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## Total proctocolectomy with ileostomy

Total proctocolectomy with ileostomy is surgery to remove all of the colon (part of the large intestine), rectum, and anus.

### Description

You will receive general anesthesia right before your surgery. This will make you unconscious and unable to feel pain.

For your proctocolectomy:

- Your surgeon will make surgical cut about 6 inches long in your lower belly.
- Then your surgeon will remove your large intestine and rectum.
- Your surgeon may also look at your lymph nodes and may remove some of them, if needed.

Next your surgeon will create an ileostomy:

- Your surgeon will make a small surgical cut in your belly. Usually this is made in the lower right part of your belly.
- The last part of your small intestine (ileum) is pulled through this surgical cut, and sewn onto your belly.
- This opening in your belly formed by your ileum is called the stoma. Stool will come out of this opening and collect in a drainage bag that will be attached to you.

### Why the Procedure is Performed

Total proctocolectomy with ileostomy surgery is done when other medical treatment does not help problems with your large intestine.

It is most commonly done in people who have inflammatory bowel disease, which includes ulcerative colitis or Crohn's disease.

This surgery may also be done if you have:

- Colon or rectum cancer
- Familial polyposis
- Birth defects that have damaged your intestines
- Intestinal damage from an accident or injury

### Risks

Total proctocolectomy with ileostomy is usually safe. Your risk will depend on your general overall health. Ask your doctor about these possible complications:

Risks for any surgery are:

- Wound infections
- Blood clots in the legs that may travel to the lungs
- Breathing problems
- Heart attack or stroke

Risks for this surgery are:

- Bleeding inside your belly
- Damage to nearby organs in the body and to the nerves in the pelvis
- Infection, including in the lungs, urinary tract, and belly
- Scar tissue may form in your belly and causes blockage of your intestines.
- Your wound may break open.
- Poor healing of your wound in your perineum (where the rectum was removed)
- Poor absorption of nutrients from food because of your ileostomy
- Phantom rectum, a sensation that your rectum is still there (similar to people who have amputation of a limb)

## Before the Procedure

Always tell your doctor or nurse what drugs you are taking, even drugs, supplements, or herbs you bought without a prescription. Ask your doctor which drugs you should still take on the day of your surgery.

Talk with your doctor or nurse about these things before you have surgery:

- Intimacy and sexuality
- Sports
- Work
- Pregnancy

During the 2 weeks before your surgery:

- You may be asked to stop taking drugs that make it harder for your blood to clot. These include aspirin, ibuprofen (Advil, Motrin), clopidogrel (Plavix), Naprosyn (Aleve, Naproxen), and others.
- If you smoke, try to stop. Ask your doctor for help.
- Always let your doctor know about any cold, flu, fever, herpes breakout, or other illnesses that may occur before your surgery.
- Eat high fiber foods and drink 6 to 8 glasses of water every day.

The day before your surgery:

- Eat a light breakfast and lunch.
- You may be asked to drink only clear liquids, such as broth, clear juice, and water, after noontime.
- Do NOT drink anything after midnight, including water. Sometimes you will not be able to drink anything for up to 12 hours before surgery.
- Your doctor or nurse may ask you to use enemas or laxatives to clear out your intestines. They will give you instructions for this.

On the day of your surgery:

- Take your drugs your doctor told you to take with a small sip of water.
- Your doctor or nurse will tell you when to arrive at the hospital.

## After the Procedure

You will be in the hospital for 3 to 7 days. You may have to stay longer if you had this surgery because of an emergency.

You may be given ice chips to ease your thirst on the same day as your surgery. By the next day, you will probably be allowed to drink clear liquids. Your doctor or nurse will slowly add thicker fluids and then soft foods as your bowels begin to work again. You may be eating a soft diet 2 days after your surgery.

While you are in the hospital, your nurse and doctor will teach you how to care for your ileostomy.

You will have an ileostomy pouch that is fitted for you. Drainage into your pouch will be constant. You will need to wear the pouch at all times.

## Outlook (Prognosis)

Most people who have total proctocolectomy with ileostomy are able to do most activities they were doing before their surgery. This includes most sports, travel, gardening, hiking, and other outdoor activities, and most types of work.

If you have a chronic condition, such as Crohn's disease or ulcerative colitis, you may need ongoing medical treatment.

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