

pouch - o - gram

From the Department of Colorectal Surgery at The Cleveland Clinic to help people deal with issues associated with the pelvic pouch.

Special Delivery: Choosing the optimal method of childbirth following pelvic pouch surgery

By I. Emre Gorgun, M.D., and Feza H. Remzi, M.D.

The Cleveland Clinic Foundation Department of Colorectal Surgery

Pelvic pouch surgery is the procedure of choice in a majority of individuals with ulcerative colitis or familial adenomatous polyposis with the advantage of bowel continuity after removal of diseased colon and rectum. This procedure has resulted in good patient satisfaction and happiness according to patient survey results here at The Cleveland Clinic Foundation. However, women who undergo this procedure in their reproductive years may have concerns regarding fertility following their surgery.

The ability to conceive and the effects of pregnancy on the pelvic pouch are of major interest to many women and questions have been raised regarding the best method of delivery in a woman with a pelvic pouch.

Incidence of Infertility

Infertility is defined as the inability to become pregnant after one year of unprotected intercourse. Postoperative scar tissue or attachments within the abdominal cavity are common following pelvic surgery and may contribute to infertility experienced by patients who undergo pouch surgery. These pelvic attachments may deform the normal relationships between the fallopian tubes and ovaries.

The overall incidence of infertility in the general population in the United States is 15 percent. In a recent study, we compared this rate with the infertility rate obtained from women who had pelvic pouch sur-

gery. In the study, we showed that infertility rates in women with a pouch were higher than the U.S. general population.

However, we also found that women were found to be able to conceive and carry a pregnancy successfully with a live birth, but the ability to become pregnant was lower than the general population.

Pregnancy and the Pelvic Pouch

In another recent study conducted in our Department, we researched the effects of pregnancy on the pouch. We investigated

Based on the results of our recent study, we can conclude that Cesarean section is recommended to women with a pelvic pouch unless there are other contraindications.

whether vaginal delivery or Cesarean section was the optimal method of childbirth for these women.

For this purpose, we contacted more than 110 women with pouches and 57 of them returned to The Cleveland Clinic for the purpose of this research. In fact, 35 women came from outside the state of Ohio to participate in our research and we deeply appreciate all our patients for their support in this project.

According to the results of this study, we saw trends that showed increasing urgency and fecal incontinence noted by women during the second and third trimesters of their pregnancies. Thirty percent of the

women reported urgency was worse during their pregnancy in the third trimester.

The study suggested that pregnancy does affect pelvic pouch function, although not to a great extent, in some patients particularly during the third trimester.

Optimal Method of Delivery

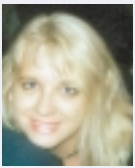
Regarding the optimal method of delivery, we looked at the rates of anal sphincter injuries in women who had vaginal delivery compared with the sphincter injury rates in women who had Cesarean section.

Fifty percent of the women with vaginal delivery were identified as having a sphincter injury versus the women with Cesarean section whose sphincter injury rate was only 13 percent. A small number of the women

with Cesarean section developed some post-operative disturbances, which were settled with conservative management. While Cesarean section may be associated with a longer recovery time and carries the potential risks of abdominal surgery, vaginal delivery may harm anal sphincter muscles in up to 50 percent of patients. These injuries may impair pouch function and related quality of life down the road.

In the short term, these defects do not appear to substantially influence pouch function and quality of life; however the long-term effects remain unknown. Therefore the method of delivery in women with

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FROM THE DESK OF

**Miriam M. Preen,
B.S.N., R.N.**

Hello Pouch-O-Gram readers,

My name is Miriam Preen, B.S.N., R.N., and I am the research nurse who manages the pelvic pouch database within the Cleveland Clinic's Department of Colorectal Surgery (CORS). You may have seen my name on the yearly pouch questionnaire that you receive in the mail or on our Pouch-O-Gram Web site. I have been a nurse for 12 years and have worked with CORS patients for the last nine years. My role here in CORS is to enroll patients into our pelvic pouch database and then enter their pre-operative and surgical data. I also monitor and enter follow-up and quality of life data on all 2,800 of our pouch patients. Our surgeons and researchers study and analyze the data to help improve patient care.

