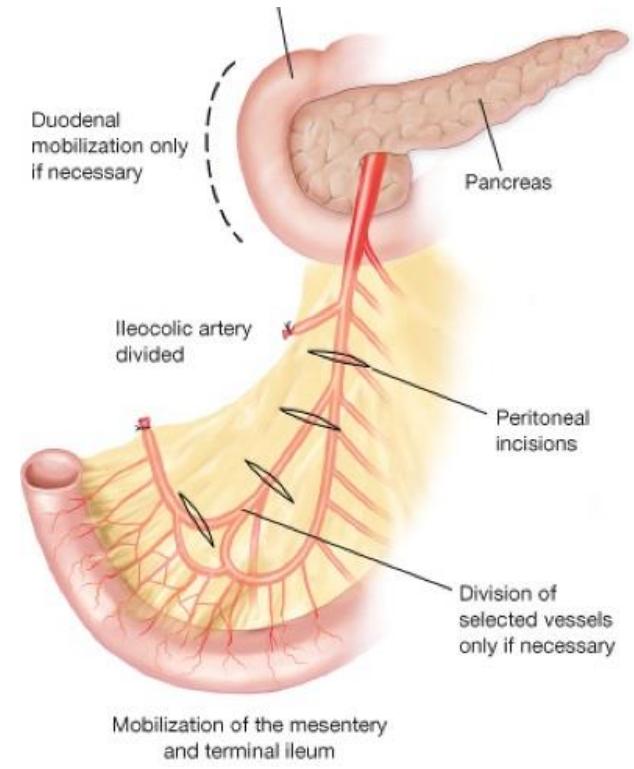


Tips and Tricks for Restorative Proctocolectomy

Sherief Shawki, MD, FACS,FASCRS

*Consultant, Chair of Innovation
Division of Colon & Rectal Surgery*

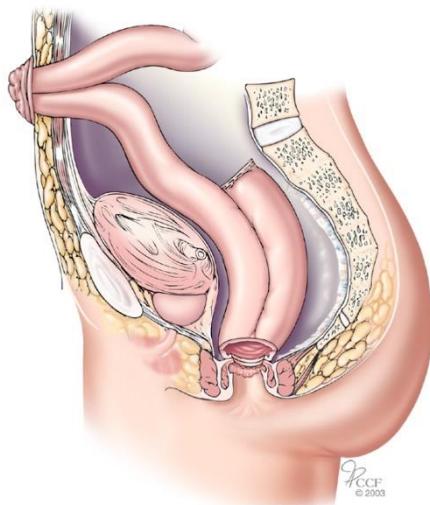
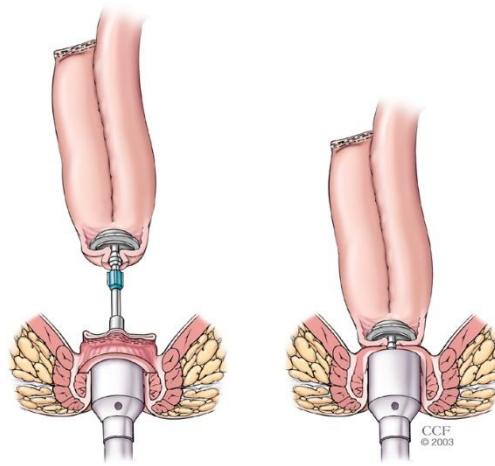
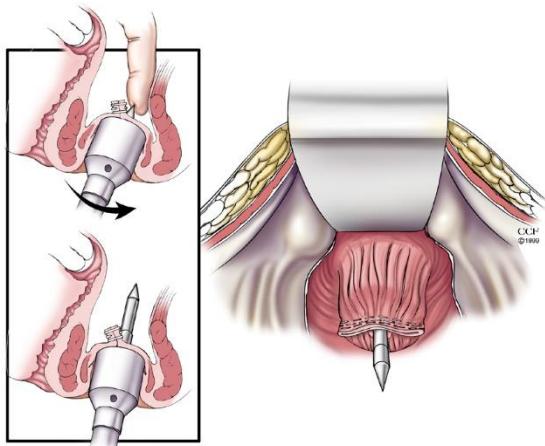
Associate Professor, Mayo clinic college of medicine



Restorative Proctocolectomy

- Indications
 - cMUC
 - Refractory
 - Steroids
 - Neoplasia
 - FAP
- Contraindications
 - Fecal Incontinence
 - Anal sepsis
 - BMI >30
 - Height “*relative*”





Stage II

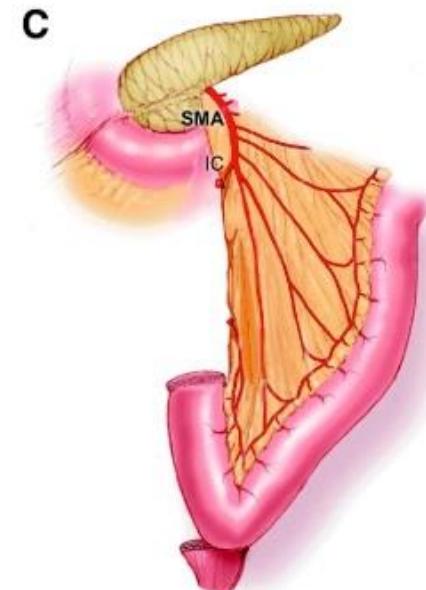
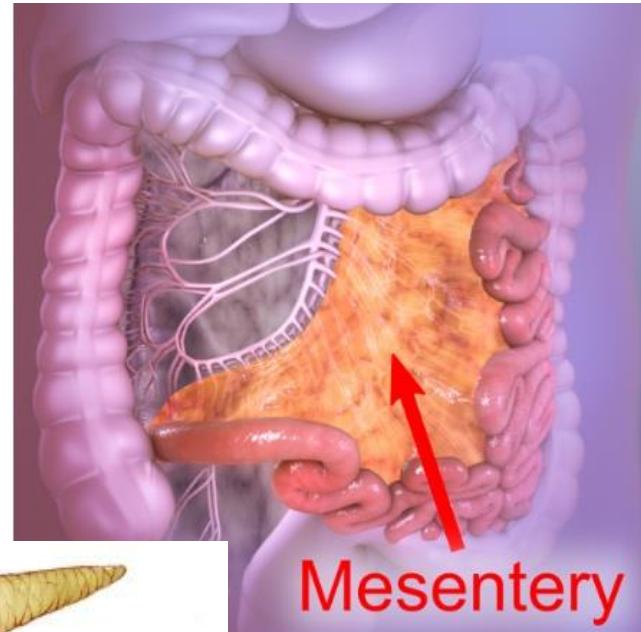
- Ileostomy take down
 - Tip of the J pouch
 - Size of the pouch
 - Best point of reach
 - Underneath the stoma

