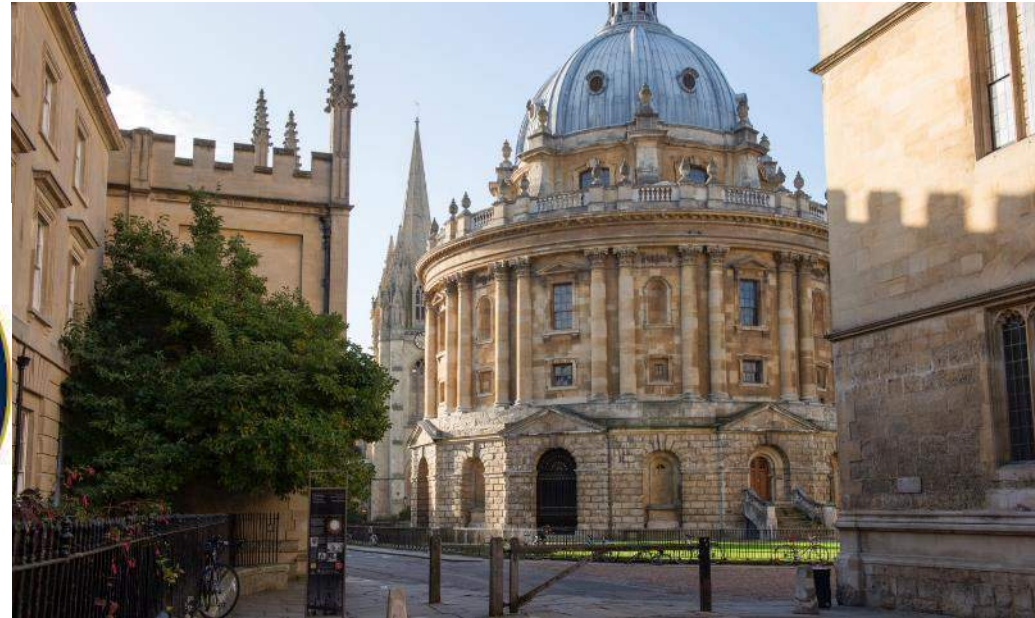


Maintaining good (pouch) function



Miss Kim Gorissen

Consultant Surgeon: Emergency, Colorectal & Pelvic Floor Surgery

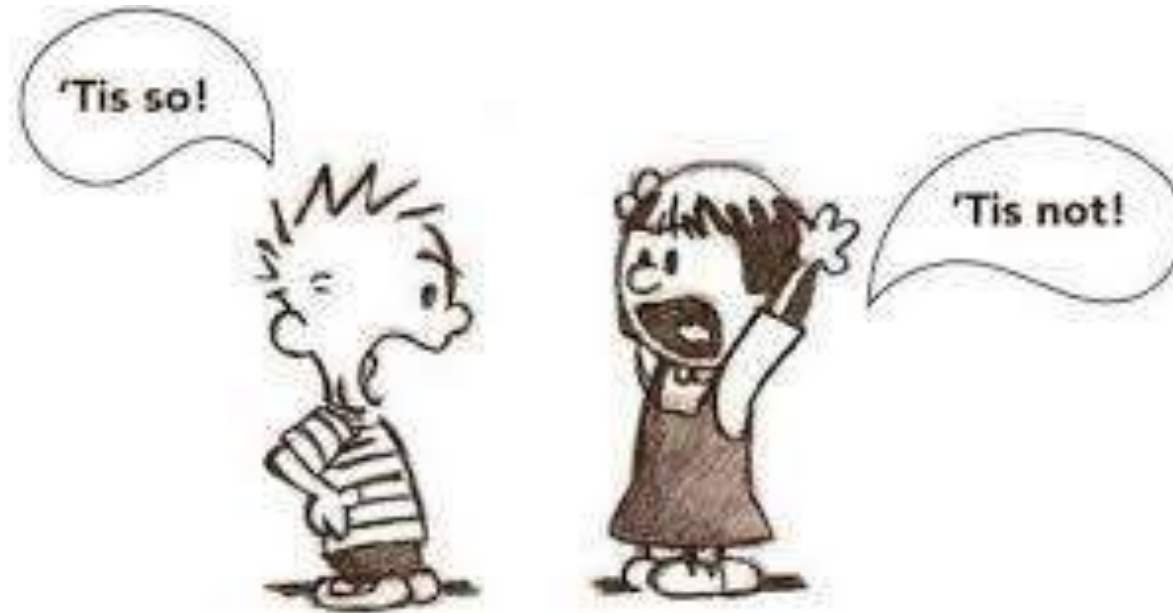
Oxford University Hospitals

Overview

- What is 'normal' bowel function
- What is 'normal' pouch function
- Why does my pouch behave the way it does
- What can I do to improve function
- What can I do to cope better
- When should I get help
- How can I get help



