



Oxford University Hospitals  
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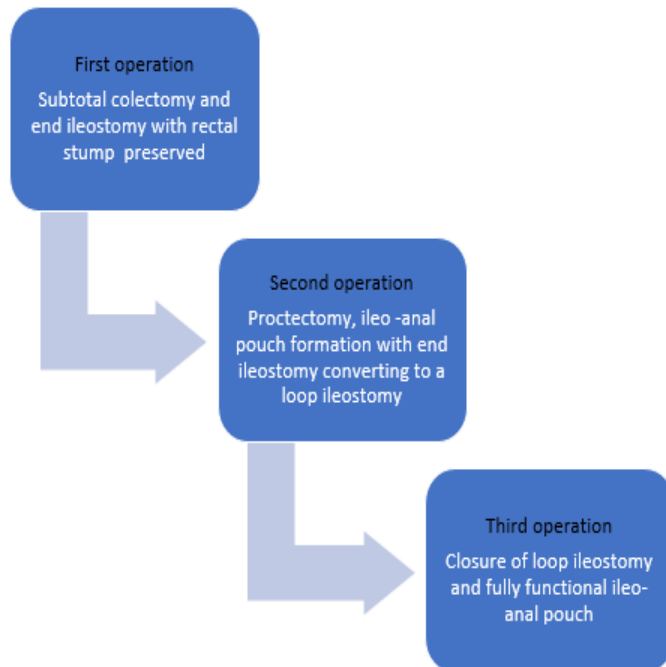
# Pouch Troubleshooting from a nursing perspective

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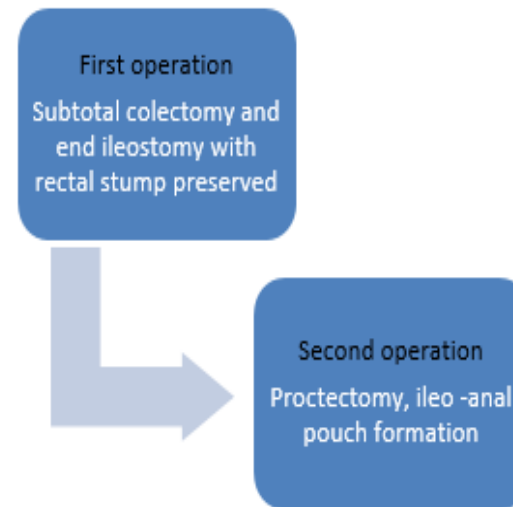