Concepts in Ileal J pouch

- Rotational Advancement Flap

Rotational

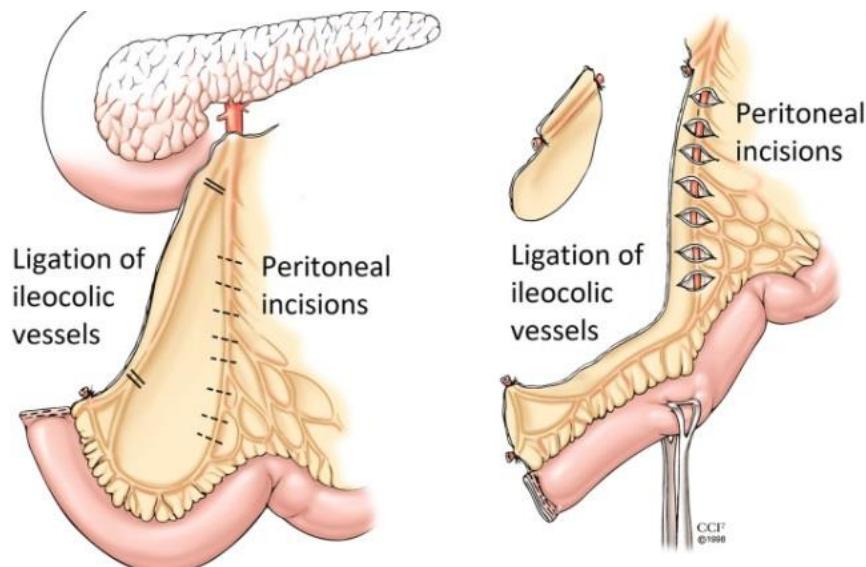
- => Small bowel mesentery
- => Superior mesenteric pedicle
- => Midline structure
- => Full 360 degrees

