**Instructions for J-pouch surgery/IPAA (ileal pouch anal anastomosis) surgery patient**

J-pouch surgery/IPAA surgery is most commonly performed for people with ulcerative colitis or colon polyposis disease. In the operation, the colon and rectum are removed sparing the sphincters and a J-shaped reservoir is built from the small intestine and connected to the anal canal. Usually, surgery involves a temporary ileostomy to protect the intestinal seam.

**Skin care**

Loose, diarrheal and concentrated small intestine secretions irritate the skin around the anus, therefore it must be carefully treated. Water spraying and oiling the skin prevents skin irritation. You can get more detailed instructions on creams and treatments from your stoma nurse. After surgery, there may be several times to defecate per day. In most cases, bowel movements become less frequent, usually a few weeks to months after surgery. The function of the sphincters usually remains normal, but faecal incontinence may initially occur, especially at night.

**Diet**

The main part of nutrients is absorbed from the small intestine. The large intestine absorbs mainly water and salts. Once the colon is removed, much of the fluid and salts remain unabsorbed and are eliminated as a loose, diarrhoea-like secretion from the small intestine. As a rule, there are no restrictions when it comes to diet. If you find that a food isn't right for you, you can exclude it from your diet. It is important that you eat calmly and chew food thoroughly. The regularity and variety of food intake helps the bowel function. To get enough sleep, it's a good idea to lighten your meals towards the evening so that your bowels don't work at night.

Along with the secretion of small intestine sodium is removed from the body, which can be replaced by adding salt to food or by using more salty foods than before. The body's fluid balance must be taken care of. You should drink at least 1.5 – 2 litres of fluid per day. Dehydration and salt deficiency should be anticipated by consuming more fluids/salt, for example. when travelling south, playing sports or suffering from fever or diarrhoea. Consuming too cold drinks in large quantities should be avoided, as they can accelerate bowel movements and thus increase diarrhea. Symptoms of fluid balance disorder include fatigue, weakness, nausea, cramping and reduced amounts of urine.

**Faecal firming/loosening foods**

The bowel reactions to different foods are individual. Usually, banana, blueberry, oatmeal, cheese and tea are considered foods that firm intestinal content. Correspondingly, loosening foods may include, for example, dried fruits, coffee, alcohol, spices, sugar, high-fibre bran, raw vegetables and fruits. If necessary, antidiarrheal medication can be used to control the function of the J-pouch. The dosage is individual and instructions can be obtained from the attending physician.

**Flatulence**

There is always some amount of gas produced in the intestines. Flatulence is individual. Foods that increase gas formation include onions, cabbage, peas, swede, raw apples, carbonated drinks, fresh rye bread and artificial sweeteners such as xylitol. Increasing physical activity is good for digestion and a way to treat and prevent flatulence.

**Bowel obstruction**

After bowel surgery, blockages may form more easily than usual. Especially in the weeks after surgery, you should avoid large quantities of, for example, tomatoes, grapes, fiber-rich vegetables (for example, asparagus), raw carrots and vegetables, mushrooms, nuts, dried fruits, citrus fruits, seeds and peels of berries and fruits. It is important to eat small portions at a time and chew the food thoroughly. Symptoms of bowel obstruction include sudden bowel failure, cramping abdominal pain, nausea and vomiting. Treatment of bowel obstruction requires frequent visits to the doctor and, if necessary, hospitalization.

1. **pouch inflammation/ pouchitis**

The reservoir built from the small intestine can sometimes become inflamed. Symptoms of infection include a sudden increase in the frequency of bowel movements, fever and pain in the lower abdomen. In this case, the attending physician should be contacted. The condition is usually treatable with antibiotic treatment.

**Exercise, hobbies and return to work**

After surgery, carrying/lifting heavy objects and sudden efforts should be avoided. This prevents the formation of an incisional hernia. Light exercise, e.g. walking, is desirable for maintaining physical condition.

Surgery is not an obstacle to returning to work or to the most common hobbies and forms of exercise. For more individual instructions, contact your doctor.

**Sexuality**

Sexuality is part of human life. The disease, the resulting surgery and the possible stoma are not obstacles to sexual life. If you have any problems, don't hesitate to talk to your doctor or stoma nurse. When it comes to contraception and planning pregnancy, it is a good idea to consult a doctor / gynecologist beforehand. When it comes to sex life, talking to your partner is of great importance. A positive attitude towards life, patience, trust, thoughtfulness and humor are also contributing factors in sexuality.

Information on matters related to social security can be obtained from the social worker of the hospital or your municipality of residence.

Patient Associations Finnilco ry (www.finnilco.fi) is the national central organization for stoma and correspondingly operated patients

IPAA Association is a national association and interest organization for J-pouch members ([www.ipaayhdistys.fi](http://www.ipaayhdistys.fi)

Crohn ja Colitis ry ([www.crohnjacolitis.fi/cms/](http://www.crohnjacolitis.fi/cms/))

**Stoma nurse's contact information**

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