Please ask questions

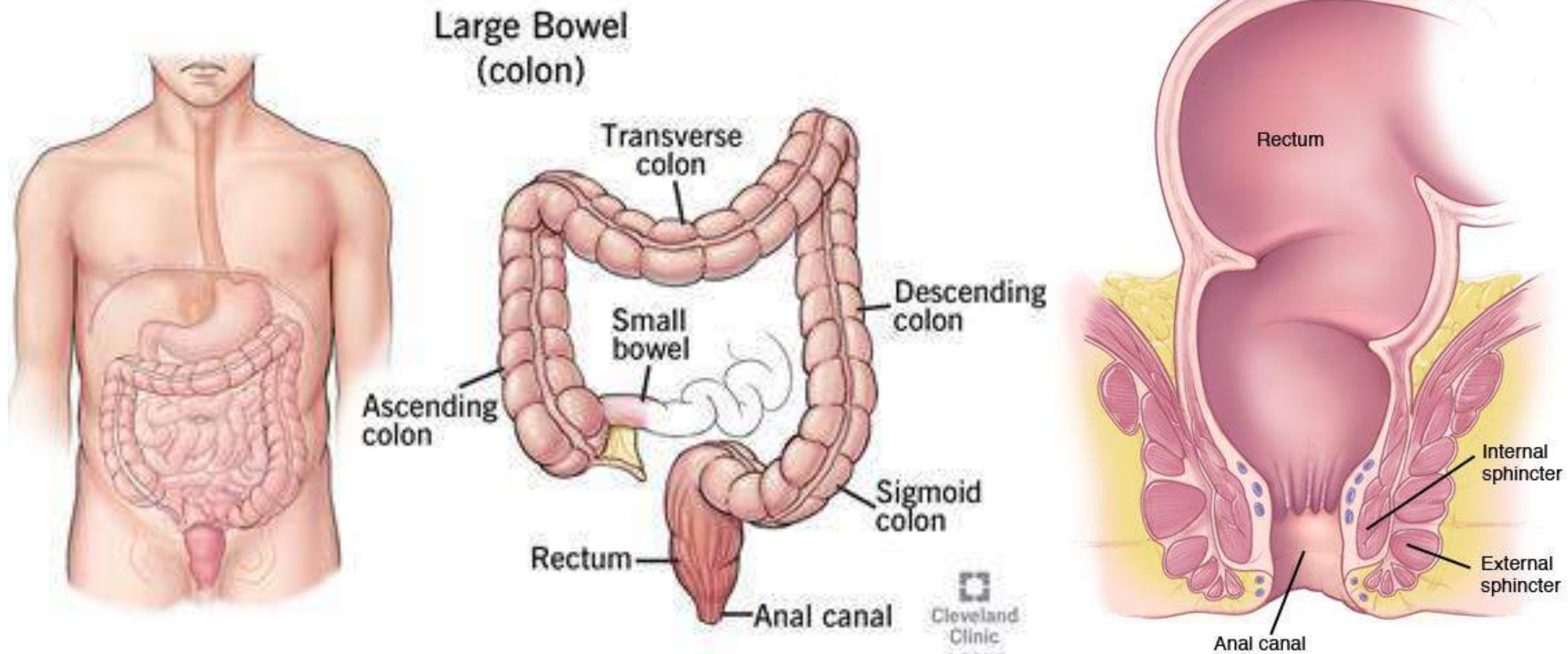


Normal bowel function

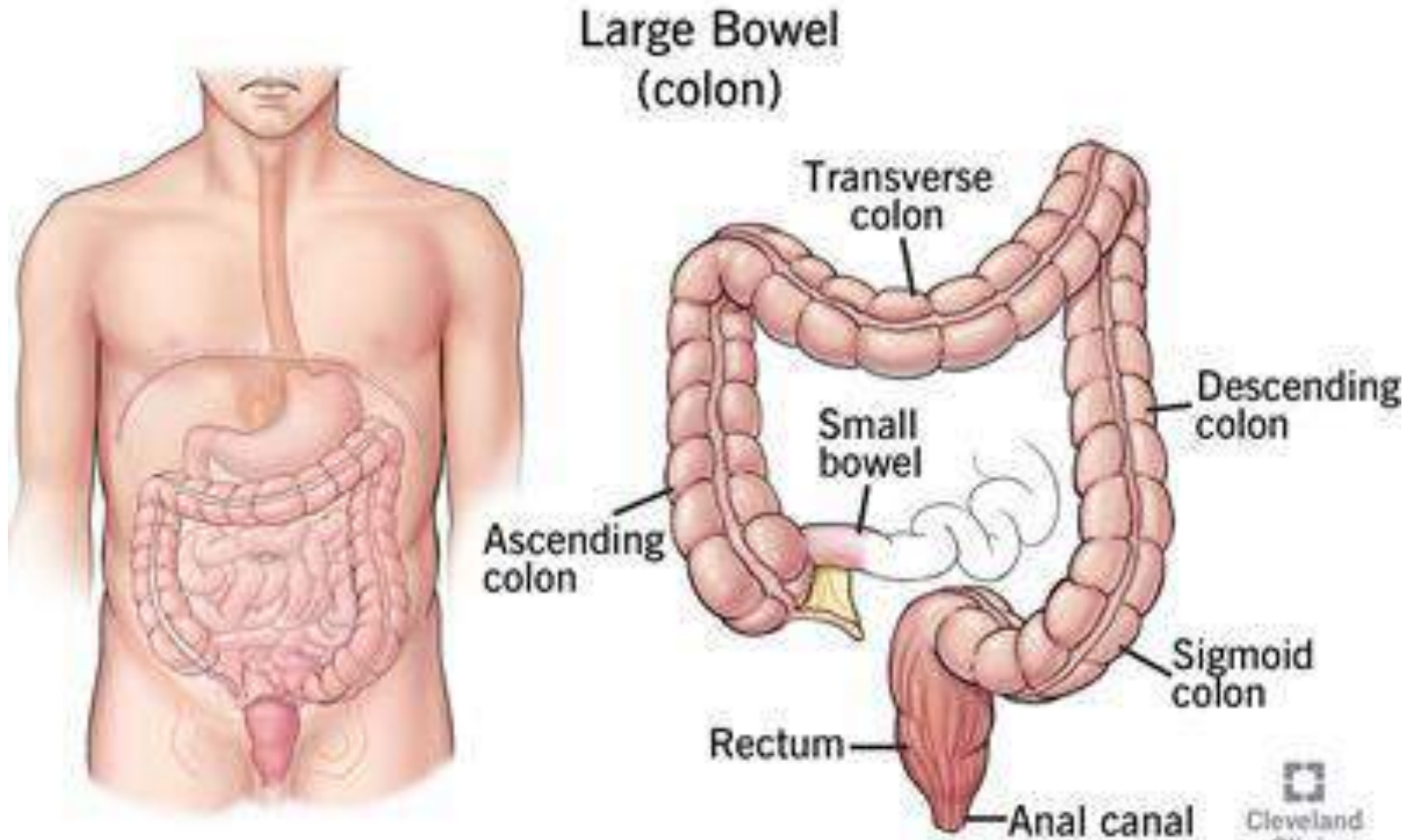
- What is 'normal'
 - People who have not had surgery?
 - Once daily bowel motion, 07.00am, clockwork?
 - Anything between 7 times/day up to once per 7 days
 - Control of bowel motion?
 - Formed stool – liquid - wind