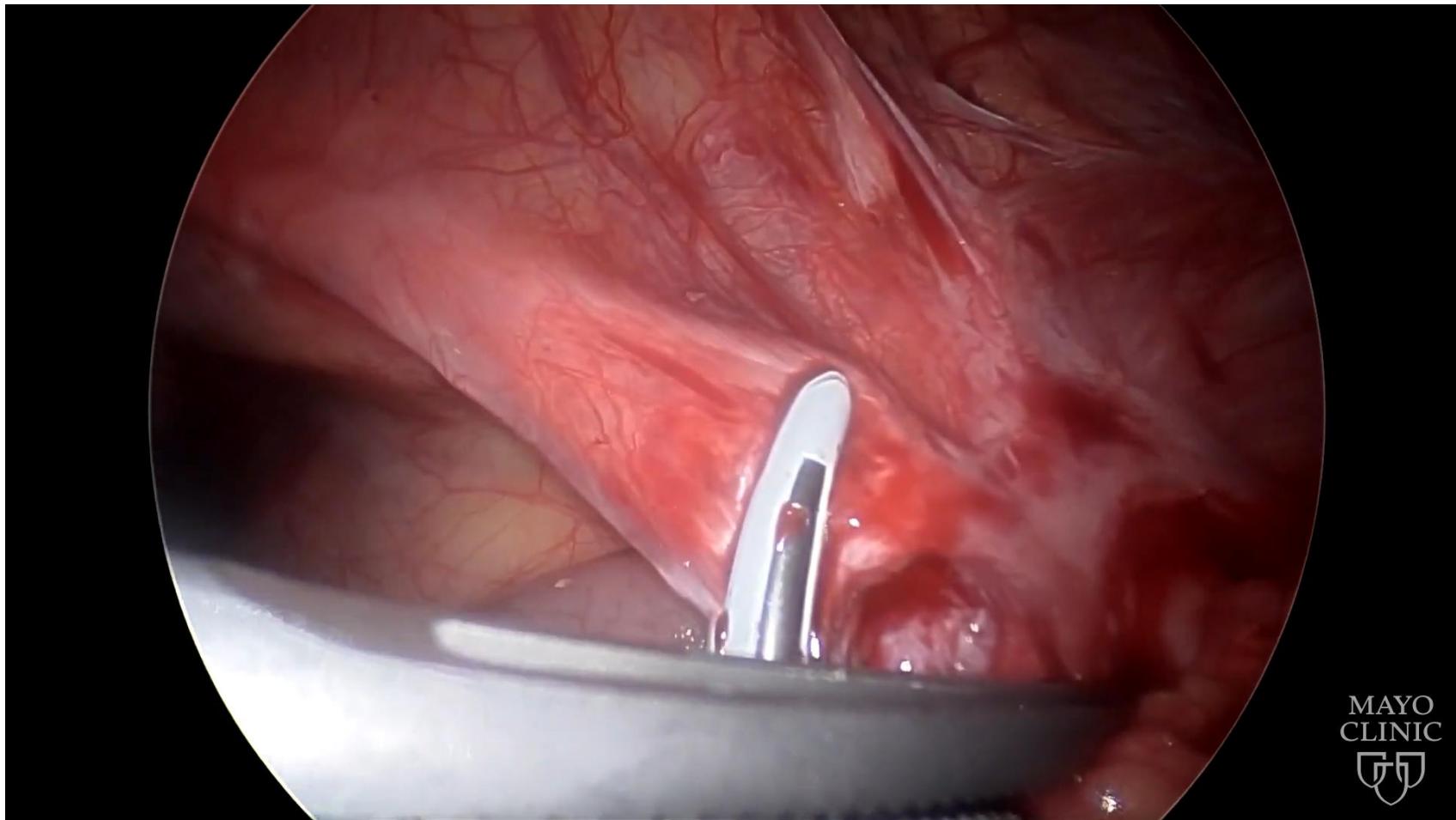


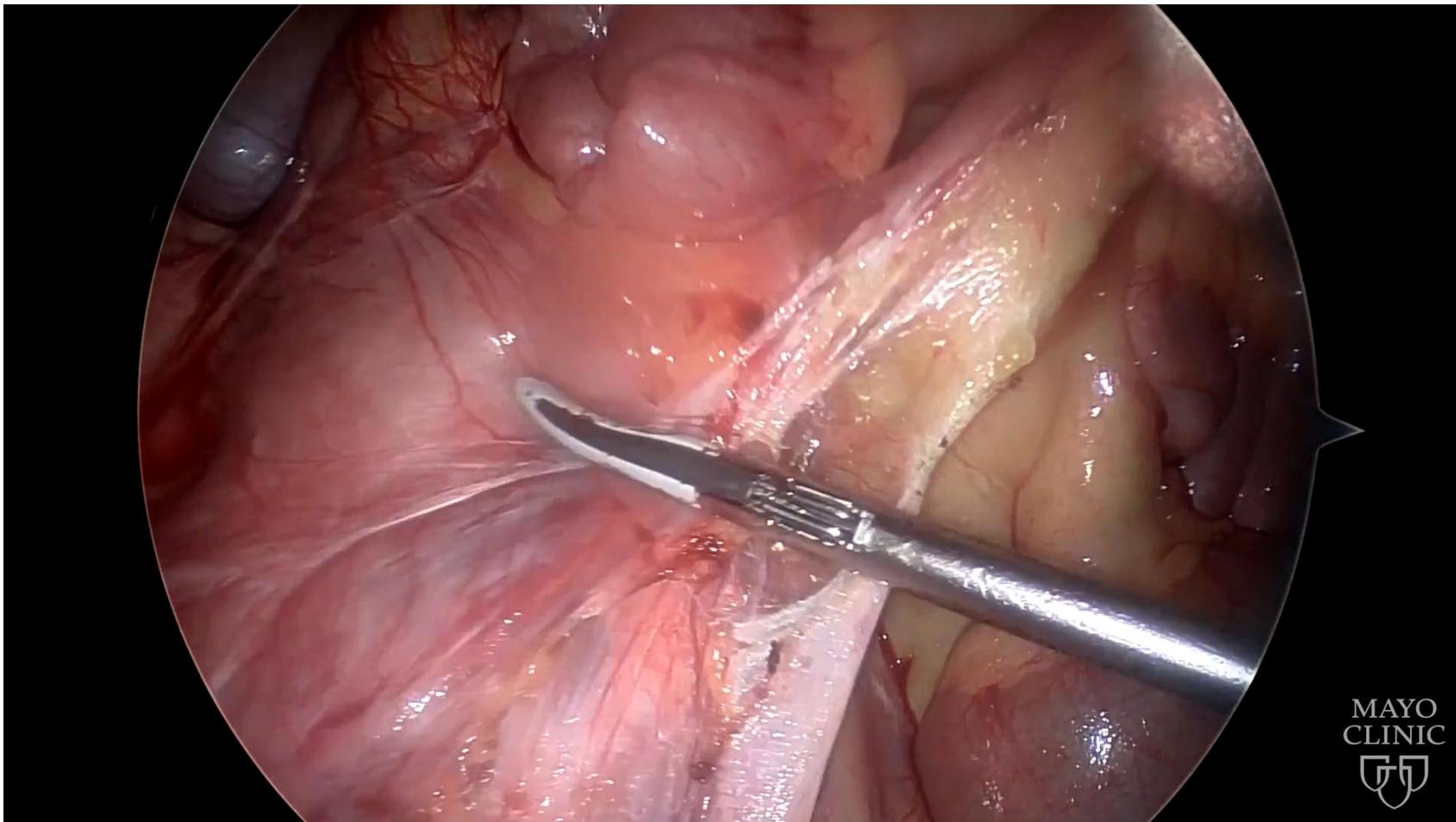
Concepts in Ileal J pouch

- Rotational Advancement Flap
Advancement

- => Tension free reach
- => Releasing => D3
- => peritoneal scoring
 - horizontal
- Mesenteric windows
 - vertical
- => Ileocolic pedicle + associated mesentery