Most importantly, I am a resource person for pouch patients. If you have any information you'd like to communicate with me concerning your experience with pouch surgery, or if you have any questions, or if there is anything you'd like to see in future issues of the Pouch-O-Gram, please call or e-mail me.

Currently, we are looking for LETTERS and STORIES from our previous pouch patients to publish in our fall and winter issues. To submit your stories, I can be reached at 800/223-2273, ext. 58524, or via e-mail at preenm@ccf.org.

I hope you enjoy this issue. In future issues, I will have a quarterly column addressing the most frequent questions that I receive from pelvic pouch patients. I am looking forward to reading about your experiences and hearing from you!

Sincerely,

Current Clinical Trial

Amitriptyline for Irritable Pouch Syndrome

After pouch surgery, patients can develop symptoms of diarrhea, abdominal cramps, bloating, gas and pelvic discomfort. Irritable pouch syndrome is one of the common causes of these symptoms. The IBD Center at The Cleveland Clinic is conducting a federal grant-sponsored trial of amitriptyline and electronic barostat (balloon) test in patients with irritable pouch syndrome. The study goals are to help explain the disease and identify an effective treatment regimen. This 12-week, placebo-controlled trial will enroll a total of 64 patients.

Study candidates must (1) have had irri-

table pouch syndrome diagnosed in the past, or (2) be having current symptoms of diarrhea, abdominal/pelvic pain or discomfort for more than four weeks with normal pouch endoscopy.

A pouch endoscopy with biopsy and balloon test will be performed at the beginning and at the end of the 12-week trial. There is no cost to participants. Participants will be financially compensated for their time. Parking is free. For further information, contact Kerry Sherman at 216/445-5202 or via e-mail at shermak@ccf.org, or Bo Shen, M.D., at 216/444-9252 or via e-mail at shenb@ccf.org. **POG**

Pouch-O-Gram Letters

Dr. Victor Fazio performed my colorectal pull-through nine years ago. For the first year, I had complications and adjustments to undergo, but my overall quality of life was 100 percent better than before the surgery.

I had a queasy feeling most of the time for several years, probably because I restricted my intake of Lomotil to once or twice a day. Now I rarely need it.

I am so grateful to Dr. Fazio and his whole team for my wonderful feeling of well-being after having suffered so hopelessly for all of my life, prior to this surgery. And I must add that after enduring treatment while hospitalized in two New York City hospitals, the entire Cleveland Clinic experience was one I cherished, especially the nursing.

I only wish I could signal all gastroenterologists everywhere to caution patients on steroids to supplement their calcium. I was never informed of the damage corti-

some did to my bones, and I had elected not to have hormone replacement because I never knew I needed it.

Thank you on behalf of all patients for your continuing studies.

Sheryl Romanoff

New Rochelle, NY

Just wanted to clear up a few things on your survey.

The first part of this year, with no problem symptoms, I lost about 12 pounds. My family doctor ran a series of tests to confirm there was no problem. He tells me the condition occurs occasionally with men in their sixties. My metabolism has speeded up, but I have no symptoms. I drink a couple cans of Ensure Plus daily and my weight has leveled off at about 148 pounds. I dropped from a size medium to a size small. My wife hates

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Note: We reserve the right to edit submitted letters prior to publication for length, clarity or grammar.

Diagnosis and Treatment of Rectal Cuff Inflammation (Cuffitis)

By Bo Shen, M.D.

