

Ileostomy Take-Down with Ileal Pouch

This surgery will close your ileostomy. The stoma and skin opening will be sewn shut. Stool will now travel into your new ileal pouch and exit through the anus. Surgery takes about 2 hours.

Bowel Prep

A few days before, you need to buy 1-bottle of magnesium citrate (10 oz). It tastes best when chilled.

The Day before Surgery

Eat a light breakfast. You may eat lunch if you know your system will clear over the next 6 hours by drinking more fluids.

Drink only clear liquids (no sediment or pulp) after breakfast/lunch until 4 hours before your surgery starts.

- Water
- Broth
- Juice without pulp (apple, grape)
- Popsicles
- Hard candy
- Clear Jello-O® (no fruit, etc, in it)
- Sparkling water or soda
- Coffee or tea, no creamer
- Gatorade®
- Gatorade 03 Recover® (16g. protein)
- Crystal Light®

What to Do at 6:00 p.m.

Follow the instructions below at 6:00 p.m. (It is okay to do this earlier.)

- If you are passing fluid with sediment or particles into your pouching system, then drink ½ bottle of magnesium citrate (5 oz).
- If you are passing clear fluid (no sediment or particles) into your pouching system, no magnesium citrate is needed.

Shower before bed and in the morning as usual. After each shower use the Hibiclens® soap given to you in the clinic. Gently wash your abdomen and around your pouching system. Wash for 2-3 minutes, rinse well, and pat dry. If you can shower twice and maintain a pouch seal you are comfortable with, there is no need to change your pouching system. Bring your ostomy kit with you to the hospital in case you need supplies. We may not have your product in stock.

Wound Care

Your wound may not be tightly stitched closed. In this case, it may take 1-3 weeks to heal. If the wound is closed, expect the incision to heal in 10-14 days. It may be swollen, pink, sore, numb, and bruised with clear pink drainage. You may have more drainage than from your other incisions. This is normal. Be sure to change the bandage if it is damp or wet and at least once a day and as needed.

When it is okay to shower, gently wash it with a mild soap and water, pat dry. Do not soak in a bathtub, hot tub, or swim until it is

healed. Do not put lotion, powder, or ointments on the wound.

Pain Relief

Expect to have some pain after surgery. You may need to take pain pills to ease the pain.

Diet

Your diet will advance from clear to full liquids then to a soft diet. Expect to go home on a low-residue, low-fiber, ileal pouch diet. Eat 3 meals a day. Try not to eat between meals. This can help regulate bowel movements. Eating after an early evening meal produces more (1-2) bowel movements at night. This may last for several months. Many people choose to eat a larger midday meal and a smaller early evening meal to decrease bowel movements at night.

After 2 weeks you will start a probiotic in pill form, such as; Florajen3[®], Culturelle[®], or VSL#3[®]. You will start a multivitamin with iron that you will take for the rest of your life.

At your 2-week follow-up expect the fiber in your diet to be increased. This will help to decrease the number of stools each day. You may be asked to try a bulk fiber such as Benefiber[®], Metamucil[®] or their generic equals. You may be asked to try Imodium[®] or Lomotil[®] to help slow stools. This can make travel easier.

Be patient with yourself. You will find foods that work best for you to firm up your stools. Remember this is a learning process. It varies from person to person on how long the process lasts. It can take months to more than a year.

Bowel Movements

After the takedown you will have many loose stools and maybe some urgency for the first few months. After 2 weeks, you

should be down to 8-12 liquid to pasty stools a day. The number of stools you have will slowly decrease as foods are added to your diet and the pouch grows and stretches. At first, avoid acidic foods like orange juice, lemonade, tomato products and foods with vinegar. These can cause rectal skin problems.

You will need to protect the skin around your anus before you have problems. Keep this area clean and dry. Use a protective skin ointment such as Vaseline Constant Care[®], Desitin[®], Proshield Plus[®], Vaseline[®], A&D ointment[®], zinc oxide, or Calmoseptine[®] on the rectal skin area after each stool.

Things to Watch for After an Ileostomy Takedown

Dehydration is a concern when you have frequent loose stools. Be sure to drink extra water and fluids (14-15 8 oz. glasses) until your stool output decreases. Sip on fluids. Do not drink too much too fast, this causes them to move through your system even faster. Symptoms include:

- Increased thirst.
- Dry mouth and skin.
- Weight loss of more than 3 pounds overnight.
- Fatigue.
- Feel dizzy when you stand or sit up.

Bowel obstruction can be caused by food, bands of scar tissue across sections of bowel, a hernia, and a twisted or kinked bowel. This problem can occur even if you are passing liquid stool or mucus. Symptoms include:

- Tender and bloated stomach.
- Cramping.
- Nausea or vomiting.
- Temp of 99° F by mouth or higher.
- Unable to pass gas or stool.

Pouchitis is redness, inflammation, and swelling of the pouch. If you have ulcerative colitis you can develop pouchitis. People with familial polyposis rarely do. Treatment for pouchitis is antibiotics (ciprofloxacin or metronidazole). Probiotics can help to prevent pouchitis. Symptoms could include:

- More frequent bowel movements even at night.
- Feeling like you have colitis again (bleeding, urgency, feeling of pressure in the pouch area, fever, and/or liquid stools).

Anal Pouch Suture Line Stricture is a narrowing caused by scar tissue where the pouch connects to the anal canal. Stool backs up in the pouch and you may have symptoms of pouchitis. Stretching the scar tissue treats the stricture. This procedure is done in outpatient surgery under anesthesia or at GI procedures. Symptoms include:

- More frequent small bowel movements even at night (spitting of stool).
- Feeling the pouch is not emptying after a bowel movement.
- Straining to empty the pouch.

Activity

- Do not drive if you are taking opioid pain pills.
- Do not lift more than 10 pounds for the first 2 weeks. Then, the next 4 weeks, do not lift more than 20 pounds.
- Walking is encouraged after surgery. Do not do more strenuous activity discussing with your doctor.

- Check with your doctor before going back to work.
- Sex may be resumed when you feel ready.
- Avoid all tobacco and second-hand smoke.

Signs of a Wound Infection

- Increased redness or warmth
- Pus-like drainage
- Excess swelling or bleeding
- Temp greater than 100.4°F by mouth, for 2 readings taken 4 hours apart

When to Call

- Bloating
- Nausea or vomiting
- Dizzy
- Rectal skin problems
- Bowel movement problems
- Pain not controlled by pain pills
- Signs of infection

Who to Call

Digestive Health Center
(608)890-5000 or (855)342-9900

After hours, weekends and holidays ask for doctor _____
Leave your name and phone number with area code. We will call you back.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 4/2020. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7133.