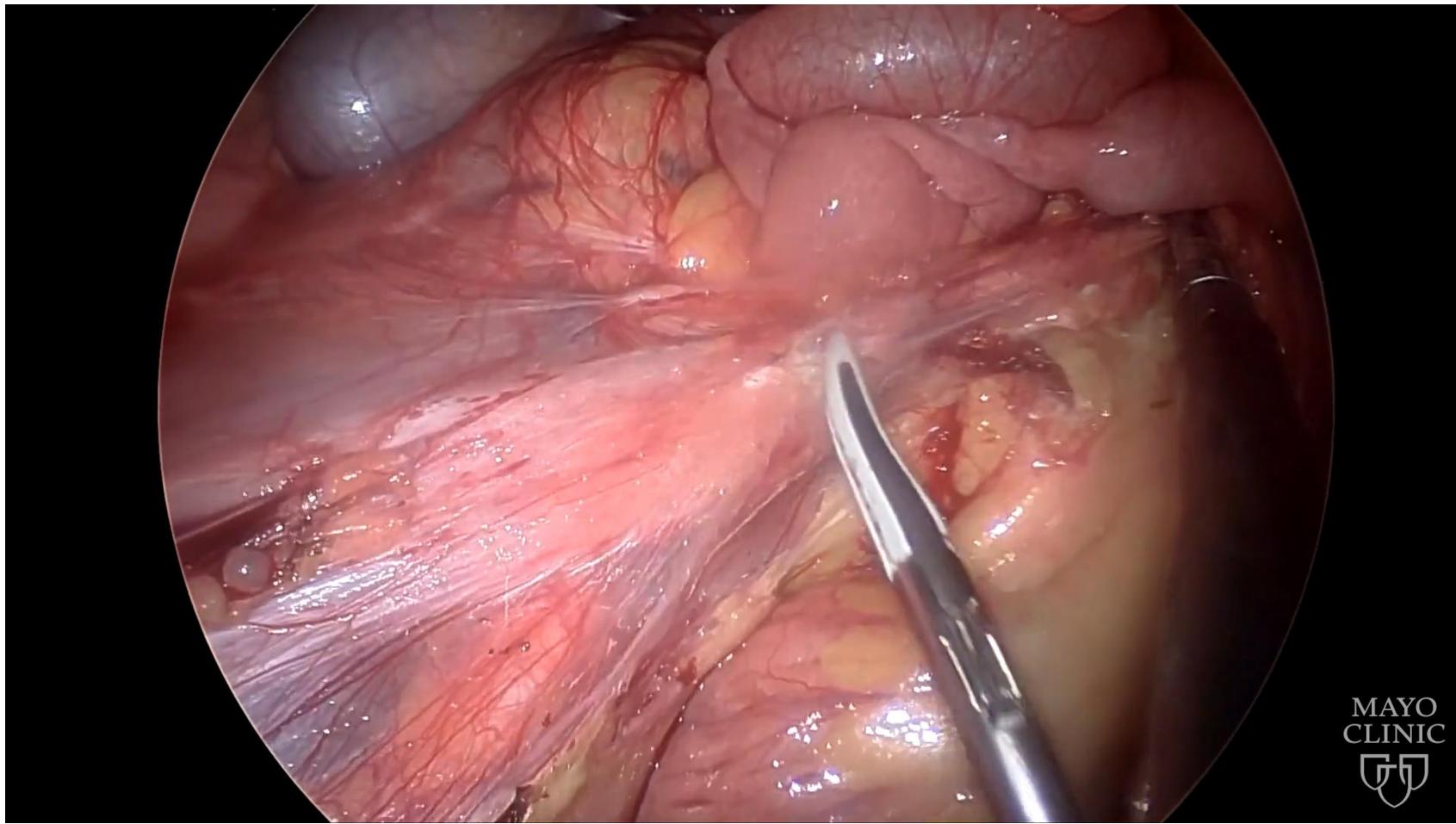






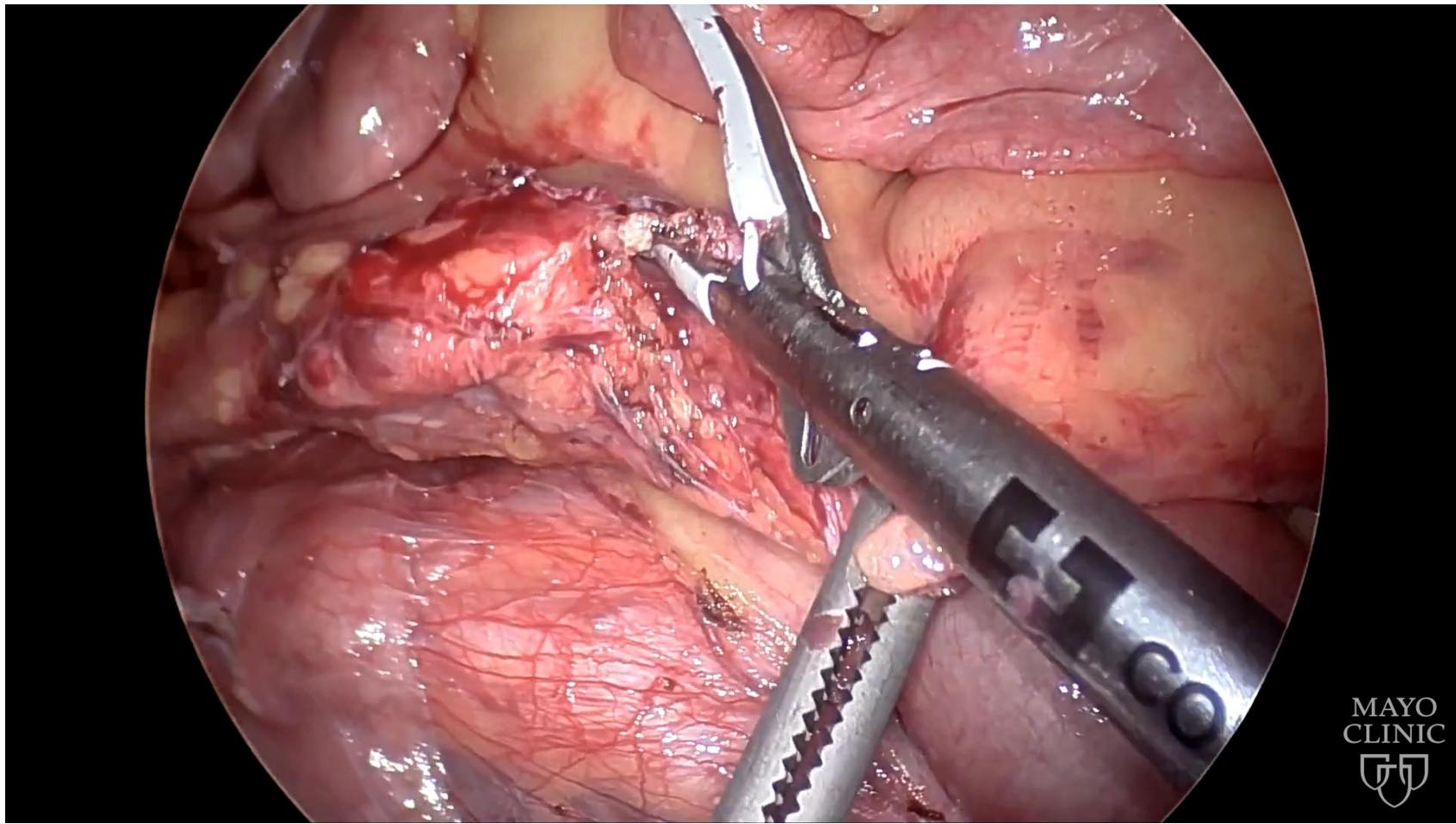
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CLINIC





