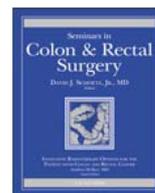




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Introduction

An ileal pouch anastomosed to the anal area has revolutionized the options that can be offered to patients requiring excision of the colon and rectum. The ability to perform a proctocolectomy and avoid a permanent stoma can dramatically improve quality of life. However, this operation is perhaps one of the most technically nuanced of any operation performed by a pelvic bowel surgeon. Leaks, twists, inflammation, stenosis among other problems can occur. Additionally year after year, fewer patients require a proctocolectomy and pelvic pouch. This leads to limited educational opportunities for trainees. Therefore, precise publications based on clinical experience and research (such as this) are important to augment and collect the current state of knowledge regarding this procedure.

These ten chapters have tapped some of the most experienced surgeons who perform pelvic pouches. THANK-YOU TO EACH AND EVERY ONE OF YOU FOR YOUR FANTASTIC CHAPTERS. We start with Dr Lightner discussing how medications administered for ulcerative colitis can affect septic consequences of pouch formation. Drs Kiely and Kiran then elaborate on the perioperative problems that can occur: leak, fistula, sepsis, sinus, and portal vein thrombosis. Longer follow-up can uncover Crohn's disease, cuffitis, and pouchitis. These topics are thoroughly reviewed by Drs McGee and Strong. One of the best reviews I have read regarding mechanical issues (twist, volvulus, afferent/efferent limb problems, paradox, anal stricture, and bar) was written by Drs Lipman and Stocchi. The new field of endoscopic therapy for pouch problems, in an effort to avoid surgery, is written by Dr Shen who is possibly the world authority on this subject. Drs Ashburn and Shawki have showcased their vast experience in de novo and redo pouch construction writing a fabulous chapter on technical tips for a redo pouch.

Pelvic pouches require a lifelong commitment due to the risk of cancer. Drs Lee and Holubar review cancers of the pouch body, anal transitional zone, lymphoma, and squamous cell cancer. Women have specific long term concerns regarding fertility, pregnancy, delivery and sexual dysfunction. An excellent overview of the current state of the literature was written by Drs Wise and Galandiuk. Finally our pelvic pouch patients require advice on anal skin irritation, loose stools, fecal incontinence and metabolic deficiencies. Drs Zutshi and Achkar along with WOCN nurse Floruta provide specific advice that a caregiver can utilize for their patients.

I am indebted to our research fellow, Ipek Sapci for all her assistance researching and writing about the vexing problem of pouch vaginal fistula.

I would be remiss if I did not acknowledge the fantastic base of technical knowledge and wisdom imparted from Drs Victor Fazio, Ian Lavery, and James Church during my training and early career. All three of them were phenomenal teachers in many areas but most importantly regarding construction of pelvic pouches, management of perioperative complications, and the fine art of redo pelvic pouches. I also thank Drs Feza Remzi and Scott Strong for their passion toward teaching us all about inflammatory bowel disease.

Thank-you to Dr Tom Read for the opportunity to put this publication together regarding a subject I am extremely passionate about.

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Guest Editor

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