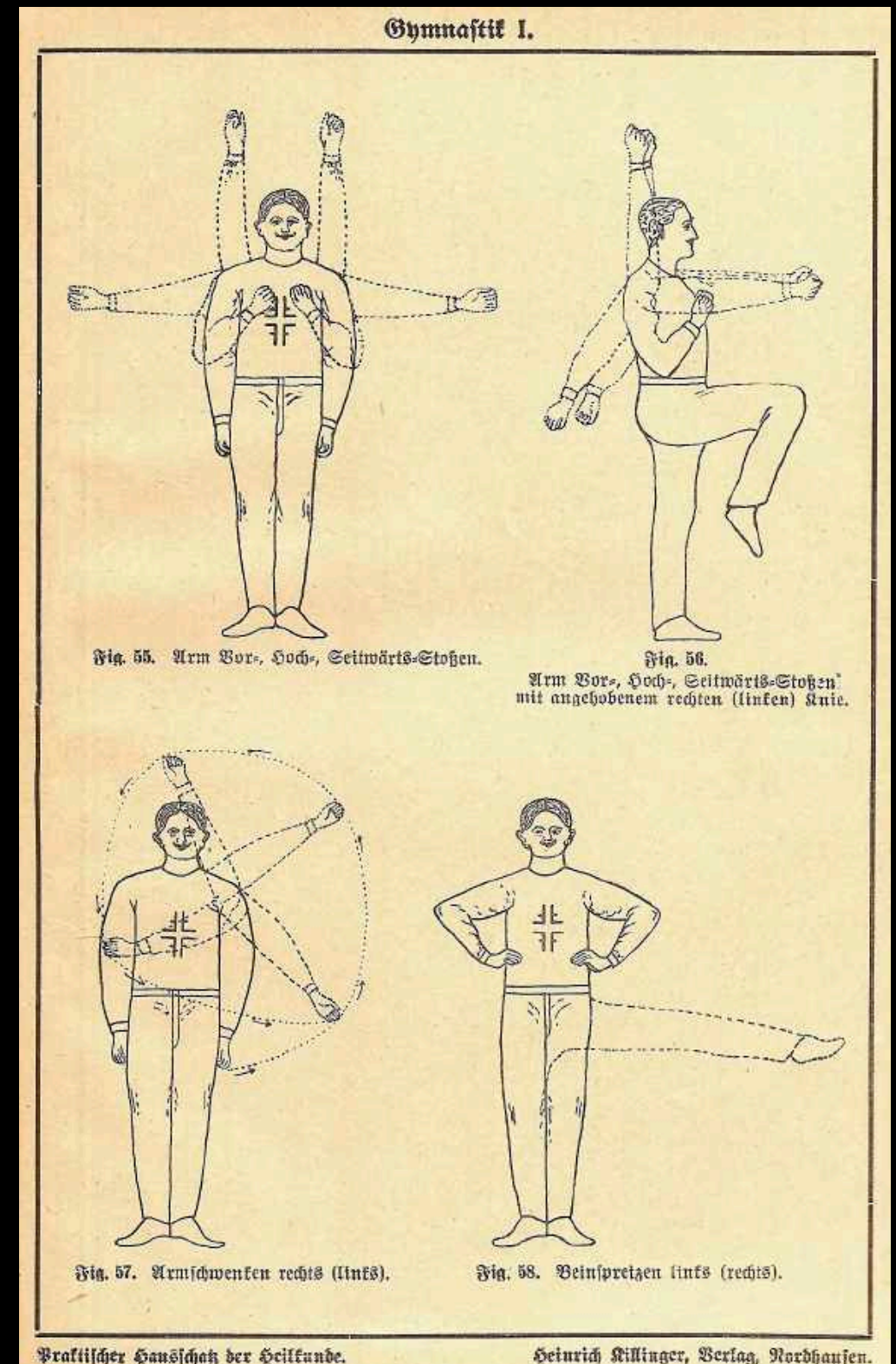
Differences with laparoscopic pouch

Longer operation

Recovery 1-2 days quicker

Cosmetic result

Main issue: less adhesions
= internal scars



Stapled or handsewn anastomosis

A stapled join is now standard

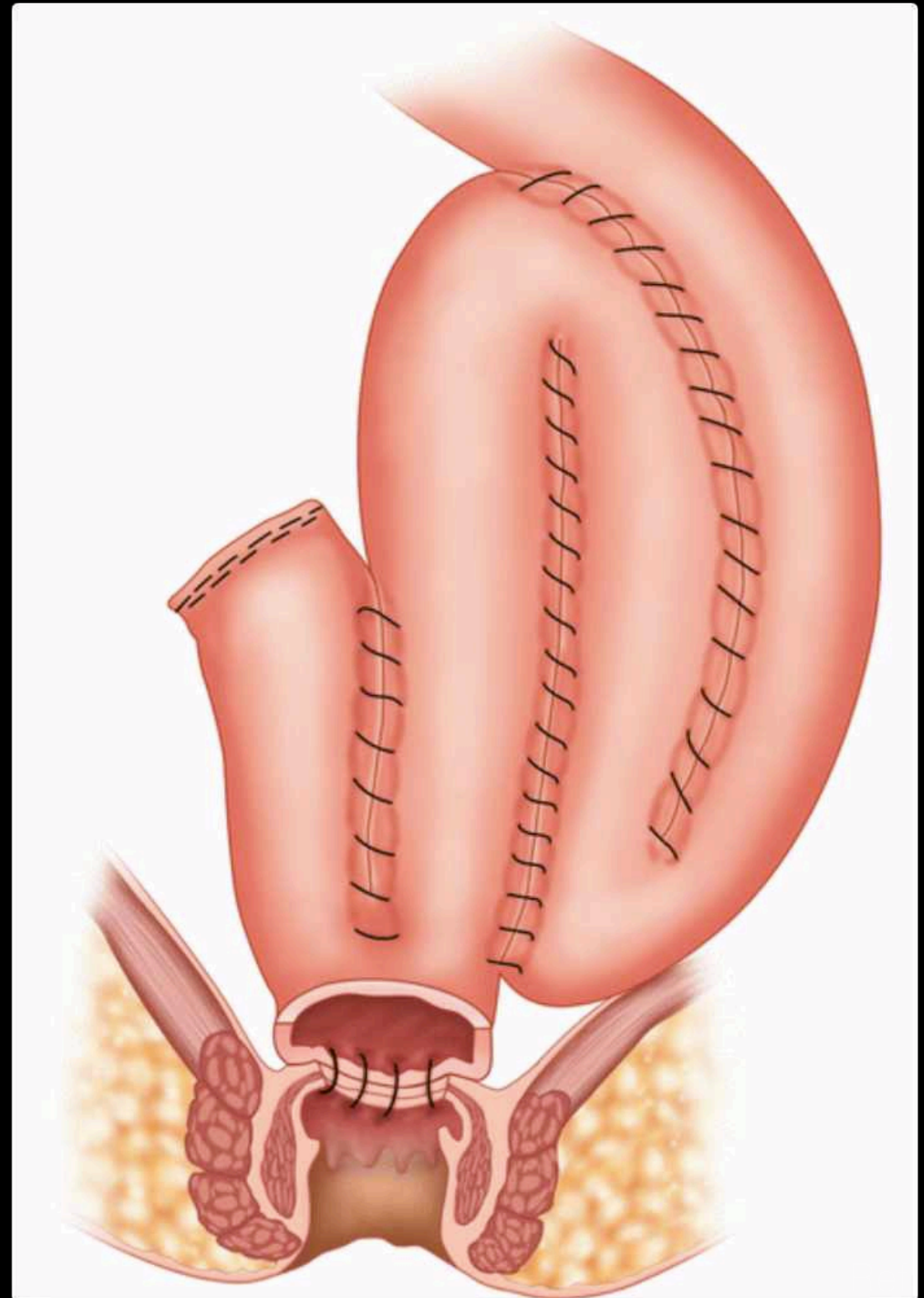
Handsewn if:

FAP

Technical difficulty stapling

UC with dysplasia or malignancy in rectum

UC with primary sclerosing cholangitis (PSC)



Thank you!

Questions?

MANCHESTER
1824

The University of Manchester

Salford Royal **NHS**
NHS Foundation Trust