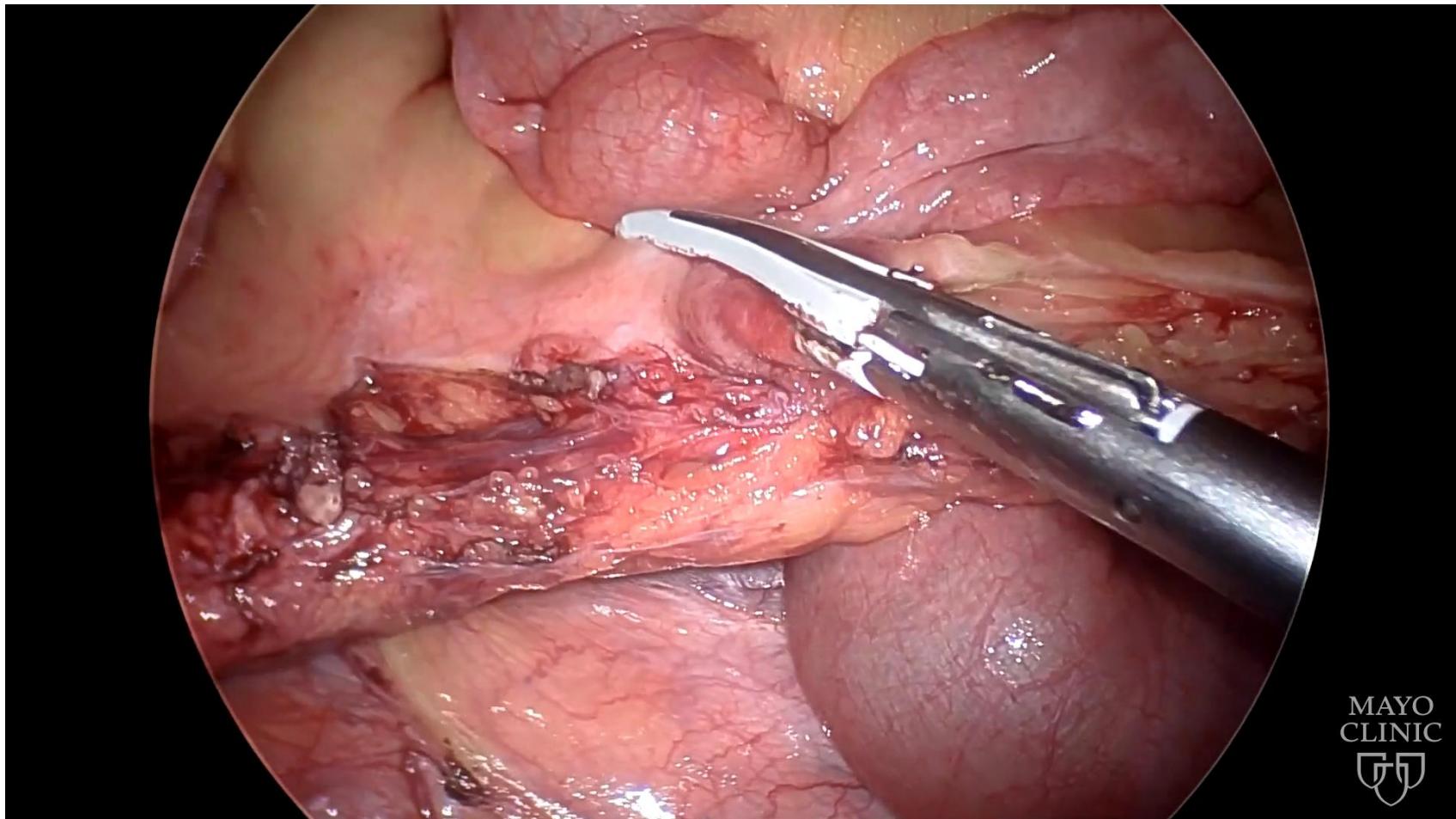
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CLINIC