How does the bowel function?



Function of the colon



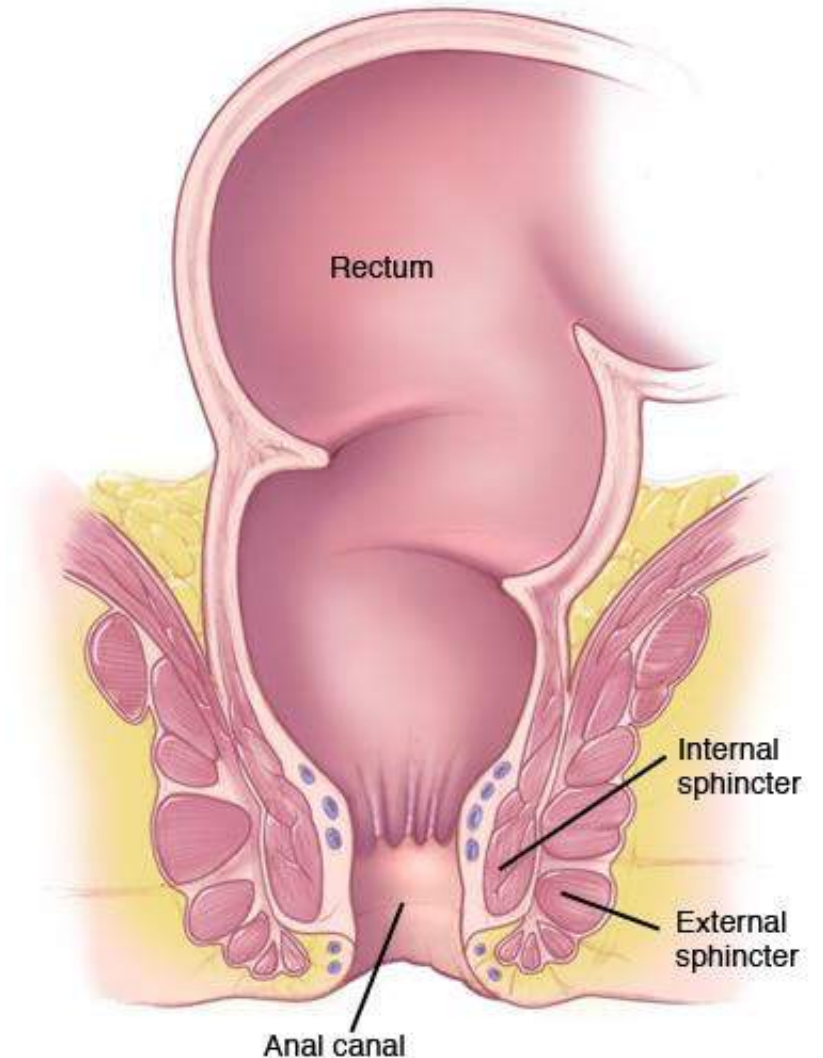
- Absorption fluid
> 300- 1000 ml/day
> Solidify faeces

- Bacteria
 - Digest /ferment insoluble fibre
 - Vit K, A, D, E
 - Ileocoecal valve