The Cleveland Clinic Foundation Department of Gastroenterology

Restorative proctocolectomy with ileal pouch-anal anastomosis (IPAA) is the treatment of choice in the majority of patients with ulcerative colitis (UC) who require surgery. When IPAA is performed, controversy exists about the optimal technique to be used for the pouch-anal anastomosis. Techniques vary between a hand-sewn IPAA with mucosectomy (surgical removal) of the anal transition zone (ATZ) and a stapled IPAA without mucosectomy of the ATZ.

To remove the rectal mucosa as completely as possible, a mucosectomy with hand-sewn anastomosis is necessary. This technique takes longer and has a relatively high risk of postoperative functional problems related to seepage and incontinence, due to anal canal manipulation. In contrast, when the IPAA is stapled, the procedure is simpler and less likely to result in functional and septic complications. The preservation of ATZ (stapled technique) is meant to optimize anal canal sensation, eliminate sphincter stretching, and preserve normal postoperative resting and squeeze pressures. However, to allow transanal insertion of the stapler, it is usually necessary to leave a one-centimeter to two-centimeter strip of rectal cuff/ATZ mucosa that is at risk for developing symptomatic inflammation (cuffitis) or precancerous condition (dysplasia).

It is fairly common to see some degree of inflammation or “cuffitis” of this rectal cuff/ATZ after stapled IPAA. Cuffitis can

be considered a remnant piece of UC-affected mucosa. In a small percentage of patients, this can be symptomatic and further therapy may be needed. Patients with symptomatic cuffitis can present with similar symptoms (e.g., abdominal pain, diarrhea, urgency, perianal or pelvic discomfort) to those with pouchitis, Crohn’s disease of the pouch and irritable pouch syndrome. The distinctive symptom of cuffitis is bloody bowel movements. There is minimal data, however, on the best management of cuffitis.

A recent Cleveland Clinic study shows that topical mesalamine is an effective treatment for cuffitis.

Topical or oral mesalamine has been used as a first-line therapy for mild to moderate UC. At The Cleveland Clinic, we speculated that, similar to patients with UC, topical mesalamine would be effective in cuffitis. We conducted an open-label trial of mesalamine suppositories (Canasa), 500 mg twice a day in 14 patients with cuffitis (mean duration of treatment = 3.2 months, range 1-9 months). After the therapy, significant improvement was observed in patients’ symptom, endoscopy and histology scores. Ninety-two percent of patients with bloody bowel movements and 70 percent of patients with arthralgias improved after the therapy. No systemic or topical adverse effects were reported. In addition to topical mesalamine, hydrocortisone suppositories also appear to be effective. **POG**

Definitions for Readers

Anal transition zone or ATZ: The anal transitional zone is the small bit of rectal mucosa left after a stapled anastomosis. Patients should come back and have this checked regularly for dysplasia.

Arthralgias: Joint pain.

Dysplasia: Abnormal development of tissue cells determined from a biopsy. The cells sometimes may be pre-cancerous.

Endoscopy: Inspection of a body organ (such as the pelvic pouch or colon) using a small, flexible tube with a light and camera

lens at the end. Endoscopy also

can be used to take tissue samples from inside the digestive tract for biopsy.

Histology: Study of the microscopic structure of tissue.

Ileal pouch-anal anastomosis: The surgical joining (stapling or sewing) of the pelvic pouch to the anal canal.

Mucosectomy: Removal of the tissue layer lining the rectum.

Rectal cuff: The portion of the rectum consisting of sphincter muscle that is retained after the lining of the rectum is removed.

Rectal mucosa: The tissue layer that lines the rectum.

Septic: Having an infection of the abdominal or pelvic cavity.

Sphincter: Circular muscle that constricts the anal canal and provides continence.

Ohio IBD Events/Support Groups

All events are courtesy of the Crohns and Colitis Foundation of America (CCFA). These events are general IBD support groups but may be helpful to some patients with the pelvic pouch. For more information on any of the events listed, visit www.ccf.org.

Please note: Support group listings are subject to change. Call first to confirm the meeting date, time and place.

