

Caring for Your Ileal Pouch

After ileal pouch surgery we ask you to be mindful of bowel and bladder function changes. Please call if you are having changes. We may be able to prevent more serious problems that need an ileostomy as well as other surgery.

What do I need to be aware of when I have a pouch?

Dehydration

Dehydration can cause a change in electrolytes and affect how the heart and muscles work. It may also hurt the kidneys. If you have a virus with diarrhea and vomiting you may need IV fluids due to dehydration. One way to prevent dehydration is to get a flu vaccine every year.

Anal Pouch Suture Line Stricture

This is narrowing caused by scar tissue where the ileal pouch and the anal canal tissue connect. Stool can back up in the pouch. Dilating or stretching the scar tissue treats the stricture. We do this as an outpatient procedure with IV sedation.

Watch for:

- Increased small bowel movements or leakage.
- Feeling like you don't empty out your pouch all the way when you have a bowel movement.
- Spitting stool and feeling like you have not emptied the pouch all the way.
- Straining to empty the pouch.

Pouchitis

This is when the pouch gets inflamed. People that have had ulcerative colitis may have this problem.

Watch for:

- More than 12 liquid stools a day.
- Urgency
- Feels like "colitis" is back again
- Feeling pressure
- Leakage (most common at night)
- Bleeding
- Fever (rare)

To help prevent pouchitis take a probiotic and a multivitamin with iron daily. If you still get pouchitis while taking a probiotic, then an antibiotic is prescribed.

Ciprofloxacin or Flagyl (Metronidazole).

Ileal Pouch Diet Information

While on the low residue diet you may have frequent liquid to loose stools and up to 15-20 times per day. You will be up at night to empty your pouch 3-4 times per night. The stool count should come down to 8-12 stools in 2 weeks. **After surgery you need to sit twice to empty all the stool.** This is because of the small size of the pouch. It doesn't hold more than ½ cup of stool. The pouch will empty. More stool will move into the pouch and you will need to empty again. It may take minutes for this to happen. One way to know you have emptied the pouch all the way is when gas passes. This may be only for a short time depending on how much and how often you eat.

As you go back to a normal diet you will need to try different foods to see what foods will thicken you up. This varies from patient to patient.

Diet Guidelines

1. Eat regular meals. You should eat three or more times a day. You may tolerate small, frequent meals better and they may produce less gas.
2. Chew your food well. Chewing well will help avoid a blockage.
3. Eat small portions and eat slowly to allow for proper chewing and digestion. Too much of any food can cause problems, like stomach pain, cramping, bloating. Too much food may also cause an obstruction that requires medical help. If a new food seems to give you problems, don't eat it for a few weeks, but try it again later.
4. Drink plenty of fluid daily. As you heal you may not need as much fluid as you drank when you had the ileostomy. If you exercise, increase your fluids so you do not get dehydrated. When you get dehydrated you will have a dry mouth, may crave salt or fluids. You may feel dizzy and may get dizzy or lightheaded when you sit or stand up. The kidneys can be damaged if you get dehydrated and you may need IV fluids.
5. Take a probiotic. You will need to take a probiotic to maintain the health of the ileal pouch and to decrease the chance of pouchitis.
6. Take a multivitamin with iron every day. This is because you have microscopic loss of blood from the pouch.
7. You will need blood labs to make sure your body is absorbing vitamins and your iron stores stay within the normal range. You should have labs drawn about 2 years after surgery. Labs are CBC, iron studies (iron, and total iron binding capacity (TIBC) and Ferritin), Vitamin D, folic acid.

Please call if you have symptoms of pouchitis, anal pouch suture line stricture or dehydration **608-242-2800**.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

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 © 8/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8107.