Medical therapy allows many ulcerative colitis (UC) patients to manage their condition without surgery, at least initially.

One such therapy is infliximab, manufactured by Centocor Inc. under the brand name Remicade. In patients with UC, Remicade works, in short, by inhibiting a pathway in the inflammatory response, allowing symptoms to subside and the mucosa to heal. However, little has been known about the risk of complications that could arise as a result of infusing this medication prior to restorative proctocolectomy.

Additionally, it is unclear whether preoperative use of Remicade affects the number of surgeries required to complete the restorative proctocolectomy with ileal pouch-anal anastomosis. The procedure can be done in one, two or three stages, depending on the severity of illness.

To learn more, physicians at Cleveland Clinic’s Digestive Disease Center looked back at the 523 patients registered in the Ileal Pouch Database between January 2000 and December 2006 with diagnoses of ulcerative or indeterminate colitis. Of these, 85 patients were treated preoperatively with Remicade, most receiving two to four infusions over a five-to-28-week period before surgery.

To determine whether preoperative Remicade use led to increased postoperative complications, researchers compared these 85 patients who underwent a two-stage procedure with a control group of 46 randomly selected, matched UC patients who had not received Remicade. The results showed a statistically significant increase in early postoperative complications, particularly ileal pouch-anal anastomotic leak and pelvic sepsis, with Remicade use.

Although there was not a significant difference with respect to late complications, there was an increased rate of pouchitis in the group treated with Remicade.

Continued on page 2
A three-stage restorative proctocolectomy was performed in 46% of patients who received Remicade and 28% of those who did not. There was not a significant difference in the extent of the disease between the two groups, however disease severity was slightly greater in the Remicade-treated patients. Furthermore, steroid use among the groups was similar and statistical adjustments were made for differences between the groups with respect to types of medications used. The rate of three-stage procedures remained significantly greater in patients treated with Remicade.

In conclusion, our researchers found that the administration of Remicade prior to restorative proctocolectomy increases the rates of early and late postoperative complications in patients with moderate-to-severe UC. Additionally, Remicade use was associated with an increased need for a three-stage restorative proctocolectomy.

Patients are advised to discuss the pros and cons of Remicade treatment for their condition with their gastroenterologist and colorectal surgeon.
Perianal Skin Care after Ileal Pouch Anal Anastomosis

BY BARBARA J. HOCEVAR, RN, CWOCN, ETN

Some people have seepage of mucus and/or stool following ileal pouch anal anastomosis surgery. Factors that may contribute to seepage include strength of the perianal muscles; consistency of the stool (liquid stool or mucus is more difficult to contain than thicker stool); time since the operation (the sphincters are not at optimal strength immediately after surgery); capacity of the internal pouch; and awareness of the need to empty (while asleep, you may not be as aware of the need to empty the internal pouch, with resultant seepage).

The stool that is contained in the pelvic pouch tends to be more liquid-to-thick-pudding consistency. This stool is rich in digestive enzymes which, if allowed to contact the perianal skin for any length of time, can begin to digest the protein in the outer skin layer. In addition, the fluid in the stool and mucus can be absorbed into the tissues leading to maceration (also called over-hydration) of the skin. This is the same process that occurs when you relax in a tub of bathwater and come out with “prune fingers and toes.” When skin is over-hydrated, its ability to act as a barrier is reduced.1

Bowel actions may range from four to nine per day; six is the average. If the perianal skin is not properly cleansed each time, irritation can result.

The purpose of this article is to discuss how to optimize perianal skin health.

Cleansing

When cleansing the perianal area, gentleness is key. Using a soft cloth, patting the area rather than rubbing or wiping and using only gentle cleansers are important, especially if a person is prone to irritation in this area.

Some people find that cleansing wipes formulated for baby care are helpful and convenient, particularly when away from home. However, cleansing with a soft cloth and warm water may be enough. If soap is required, look for one that is pH balanced; many bar soaps are alkaline in nature and, over time and with multiple cleansings a day, may disrupt the normal low pH (4.3-5.9) of the skin.2 This low pH is why the skin is sometimes referred to as the “acid mantle.” A pH range of 4.7 is desirable for skin care products.2

Skin care cleansers are an alternative. These products contain surfactants – substances that help to gently remove stool and other irritants from the skin. Individuals may find these products to be more skin friendly with less potential to cause irritation. Some of these products contain fragrances which are designed to mask odors; use these carefully as some of these fragrances may cause irritation to the skin, particularly if there is already skin breakdown.3

A variety of skin cleansing products is available at pharmacies and surgical supply houses.