# The pouch operations and current practice

## Three stage:

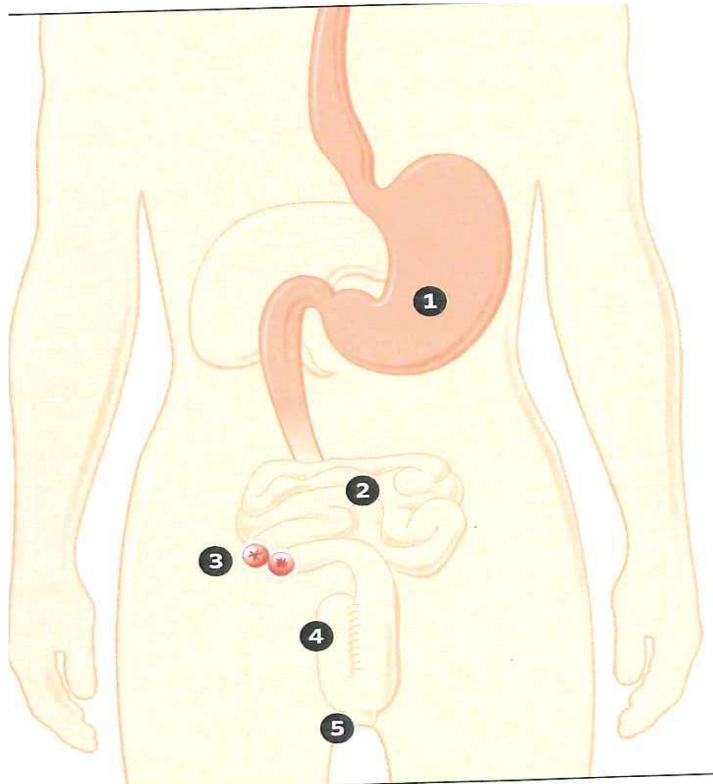


## Two stage:

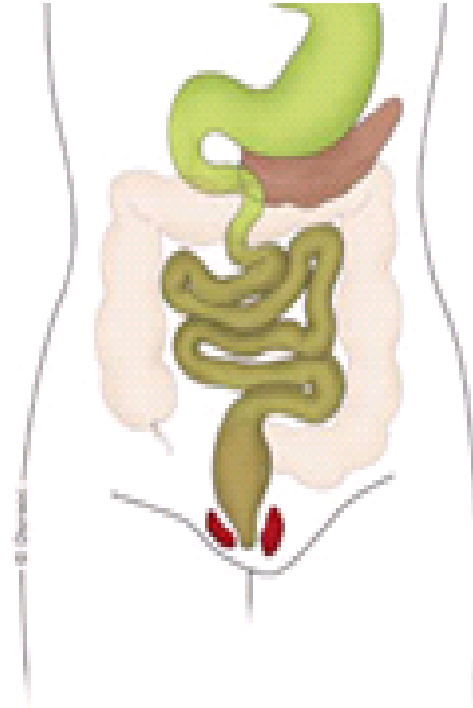


**Variable**- Proctocolectomy, ileo anal pouch formation with NO covering ileostomy = ***“all in one operation”***

## Covering loop ileostomy



## Pouch with no covering ileostomy





# **SOME OF THE POUCH CONCERNS THAT POUCH OWNERS REPORT**

## Difficulty in pouch emptying?

- Do not strain!
- Be relaxed!
- Back straight
- Raise feet off ground slightly (on a small box or stool)- this enables use of oblique muscles



- To identify these muscles...

Place fingers below ribcage at the sides. Breathe in/ push in slightly, then breathe out or cough





- Allow time!
- Don't rush!
- Pelvic tilt technique





# Use of a Hagar dilator or Medina Catheter



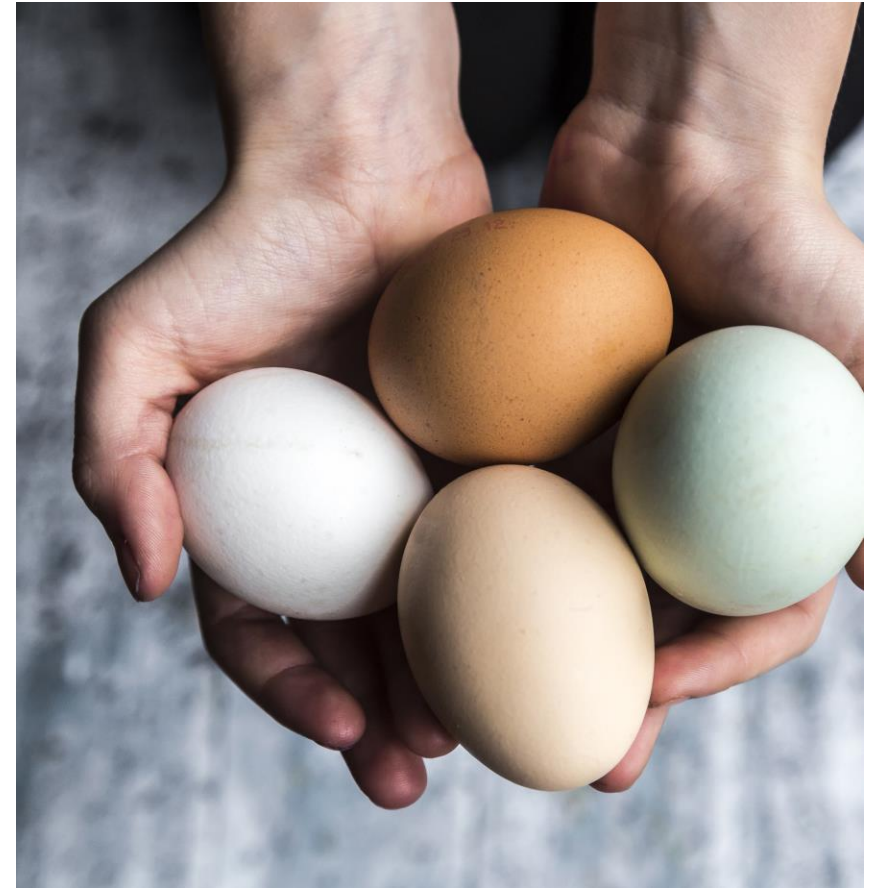
medfet<sup>+</sup>





## TLC for bottoms

- Irritation is common
- Gentle cleaning  
/Bidet/moist flushable toilet  
wipes
- Avoid talcum powder
- Avoid perfumed soap
- Wipe off old cream before  
applying new
- Small amount of barrier  
cream- **orange pip size**
- Calamine good if sore





## Potential Perianal Irritant Foods

- Spicy curry
- Acidic –  
oranges/lemons/grapefruits/salad dressings
- Fatty foods (e.g. dairy products)
- Coconut/nuts/oriental vegetables



## Pouch Leakage

- Avoid foods that loosen your stool and eat foods that thicken your output.
- Avoiding alcohol, sedatives, and food before going to bed.
- Emptying your pouch before going to bed.
- If you use Loperamide, it may be advisable to take one to two tablets of 2mg before going to bed (maximum licensed dose: 8 x 2mg tablets in 24hrs or follow your doctor's advice).
- Loperamide should be taken approximately half an hour before food for optimal results and the lowest effective doses should be used.