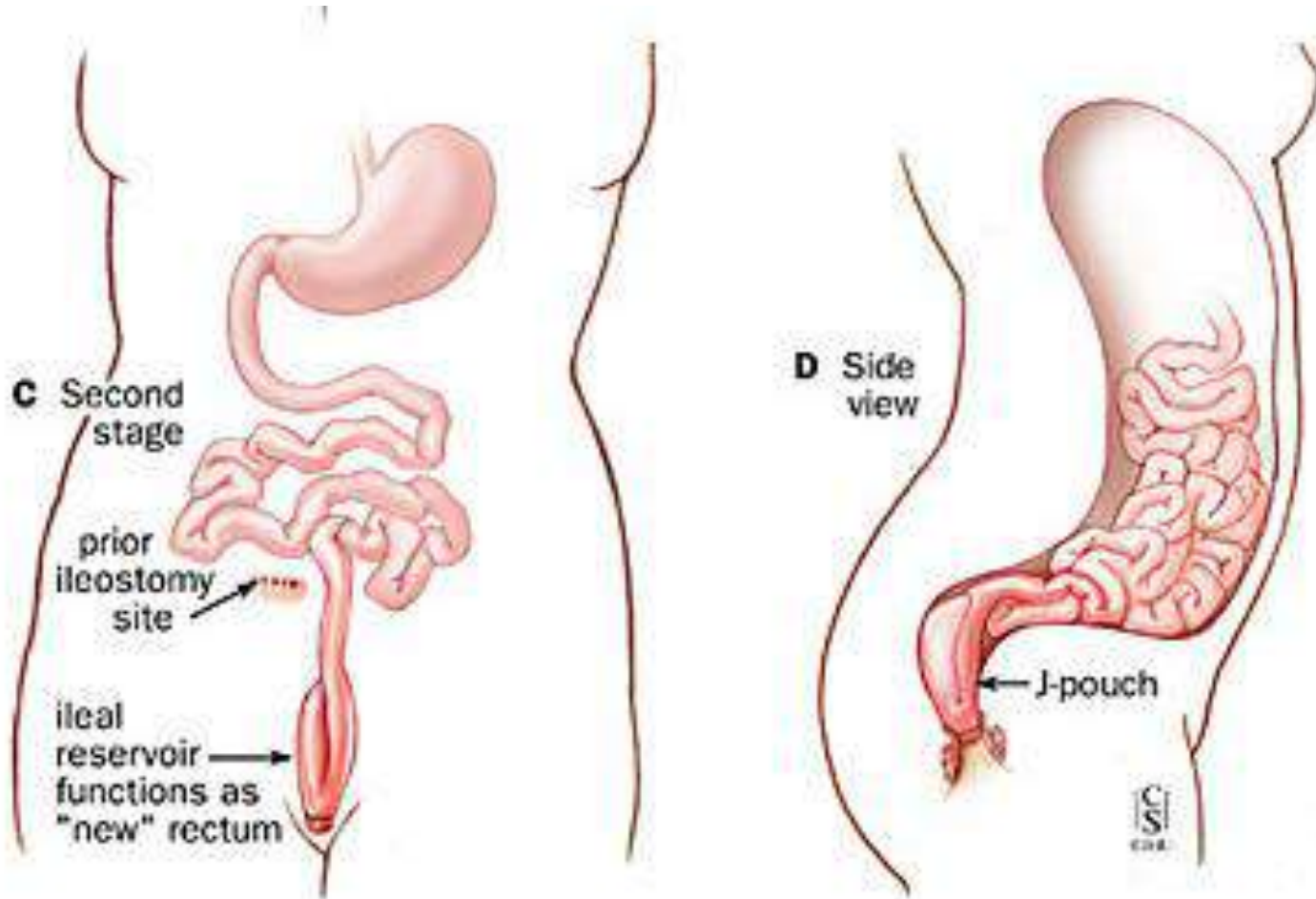
- Storage

Function of the rectum and pelvic floor

- Rectum
 - Storage
 - Sensation (urge)
- Anal canal
 - Differentiation Solid vs Liquid vs Air
 - Control continence
- Muscles of the pelvic floor
 - Additional strength for continence
 - 'Hammock' internal organs (bladder, vagina)

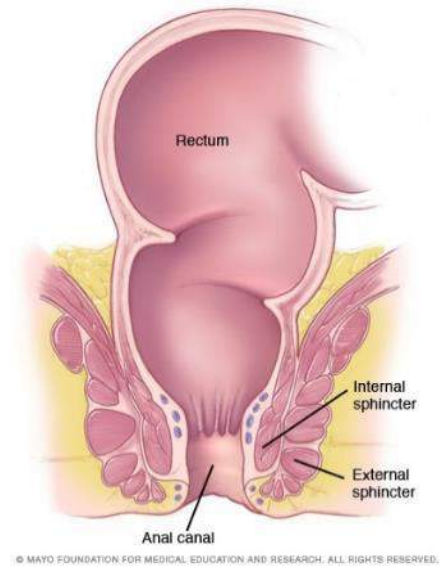
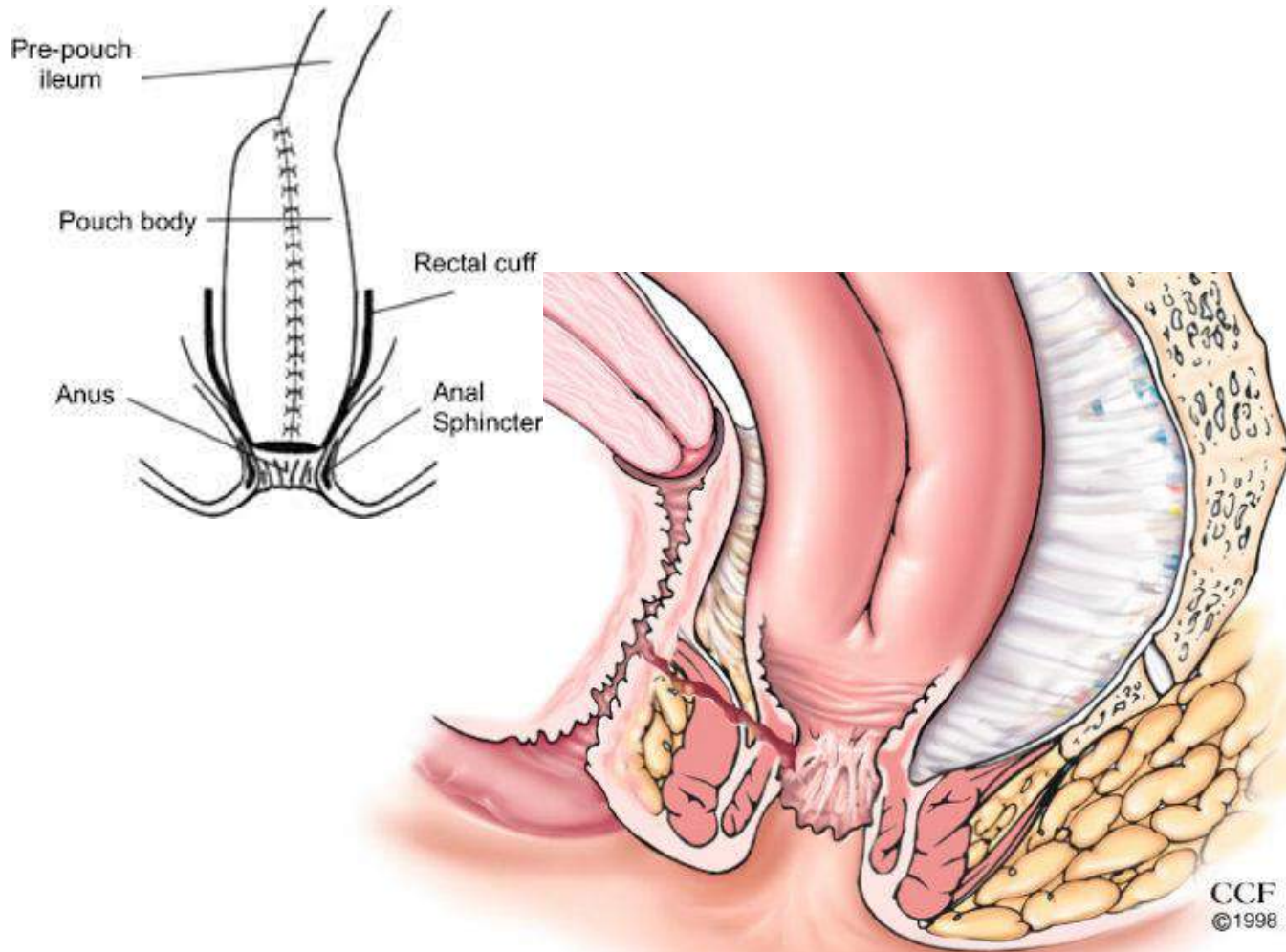