Northeast Ohio

Akron-Canton-Cuyahoga Falls
Cuyahoga Falls General Hospital
1900 23rd Street, Auditorium A
Group meets 2nd Thursday of the month
7-9 p.m.
216/831-2692 or e-mail the CCFA chapter



Pouch-O-Gram is published quarterly by the Cleveland Clinic Department of Colorectal Surgery to provide up-to-date information about the department and its services. The information contained in this publication is for educational purposes only and should not be relied upon as medical advice. It has not been designed to replace a physician's medical assessment and medical judgment.

Editorial Staff

Miriam M. Preen, B.S.N., R.N.,
Editor and Pelvic Pouch Database
Research Coordinator

John R. Nocero, B.A.,
Managing Editor and Clinical
Research Administrative Assistant
Feza H. Remzi, M.D.,
Staff Physician

Marketing Manager: Tanya Wray
Art Director: Doug Crouch

Contact Us

Miriam M. Preen, B.S.N., R.N.
Pouch-O-Gram
Department of Colorectal
Surgery/A30
The Cleveland Clinic
9500 Euclid Avenue
Cleveland, OH 44195
Phone: 216/445-8524
E-mail: preenm@ccf.org

Cleveland-Eastside

Mayfield Regional Library
6080 Wilson Mills Road
Group meets 1st Wednesday of the month
7-9 p.m. • 216/831-2692

Cleveland-Westside

Strongsville Senior Center (adjacent to new
Strongsville Recreation Center)
Route 82/18100 Royalton Road
Group meets 1st Monday of the month
6:30- 8:30 p.m. • 216/831-2692

Central Ohio

Columbus adult support group
North West Library
2280 Hard Road
Group meets 4th Thursday of each month
7:30 p.m. • 614/781-9970

Lima Adult Support Group

Lima Memorial Hospital
Auditorium Annex
Group meets 1st Wednesday of the month
6 p.m. • 614/781-9970 or 800/625-5977

Fairfield County Support Group

Riverview Medical Bldg.
2405 N Columbus Street, Suite 140
Group meets on 4th Thursday of odd months
7 p.m. • 740/654-3698 (Kathy)

Marietta Support Group

First Presbyterian Church
Group meets 1st Tuesday of the month
6:30 p.m. • 800/625-5977

Athens Area Support Group

Athens Library
30 Home Street
Group meets 1st Thursday of the month
7 p.m. • 800/625-5977

Plain City Area Support Group

Pleasant Valley Fire Department
Group meets 2nd Monday of even months
7 p.m. • 614/781-9970 or 800/625-5977

Zanesville Area Support Group

Genesis Hospital - Bethesda Campus
2951 Maple Avenue, Meeting Rooms 1 & 2
Group meets 2nd Monday of the month
6 p.m. • 800/615-5977

Youth Task Force

This support group for children with IBD and their parents offers various activities and events planned throughout the year.
614/781-9970 (Kim)

Special Delivery

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a pouch should not be limited to obstetrical considerations.

Based on the results of our recent study, we can conclude that Cesarean section is recommended to women with a pelvic pouch unless there are other contraindications. **POG**

Letters

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me! She has picked up a few "middle aged pounds" and is jealous of my weight loss. Again, no related health problems.

A couple of questions addressed body pain. I have problems with reflux, which occasionally affects my sleep. I also have the usual joint discomfort common for a 63-year-old man. No unusual problems. I still hit the treadmill at 5:30 each morning for 30 minutes at about 3.7 mph, and walk the dog regularly. I still work full-time as an insurance claims manager and have a very active life.

I welcome the opportunity to talk with any of your patients wondering what to expect from pouch surgery. Please feel free to give out my home phone number.

Joseph Forristell

Highland Heights, OH

I feel great for a 78-year-old man. I would recommend a pouch operation for anyone [who is considering it].

Chester Mortimer

Rimersburg, PA