MAYO
CLINIC

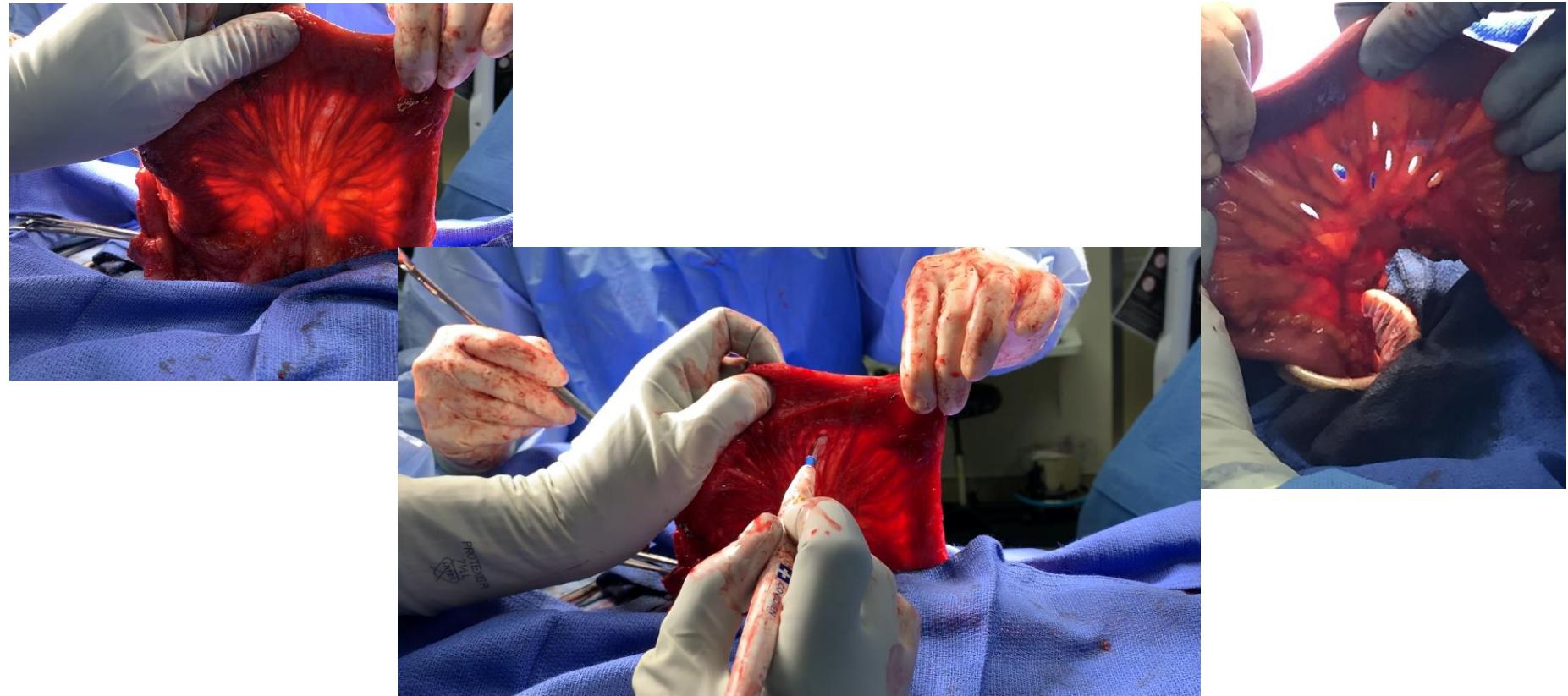




MAYO
CLINIC

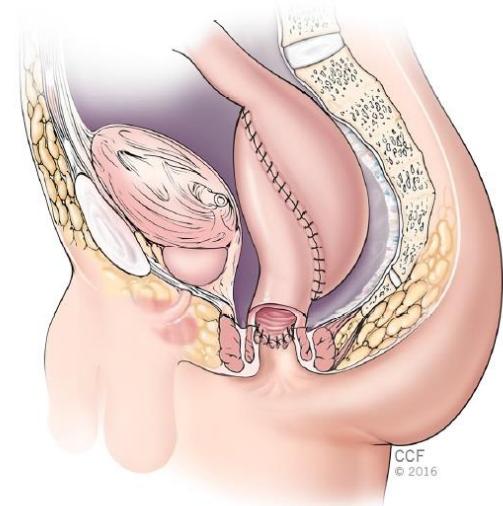
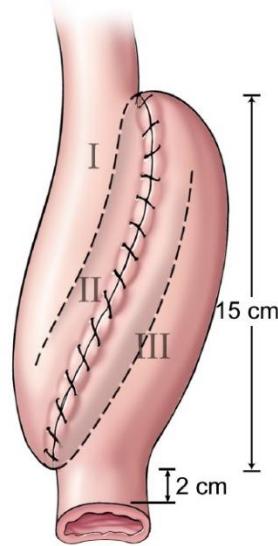


Mesenteric Windows



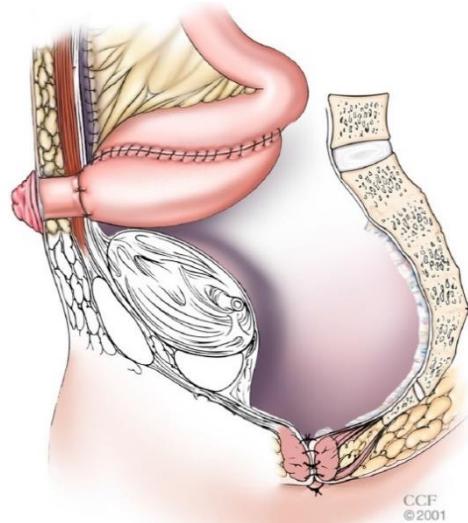
S (III limb) Pouch

- S pouch
 - 2 cm
 - Efferent limb syndrome
 - Functional outcomes
 - => outlet / anal anastomosis straight



No Reach

- Pouch outlet => secured
- Proximal diversion
- Pouch => pelvis
- Return in 6-8 months
- Weight loss
- Repeat the above
- => consider continent ileostomy