# Diarrhoea

## Possible causes

- Spicy foods.
- Large fatty meals.
- Alcoholic drinks.
- Large quantities of raw fruit and fruit juices.
- Caffeinated beverages.
- Artificial sweeteners (such as Sorbitol, Mannitol and Isomalt).
- Onions and garlic.
- Raw vegetables and those with strings (e.g., celery, asparagus, broccoli stems) and tough skins (e.g., peas and sweetcorn).
- Wholegrain varieties of foods.

## Solutions



- Chew foods well and take time to eat meals.
- Choose decaffeinated beverages.
- Limit fruit juice to 1 small cup per day (150ml).

# Wind

## Relieving trapped wind

- Lie on one side with knees up
- Relax in bath if uncomfortable
- Lie on abdomen for half an hour massaging lower abdomen

## Solutions for wind

- Regular meal pattern without long gaps between meals. Don't miss meals
- Limit talking and drinking whilst eating and keep your mouth closed whilst chewing.
- Avoid drinking through a straw, fizzy drinks and chewing gum.
- Maintain an upright position when eating.
- Keep physically active.
- Peppermint or charcoal



## Windy Foods

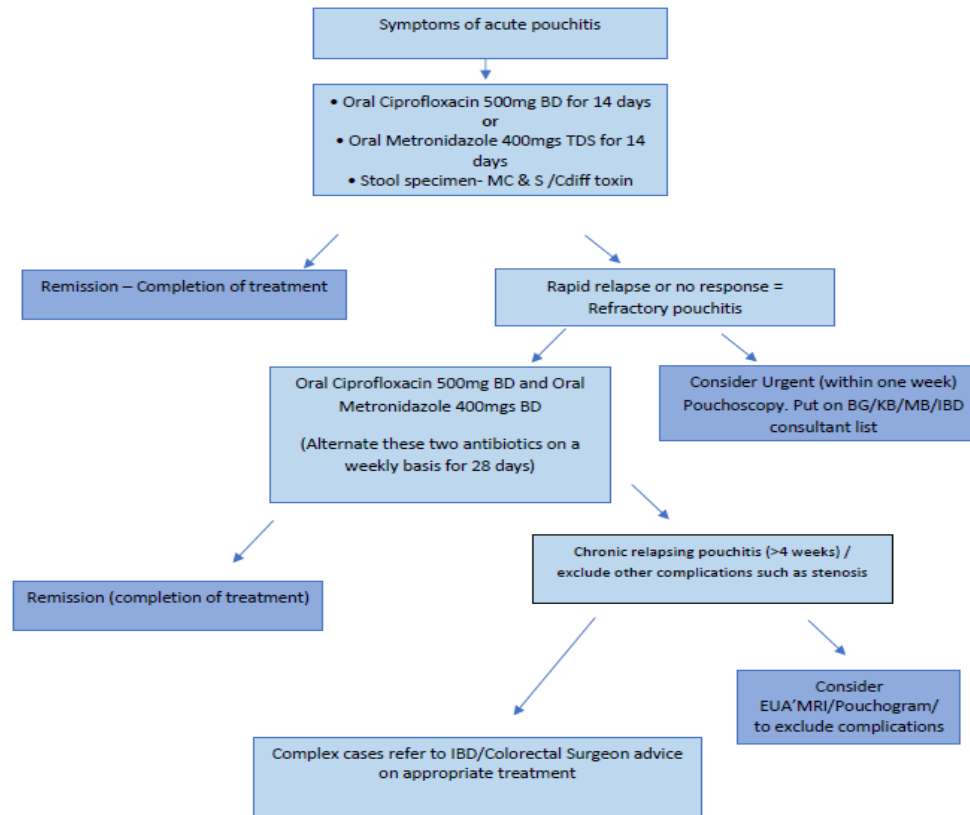
- Cabbage.
- Cauliflower.
- Sprouts.
- Beans, pulses, lentils.
- Onions and garlic.
- Spicy foods.
- Artificial sweeteners (such as Sorbitol, Mannitol and Isomalt).
- Fizzy drinks.



## Inflammation (*Pouchitis*)

- Treating inflammation will be dependent on cause.
- The most common reasons for inflammation is Pouchitis.
- Pouchitis occurs when the pouch lining becomes inflamed.
- Contact GP/ us re treatment of Pouchitis.
- If you are within the first trimester of pregnancy, please note that Ciprofloxacin is not advised and Metronidazole is more appropriate to use.