How does having a pouch influence my habits



- Less absorption water
 - Loose stool
 - More stool
- Less storage capacity
 - 300 ml vs >1 ltr
 - More frequent
 - More urge

How does pouch surgery effect my anus



- Surgical damage
 - Sphincter muscle
 - Nerves that supply muscles
- Less sensory mucosa
- Complications
 - Leak, fistula
 - chronic inflammation

The common problem (that nobody talks about!)

- Fecal incontinence (FI) = leakage from the back passage
- 10%-15% of **all** people have problems with continence
- 6.5 million people affected in the UK
- 100-500 new patients treated in Oxford each year

What is 'normal' pouch function

| | 370 patients |
|-----------------------------|---------------------|
| Median bowel frequency /24h | 6 (4-9) |
| Nightly bowel motions | 76% |
| Urgency | 23% |
| Difficulty emptying | 12% |
| Soiling during day | 17% |
| Soiling during night | 33-52% |
| Perianal soreness | 50% |
| Happy with pouch | 94% |

Fecal incontinence for 1260 people with IPAA

TABLE 4. Incontinence data from most recently answered questionnaires

| <i>Variable</i> | <i>Never, n (%)</i> | <i>Rarely, n (%)</i> | <i>Sometimes, n (%)</i> | <i>Usually, n (%)</i> | <i>Always, n (%)</i> |
|-------------------------|---------------------|----------------------|-------------------------|-----------------------|----------------------|
| Gas incontinence | 500 (40.7) | 29 (2.4) | 268 (21.8) | 230 (18.7) | 194 (15.8) |
| Stool incontinence | 379 (30.9) | 41 (3.3) | 282 (23.0) | 191 (15.6) | 335 (27.3) |
| Alteration of lifestyle | 460 (37.5) | 427 (34.8) | 231 (18.8) | 23 (1.9) | 7 (0.6) |
| Usage of pad | 777 (63.3) | 15 (1.2) | 145 (11.8) | 10 (0.8) | 208 (16.9) |

Kim et al (Cleveland clinic) DCR 2015

Fecal incontinence for 1260 people with IPAA

TABLE 5. Logistic regression analysis of the risk factors for fecal leakage

| <i>Factors</i> | <i>Univariate analysis</i> | | <i>Multivariate analysis</i> | |
|--|----------------------------|----------|------------------------------|----------|
| | <i>OR (95% CI)</i> | <i>p</i> | <i>OR (95% CI)</i> | <i>p</i> |
| Age at the operation (per 5 year) | 1.11 (1.06–1.17) | <0.001 | 1.07 (1.02–1.12) | 0.005 |
| Sex (women vs men) | 1.46 (1.13–1.88) | 0.003 | 3.08 (0.76–12.48) | 0.12 |
| Operation type (proctocolectomy vs completion proctectomy) | 1.33 (1.02–1.74) | 0.04 | 2.33 (0.84–6.47) | 0.12 |
| Preoperative MSP (per 50 mm Hg) | 0.85 (0.75–0.96) | 0.009 | 1.02 (0.57–1.82) | 0.95 |
| Disease duration before surgery (per year) | 1.02 (1.00–1.03) | 0.04 | 1.00 (0.94–1.06) | 0.90 |
| ASA classification | 1.92 (0.96–3.83) | 0.06 | 0.64 (0.16–2.53) | 0.52 |
| Pouch hemorrhage | 1.69 (0.97–2.96) | 0.07 | 1.05 (0.06–18.44) | 0.97 |

MSP = maximum squeeze pressure (mm Hg).

Why women?