CCF
©2001

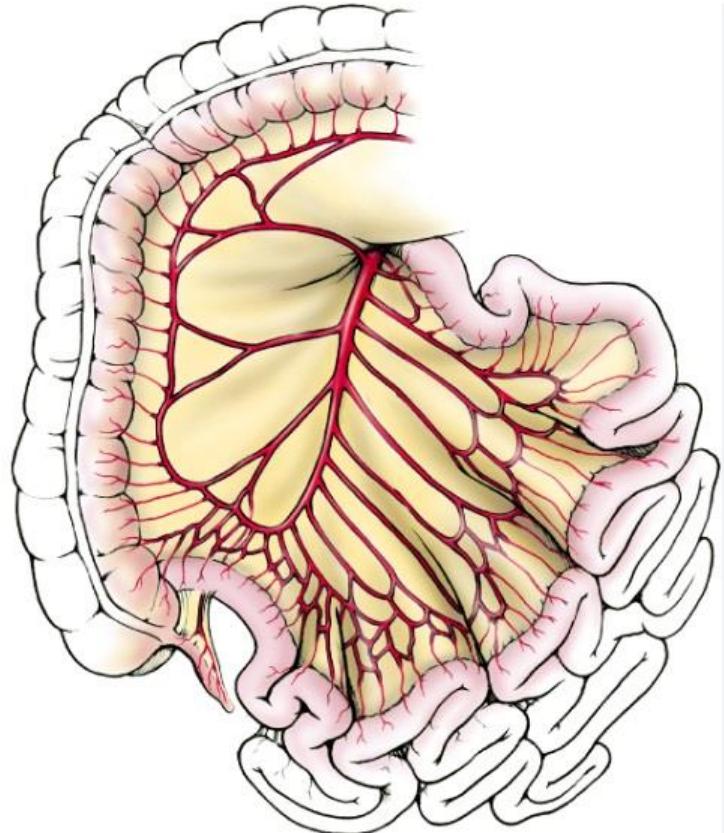
Other measures

- Division of the SMA



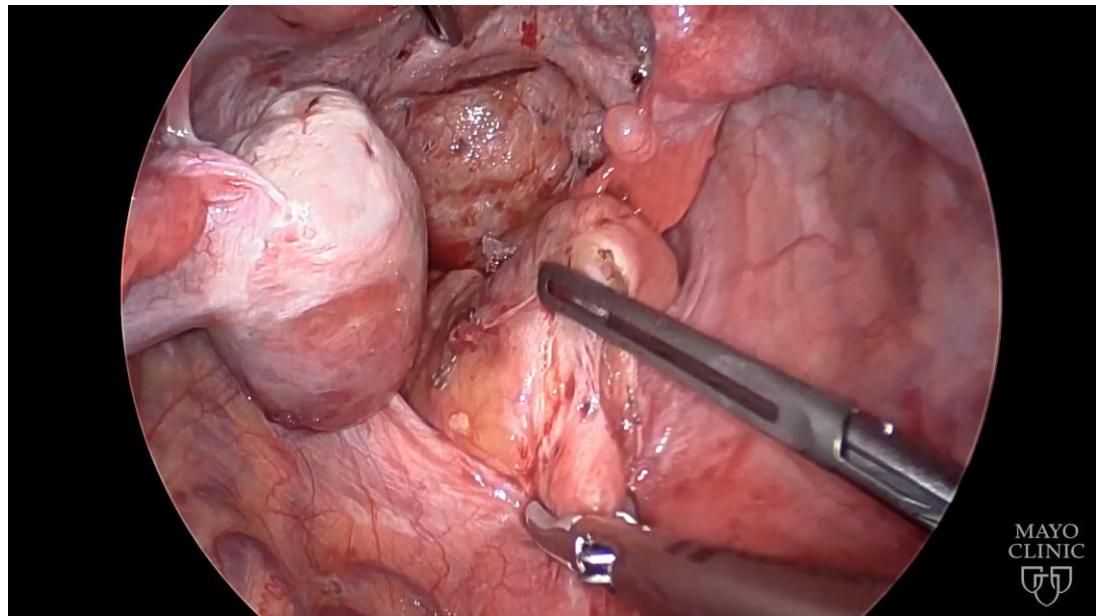
Other measures

- Division of the SMA
 - Middle colic vessels
 - Right side marginal vessels
 - => division → distal
 - Retain right side mesentery
 - +/- Retain ileocolic
 - => distal ileal collaterals
 - Stage I procedure