Moisturizing

Perianal skin may become dry if cleansed several times a day. Moisturizers contain a variety of products, such as lanolin, mineral oil or glycerin, that are made to replace oils in the skin and improve its moisture-barrier function. They can be added separately, but are often found in combination with soaps and/or perineal cleansers.

Examples of skin cleansers with moisturizers include: Aloe Vesta Perineal/Skin Cleanser and Sensi-Care Perineal/Skin Cleanser by ConvaTec, Restore Skin Cleanser by Hollister, Soothe & Cool Perineal Wash by Medline Industries, Inc., SECURA Personal Cleanser by Smith & Nephew Inc., Bedside Care Perineal Wash by Coloplast Corp. and 3M Cavilon Skin Cleanser by 3M Health Care.

Skin Protection

Moisture barriers, also called skin protectants, are an integral part of perianal skin care. They serve as a barrier between the stool or mucus and the perianal skin. There are several formulations available: ointments, pastes and liquid barrier films.

Moisture barrier ointments have a petrolatum base. They are useful for preventing irritation and treating lower grade skin irritation. A paste is an ointment with a powder added for durability;1 zinc oxide is a common ingredient in pastes. These products provide a more heavy duty layer of protection and are helpful if ointments are not sufficient. They may be difficult to remove; mineral oil can be useful in removing any paste residue without excess wiping.

Examples of ointments and pastes include: Calmoseptine Ointment by Calmoseptine, Inc., Baza Clear Skin Protectant Ointment and Critic-Aid Skin Paste by Coloplast Corp., Aloe Vesta Protective Ointment and Sensi-Care Protective Barrier by
ConvaTec, Restore Moisture Barrier Skin Ointment by Hollister and SECURA Protective Ointment by Smith & Nephew, Inc.

An alternative to an ointment or paste is a skin sealant. Also known as plasticized skin barriers, skin sealants are commonly used with ostomy pouching systems. These products can also be used to protect the perianal skin. They consist of a polymer combined with some type of solvent.

When applied to the skin, the solvent evaporates, leaving a protective layer. The solvent in some sealants is alcohol, which is not recommended for use in the perianal area as it can cause stinging and drying. An example of a skin sealant that can be used in the perianal area is 3M Cavilon No Sting Barrier Film by 3M Health Care.

**Procedure**

As described above, cleansing, moisturizing and protection are key to a perianal skin care plan. After each bowel action, cleanse the perianal skin gently with a pH-balanced cleanser/moisturizer. The skin should be thoroughly patted dry; if you have the time, air drying is preferred. A skin protectant is then applied.

It is important to note that moisture barrier ointments and pastes DO NOT need to be totally removed with each cleansing. You need to cleanse down to skin level once a day; the remaining times, remove any soiled layers of ointment or paste and apply a fresh coat on top. This helps prevent friction damage to the skin.

It is hard to get into this habit as it is contrary to what we have been taught since infancy, but it is extremely important in helping prevent damage to the perianal skin.

**Special Considerations**

Ostomy skin barrier powder can be beneficial for skin that is severely denuded or irritated. After the skin is gently cleansed and thoroughly dried, dust the area with skin barrier powder, then brush off any excess. Apply ointment, paste or sealant as usual. The powder will dry the denuded area, helping the skin protectant adhere better. Examples of skin barrier powder include Stomahesive Protective Powder by ConvaTec, Adapt Stoma Powder by Hollister Incorporated and Coloplast Ostomy Powder by Coloplast Corporation.

Fungal rashes are common in areas that are moist and dark, such as the perianal area. The most common causative organism is Candida albicans. The rash is characterized by redened area with white pustules that itch. The rash commonly has pustules extending away from the main rash area; this is termed satellite lesions or an advancing border.