- Shape of pelvis
- Pregnancy
 - Nerve damage
- Childbirth
 - Nerve damage
 - Sphincter injury

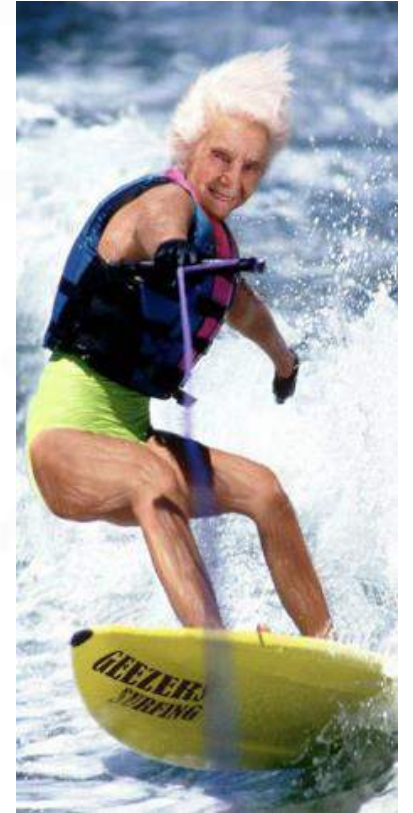
> Advice for caesarian section



Age

- Decrease muscle strength
- Neuropathy
 - Diabetes
- Obesity
- Smoking
- Menopause

- Radiotherapy
- Surgery
 - Abscess/fistula
 - Fissure/hemorrhoids



So how can we improve?

- Exercise, exercise, exercise...
 - Physiotherapist
 - Pilates
 - Kegel
 - Squeezy app (NHS)
 - (Pelvitone)



05/10/2019



IDEAL POSTURE
5 key checkpoints (ankle, knee, hip, shoulder, ear) should all be aligned with knees slightly bent and chest forward

BRIDGES WITH CORE BALL
Squeeze ball between knees to activate pelvic floor muscles

BRIDGES
With knees together, lift hips up while squeezing the pelvic floor muscles

SQUATS
Essential movement to prepare for labor; may advance into weight squats

SIDE PLANKS
A great core stabilizer to activate obliques

SUPTABADAKANASANA BRIDGE
Knees open wide with soles of feet together, lift hips up as you squeeze your glutes

SPINAL BALANCE
From table top position, lift opposite arm and leg while curling into elbow to knee

FOAM ROLL
Restorative tool to improve alignment from over-stretched ligaments and added weight (may lie on foam roll in line with spine to open up chest & airways)

STANDING FIGURE FOUR
Place opposite ankle to opposite knee and sit back to stretch piriformis

WARRIOR 2 POSE
Wide legged movements to open the pelvic and prepare for labor

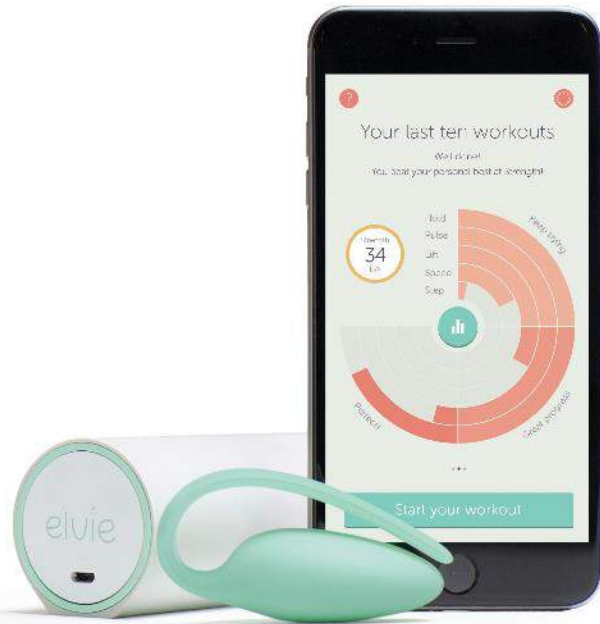
DIAPHRAGMATIC BREATHING
Meditative exercise to strengthen and relax pelvic floor and improve breath awareness for labor and delivery. Start by inhaling through your nose and exhaling through your nose. As you inhale, let your belly expand with air and as you exhale, squeeze belly and pelvic floor up and in. A healthy pelvic floor stretches as you breathe in and contracts as you breathe out.

RESISTANCE BALL
Helps to create space in pelvis, ease lower back pain and stretch perineum. Bouncing on the resistance ball can help the perineal (area between vagina & anus) to stretch in preparation for labor.

TRIANGLE POSE
Deep hamstring stretch to alleviate low back pain

COW/CAT POSE
Movements to lengthen pelvis and create more mobility in the spine

Elvie



Perifit



Diet



- Food intolerances
- Spicy foods (incl garlic)
- Artificial sweeteners
- Excess fruits & vegetable: FODMAPs
- Imbalanced fibre intake

Fibres



Soluble

Turns into gel. Slows down.

Legumes, oats, barley

Psyllium/Ispaghula

(Metamucil, Fybogel)

Wheat Dextrin (Benefiber)

Insoluble

Speeds up transit!

Laxative effect, bulk up stool

Wholegrain, wholewheat, brown rice

Cave: Water intake, temporary increase bloating

Starchy foods

- Could help thicken stool
- Pasta, rice, noodles
- Cereals, bread, chapatis
- Sweet potatoes, yam, plantains
- Maize, millet, corn, coconut meal

Diet

- No generic rules
- Everybody is different
- Almost impossible to research: Don't get upset by conflicting advice
- You might experience different responses in time
- Don't be too restrictive: trial and error!