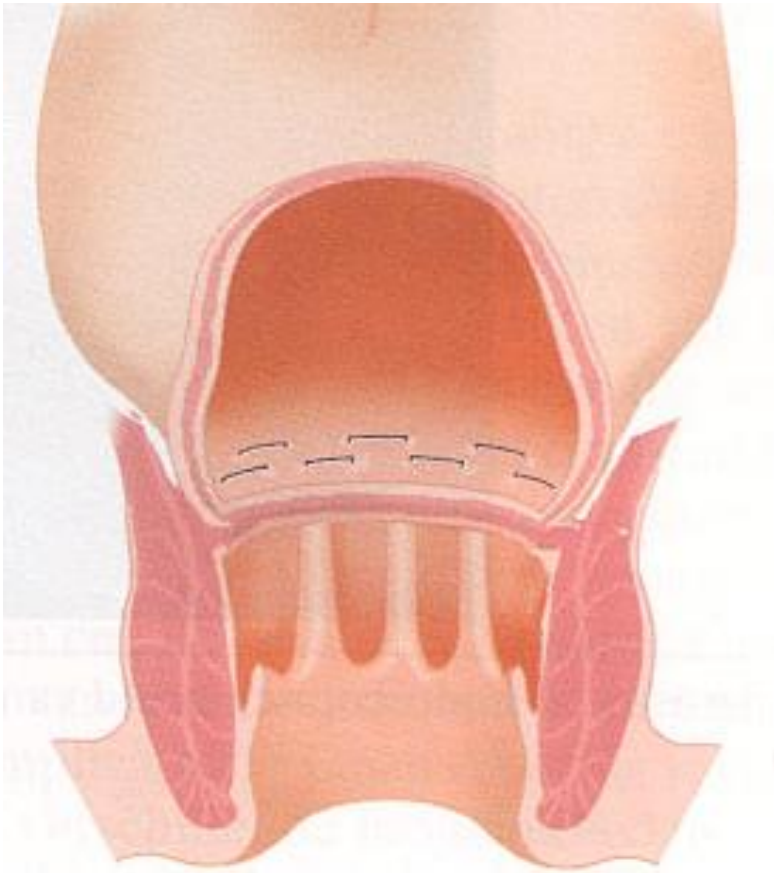
**Guidelines for the management of pouchitis**



Note: Currently under review and subject to change/amendment



## Inflammation (*Cuffitis*)



- The most common reasons for inflammation are Cuffitis.
- Cuffitis occurs when the cuff at the pouch anal anastomosis becomes inflamed.
- Treat Cuffitis: topical local anaesthetic gel or topical steroid cream/suppository.



## Lifestyle

- Self-management - what works for you?
- Anticipating how your pouch will behave after a night out!



## Bottom clenching/pelvic floor

### Pelvic floor exercises

- good practice for all 'pouch owners' to practice pelvic floor exercises to keep this area toned.
- The strength of your pelvic floor tone (anal sphincter muscles) is important for continence.

### Pelvic floor PDF leaflets:

- OUH(men)  
<https://www.ouh.nhs.uk/patient-guide/leaflets/files/11124Ppelvic.pdf>
- OUH (women)  
<https://www.ouh.nhs.uk/patient-guide/leaflets/files/74151Pfloor.pdf>

## Sex and Relationships

- Following pouch surgery some report experience of altered nerve sensation, reduced ability to climax and/or dyspareunia (pain during sexual intercourse).
- Nervousness and anxiety can make you tense, so having sex may be more painful and the vagina, if relevant to your anatomy, can become dry.
- The more relaxed you can be the better
- Prevention of damage to anal sphincter muscles
- The use of lubricating gel into the vagina can be helpful.
- If discomfort does not resolve, medical advice should be sought to investigate further.
- *Please do not feel embarrassed to talk about sensitive issues with your pouch nurse or other healthcare professional..*

## Avoiding dehydration

Symptoms of dehydration include:

- Increased thirst.
- Dry mouth.
- Weakness, lethargy, headaches, and tiredness.
- Decreased urination with dark coloured urine.
- Confusion and fainting.
- Rehydration solution if required.

- Maintaining your hydration is important for everyone. It is advisable to drink 6 to 8 glasses of fluid a day. Having frequent, loose bowel motions can cause dehydration



## Annual Blood tests

The blood test we ask you to obtain is:

- Full blood count (FBC)
- Vitamin B12
- Ferritin and Folate (Iron)
- Liver Function Test (LFT)
- Urea and Electrolytes (U and E's)

If you are under our service, then please have the result sent through to us at:

[colorectal.nursing@ouh.nhs.uk](mailto:colorectal.nursing@ouh.nhs.uk)



# Thank you for listening