Treatment requires an antifungal agent. This can be a prescription item (Nystatin powder) or can be obtained in over-the-counter (OTC) products. If you are choosing an OTC antifungal product, look for 2% miconazole. If a powder form of antifungal is used, be sure to dust it on after thoroughly cleansing the skin, then brush off any excess powder. Apply topical protective product as usual.

Some patients find that placing a cotton ball over the anus helps absorb small amounts of seepage. Alternately, a small feminine hygiene pad can be placed in underclothing to absorb seepage. Change this product once it is saturated. Appropriate skin care as outlined above should be done with each pad change.

The perianal area after a pelvic pouch procedure should remain intact skin and no irritation. The steps outlined above should help to keep perianal skin in optimum condition.

**References**


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**PATIENT LETTERS**

**AMY SLOAN NICHOLS, PH.D.**

**The Seasons of My Life**

When I run along some of my favorite trails, I am mesmerized by nature’s ever-changing display of colors. It is the perfect setting to reflect upon the many seasons of my life, my personal transformations, and appreciate living in the moment.

I have always been a healthy athlete, enjoying all kinds of sports and activities. Jon, a fellow athlete, and I were married in the summer of 1989. With mixed but inspired feelings, we bid farewell to our family and friends and relocated from Western New York to Southeastern Michigan, where greener pastures lay ahead — an automotive engineering career for Jon and a high school teaching position for me.

The following summer, we decided to drive out West for a second honeymoon. It was a magnificent trip — camping, hiking, biking, running, swimming, exploring — life couldn’t get any better than this! We returned home and I suddenly became very ill with what I speculated to be possible ingestion of a parasite. I was not prepared for the diagnosis of ulcerative colitis.

As a 30-year-old health nut, this was the first time that I was TRULY sick. My symptoms included chronic urgency to use the restroom, blood loss and unremitting abdominal pain and cramping. These symptoms, coupled with a significant amount of weight loss, highly limited my activities — running was no longer an option.

As summer turned to fall, I went from a sense of serenity to uneasiness and sadness. I was not responding to medication. My spirit was weakening and defenseless. Intuition told me that surgery was the next step... and so it was. I had to have my large intestine, rectum and a
small portion of the small intestine removed, requiring a temporary ileostomy until a second surgical procedure, a J-pouch, could be performed the following spring. At 5 foot 4 inches, I now weighed less than 100 pounds, and needed to reintroduce food to my digestive tract. As winter arrived, this lifelong athlete was unable to participate in any physical exercise except the occasional walk down the driveway to fetch the mail.

Unfortunately, I had several complications throughout the winter, spring and following summer that resulted in multiple hospital stays, IVs, liquid diets, continued weakness and further weight loss. My doctor told me that I needed to gain weight. I knew this intellectually, but a diet to add weight was both a paradox and foreign concept to me. As the fall arrived, my strength, endurance and weight gain slowly increased, and soon my spirits were awakened.

My husband, family and friends showered me with love, understanding and humor (buy some shoes to match your bag?). This entire experience changed my outlook and perspective of life. I was thankful to be alive, disease free, healthy, and no longer a frequent guest at the Clinic. What should I do with my life now that I had it back... or rather forward? Stay healthy, allow physical and mental fitness to continue to transform my life, go to grad school, travel and appreciate all that there is and all that I have.

I ran a 5K the following spring (1991), a year and a half after my surgery, and have since completed two marathons, several half marathons, plenty of charity road races, mini-triathlons, duathlons and charity bike rides. A group of us participated in a few 100K-team relay trail runs. I returned to college and completed my doctorate. This led to a rewarding career as a school administrator, with opportunities to teach as an adjunct professor at nearby universities.

I have also had the opportunity to comfort people experiencing similar struggles and surgeries. A myriad of feelings is associated with this kind of surgery that many are uncomfortable discussing. I am told that I inspire others and it is this appreciation that embraces all that I do.

Part 2

...and life goes on, years pass, seasons change.

I want to preface by saying my quality of life is great, the human body is an extraordinary machine, and I am thankful for each day. I know that I am capable of giving and receiving love. I am surrounded and supported by my wonderful family, friends, and my remarkable husband, Jon. I truly understand unconditional love.