Fluids

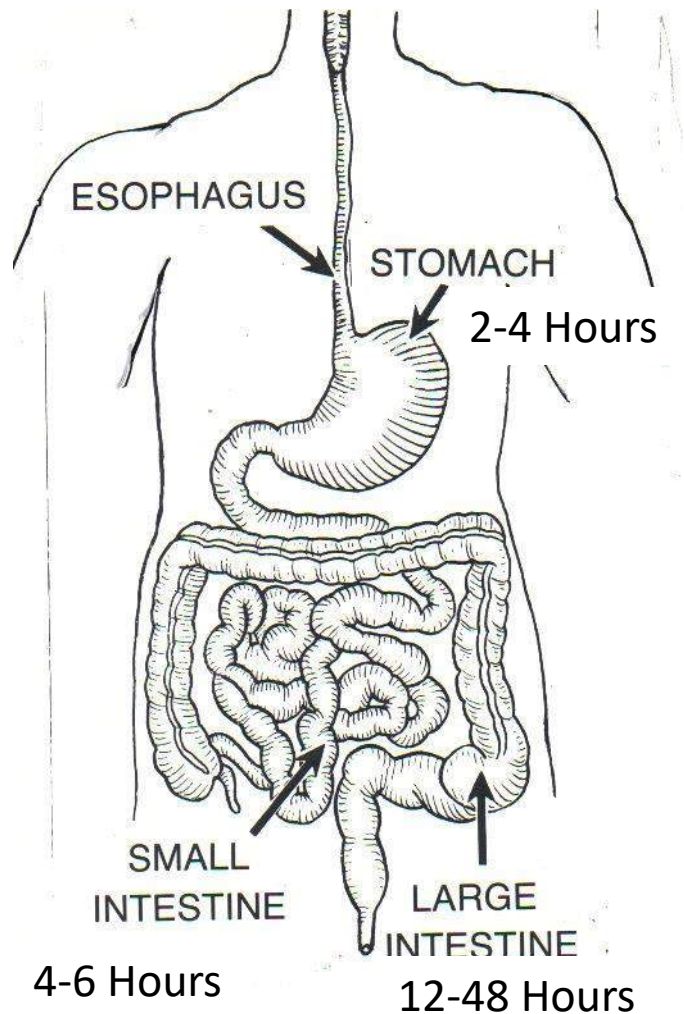
- CAFFEINE
- Fizzy drinks
- Alcohol (beer)
- Fruit juices
- Light drinks

Coffee-Rex



Even more irritable than a Tea-Rex.

Transit time and Gastro-colic reflex



- Transit time $36 > 6$ hours
- Everytime you eat/chew triggers peristalsis
- Meal time planning
 - Biggest meal at lunch time?

Helpful medication

- Loperamide
- Amitryptyline
- Metamucil (Psyllium husk)
- Fybogel (Ispaghula husk)



Incontinence material

- Do not use 'female hygiene products' as non-breathing
- For occasional seepage use absorbing gauze instead toilet paper



Dry life

THE ORIGINAL
Shreddies
FLATULENCE FILTERING
UNDERWEAR



Anal plugs



Peristeen

Other useful info

- RADAR key
- “I can’t wait’ card
- Flush app



Sore Skin

Causes dermatitis:

- Excess moisture: perspiration, urine, faeces
- Chemical irritation: soaps, skin care products
- Mechanical damage: wiping, rubbing, scratching
- Infection: bacterial, fungal

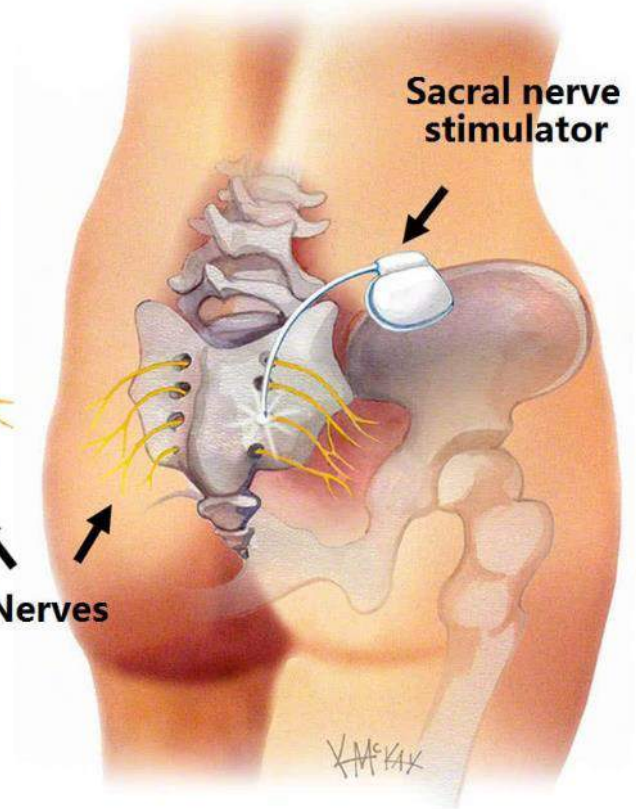
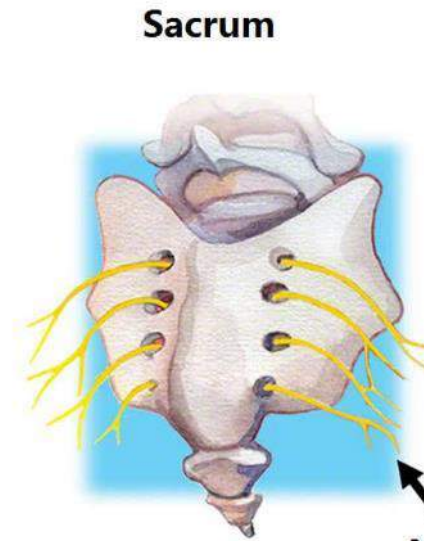


Skin Care

- PH balanced products (NO soap, alcohol, fragrance)
- Water-wash, don't rub
- Non-alcoholic baby wipes
- Moisturiser / barrier cream
- Wear cotton underwear
- Super-absorbent inco pads

