Strategies for difficult to reach ileal pouch anal anastomosis

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Options

- A series of peritoneal incisions over terminal ileal mesentery
- Mobilization of the root of mesentery beyond the fourth part duodenum
- Ileocolic artery ligation gives a length of ≥ 5 cm
- Ligation of distal SMA adds 6 cm
- S pouch adds 2-4 cm length
Complete mobilization of small bowel and colon/rectum

Intra-operative assessment for adequate mesenteric length:
1. Pull apex of proposed ileal pouch to symphysis pubis
2. Adequate distance if apex reaches 3-4 cm below inferior border of pubis

If close reach (most cases)*
1. Ligate ileocolic artery at origin (adds 3 cm additional length)
   vs.
2. Ligate distal SMA (adds 6.5 cm additional length)

If no reach, significantly shortened mesentery *
3. Utilize mesenteric-lengthening technique
   Preserve right colon marginal artery
   Retrograde blood flow from middle colic artery
   Ligate ileocolic, right colic and distal SMA
   (adds 11 cm additional length)

Chu et al. Tech Coloproctol 2015
Thank you