I have experienced several setbacks, starting in fall 2000, which continued through spring 2007. Actually, I had another major, life-changing surgery in January 2007 at Cleveland Clinic. Let me backtrack a bit. For more than 10 years, I was a J-pouch poster child. Then, in the fall of 2000, I underwent surgery for an abdominal mass that was a combination of an ovarian cyst and scar tissue. The mass attached itself to my small intestine and the doctors were quite concerned. I had just entered a new school year with my staff and was at peak physical performance, having recently completed a 10-mile race. The surgery resulted in the removal of the mass, my right ovary and fallopian tube, but the mass, which was the size of an orange, was benign. All was fine within a few months and I re-engaged in all my activities.

Now I’ll fast forward. Jon was aggressively recruited by an engineering firm in Austin, Texas, during the winter of 2005. We had created a wonderful life in Michigan with 16 years of personal growth and professional success. Our decision was to accept the job offer in Austin, say goodbye to Michigan and see what life held for us next on our journey together. Sadly, we closed one door and bravely walked through this new door with open minds, ambition and excitement.

One of the most difficult decisions was leaving my surgeon of 15 years. I began struggling with complex fistulas in my J-pouch from 2003 through 2005, resulting in several medical procedures, interventions and in- and outpatient surgeries. The type of fistulas I had occurred from the intestine/J-pouch/rectal areas tunneling through my skin. The tunnels began to branch out and increase in number, thus the diagnosis of complex fistulas. Crohn’s was ruled out and we thought we had the fistulas healed that May, prior to my move. By the summer of 2005, our move to Austin was complete and I was ready to begin a new job in the corporate world that fall.

Jon and I planned a multi-sport summer vacation in Telluride, CO. This was our third trip there. We had a great time, were very active, and ended each day with a glass of wine and a hot tub soak. Two weeks after our return to Austin, I was sitting in my new surgeon’s office with a temperature and terrible pain. Yes, the fistulas were alive and well and upon our first meeting, my new doctor performed an office procedure to release the fluid and address the pain. He reconfirmed the fistula diagnosis and ongoing internal infection.

I was not responding to medical interventions. Just six months after moving and starting a new career, I was prepping for yet another surgery in early 2006. This surgery was to create a temporary ileostomy AGAIN, 15 years after my initial one.

I adjusted well to the ileostomy bag and increased my strength and stamina. I stayed very active and fit, traveled for business, joined a golf league, started yoga, entered bike races with Jon, completed a mini-triathlon, sailed in the British Virgin Islands and participated in my first adventure race with a friend. Life was so very good and I was thankful for each day.

It was now the fall of 2006. Comprehensive medical tests indicated that fistulas and infection, significant weakness in muscles and incontinence. My Austin surgeon was really discouraged. He recommended a second opinion from either the Mayo Hospital or Cleveland Clinic. I realized that I really only had two alternatives remaining: a permanent ileostomy or a Koch-pouch (continent ileostomy).

Internationally renowned Cleveland Clinic surgeon Victor Fazio, M.D., is recognized for his technical expertise with K-pouches. We went to get his professional opinion and to determine if I was a possible candidate. I was and underwent the surgery in January 2007. This was a very difficult surgery, with large amounts of scar tissue that further complicated and extended the length of surgery. I write this article while recuperating at home. The recovery is slow, long and often painful, but I am getting stronger each day, increasing my stamina and endurance. I have far to go, yet I have come so far.

We love living in Austin. There is plenty of sunshine and the mild climate invites you to play outdoors. I am excited about wearing form-fitting clothes again and maybe a two-piece bathing suit this summer. Equally, I thrive on the endorphin rush I get when I eventually go back... no, go forward to my full and active life. My next goal is to participate in a sporting event and only wear my Ipod by choice and not an ileostomy bag by necessity.
Part 3
It is now August 2007, the lazy days of summer and I am officially 6 months past surgery and feeling incredibly healthy and strong. I logged 30 miles running last week, slow, steady and relaxed, listening to my music and enjoying every step.

I have learned many life lessons through my trials and tribulations. The global lesson is that this is life, your life, my life. It is fragile and you do not get a dress rehearsal. It is how you choose to reflect on all that happens that allows you to be your best self and live your best life.

DOREEN POLSEN

Never Give Up

In August of 1999, if someone would have told me that I would one day run a marathon, I would have said they were out of their mind.