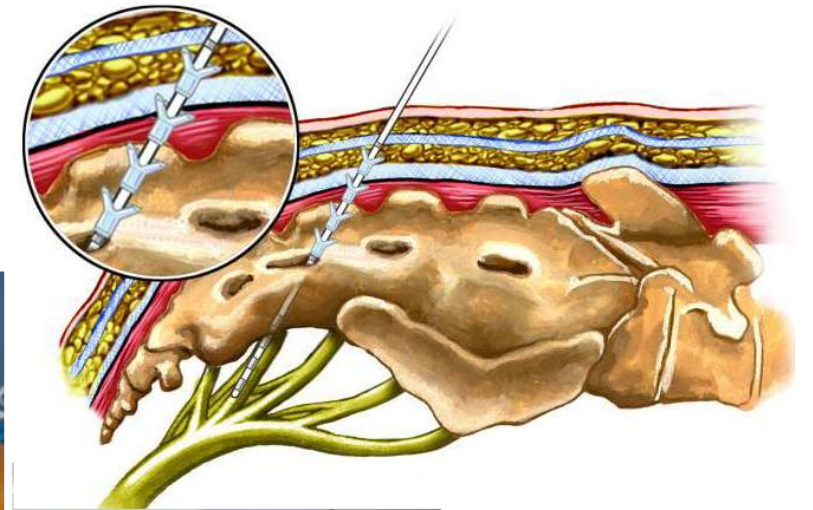


Surgical options: Sacral Nerve Stimulation

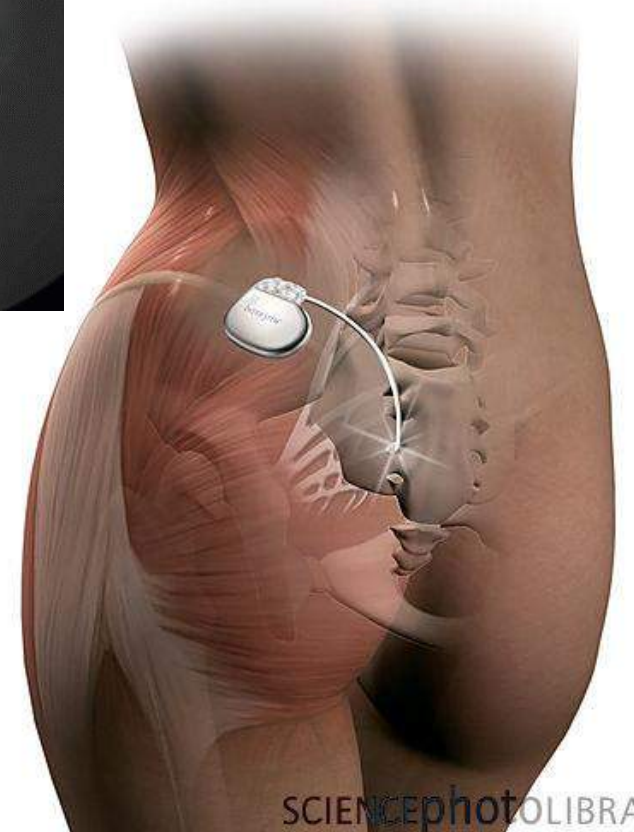
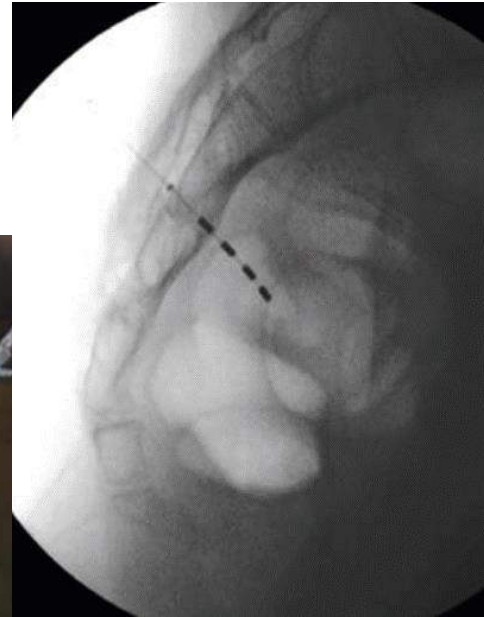


Sacral Nerve Stimulation

- Works by stimulating the S3 nerve roots
- Test phase



Permanent SNS



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Miss K Gorissen: Mantaining Function. Kangarooclub Oxford

SCIENCEPHOTOLIBRARY

Current evidence SNS IPAA

- Well established therapy for FI in generic population
- >75.000 implants worldwide
- 80% effective with high long-term success
- Current evidence in people with IPAA
 - 3 studies, 12 patients!!!
 - Promising technique



Surgical options: Don't forget the stoma



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Miss K Gorissen: Maintaining Function. Kangarooclub Oxford



Difficulty emptying

- 'Safe' environment
- Correct positioning
- Don't strain: brace and pump
- Qufora irrigation



Correct position for opening your bowels



Reproduced by the kind permission of Ray Addison, Nurse Consultant in Bladder and Bowel Dysfunction, Wendy Nass, Colorectal Nurse Specialist.

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When to certainly get help

- Sudden change in function
- Blood in stools

- Pouchitis
 - Up to 40% per year
 - Bacterial overgrowth/disbalance
 - immunoresponse



Conclusion

- Small changes can make big difference
- 10% of all people have incontinence, 25-40% of IPAA
 - Be brave: talk about it
- Dare to ask help
 - Pouch nurses
 - Oxford pelvic floor team
 - GP
 - Community incontinence services
 - Gastroenterologist/surgeon

Questions?