In July of 1997, I was diagnosed with proctitis and shortly thereafter, ulcerative colitis. Prior to the formal diagnosis, I had suffered for several years with irritable bowel syndrome (IBS), but did not recognize the illness. By July of 1999, the disease had progressed so rapidly that attempts to control it with intravenous fluids and intensive medical therapy were unsuccessful. Upon transfer to Cleveland Clinic, I was told I had the symptoms of toxic megacolon, I was possibly on death’s doorstep, and a total colectomy was required for me to survive.

It was then that I first met the wonderful surgeon who would give me a “new lease on life.” Feza Remzi, M.D., performed a total colectomy and ileostomy on Saturday, Aug. 14, 1999. The surgery went very well, but my recovery was very slow. After a blood transfusion, vomiting bile and dealing with an NG tube, edema, an abscess, shingles, abnormal liver functions and a very long hospital stay, I was grateful for the day I went home, knowing I had made it through the first of three surgeries. The second and third surgeries went well and I was on the road to recovery, attempting to live a normal life again.

One of my lifelong dreams was to run a marathon. But, given all that had happened, I put that dream on the back burner and was grateful for the day I went home, knowing I had made it through the first of three surgeries. The second and third surgeries went well and I was on the road to recovery, attempting to live a normal life again.

In December of 2006, I decided to start training for the Rite Aid Cleveland Marathon that would be held May 20, 2007. I ran three times a week and cross-trained with my fitness idol — Cathe Friedrich. Her DVDs consisted of cardio and weight training, as well as aerobic drills and intervals.

Unfortunately, my training did not go without incident. On Feb. 10, 2007, I found myself in Cleveland Clinic’s Emergency Department with a surgical complication. My body connection and respect the human body as a fascinating machine.

I will continue to reflect, recognize and appreciate all that I have and all that I am. Jon and I celebrated 18 years of marriage this summer in Telluride, CO. I am delighted to say that at age 46, the changing, multicolored seasons of my life continue to flourish and follow trails of their own, leading to places that resonate my past, welcome and respect the present moment, and guide the path to my future.

Amy Sloan Nichols, Ph.D.
Georgetown, Texas

Maintain a positive outlook and healthy spirit, understand the mind-body connection and respect the human body as a fascinating machine.

As the race day approached, I was a little nervous and started having second thoughts. But to my surprise, on Friday, May 18, (two days before the race) Cathe Friedrich’s 2007 Catalogue arrived. The cover put everything in perspective for me — “Embrace the Challenge.” The timing couldn’t have been better. I realized I had two choices — fear or faith. “Faith is the assurance of things hoped for, the conviction of things not seen.” I chose faith... I was going to run the marathon and cross the finish line with a smile on my face and a song in my heart.

On the day of the marathon, the weather was quite cool for me and I dressed accordingly. The race started and I felt like I could conquer the world. I had been running 10-to-12 minute miles during my training, but I lined up with the runners who anticipated finishing the race in 3 to 4 hours. I had high hopes!

The first six miles, I found myself keeping up at that pace. There was no stopping me — or so I thought. However, by the halfway mark, I slowed down. By the 18th mile, I started to get a little more nervous and doubted I could go 8 more miles. But lo and behold, I dug a little deeper and reminded myself that this is what I had trained for. I could do this! I was elated to cross the finish line after 5 hours of running. I had a smile on my face and a song in my heart!

Who would have imagined that I would achieve a goal that I had set long before my medical complications? It just goes to show you that anything is possible. Never give up on your dreams.

My wonderful husband, family and friends have been so supportive. They never stopped believing in me and were there cheering me on! Dr. Remzi gave me a second chance at life. I am certain that because of his surgical abilities and my determination, I was able to achieve this goal.

I am so grateful for Dr. Remzi and thankful for the years that have given me so much to be thankful for.

If my story gives hope to someone in despair, I believe I will have accomplished one of life’s noblest deeds. And strangely enough, we who have come close to losing our hope can be of great help to others who are watching their own hopes fade.

So it is then, at that moment in life, that a few promising words can sustain and encourage the soul until hope returns to the heart making it strong enough to continue life’s journey.

Doreen Polsen
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