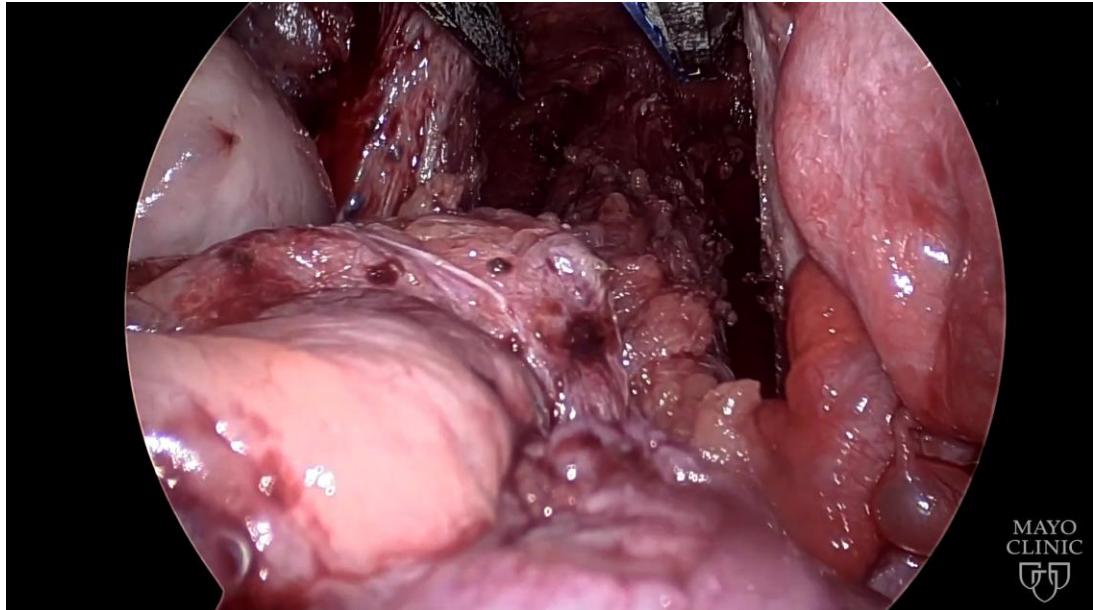
Completion Proctectomy

- TME vs. Close rectal dissection
=> secure hypogastric nerves
- Rectal stump
=> Superior hemorrhoidal vessels
- MUST reach levator hiatus
=> rectum is straight midline tubular structure
- ⇒ Free from surrounding structures
- ⇒ Beyond level of transection



Completion Proctectomy

- Rectal transection
 - Perpendicular
 - rectal cuff
 - 2 cm
 - Retained rectal stump
- Disease portion → Disease symptoms

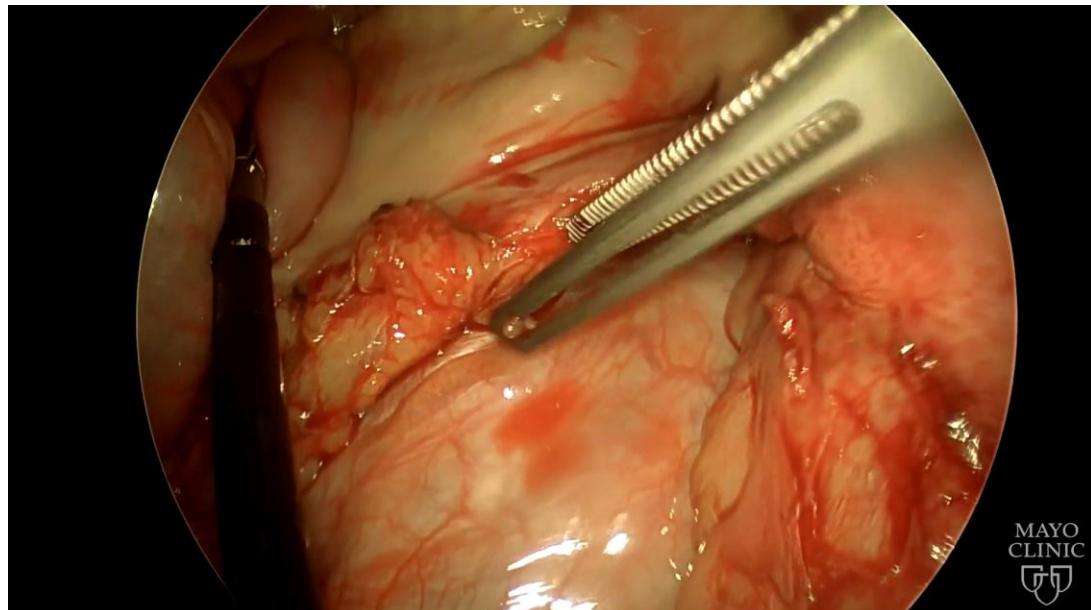


ta-TME for IPAA

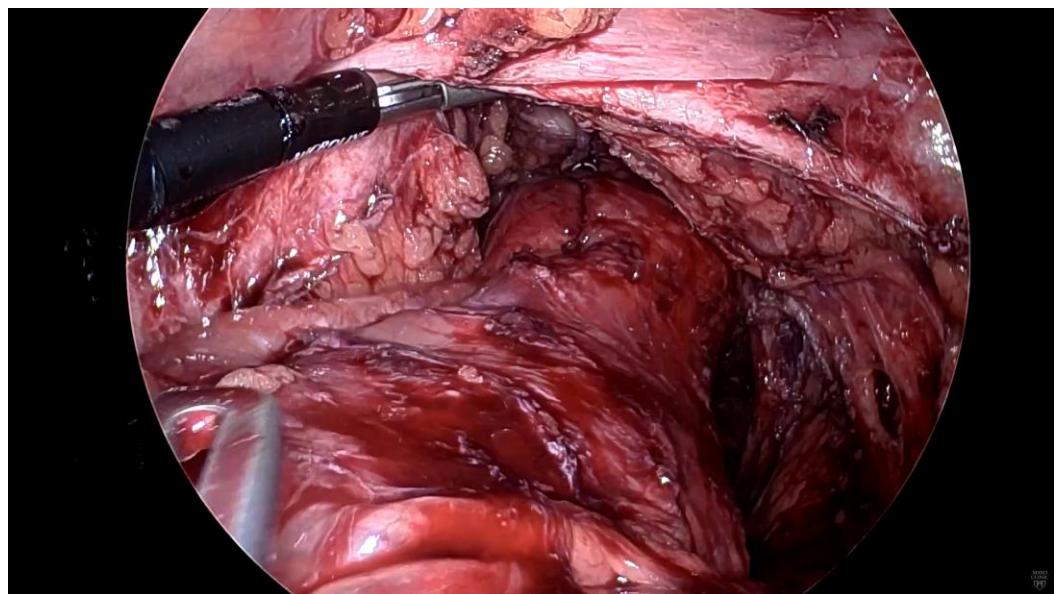
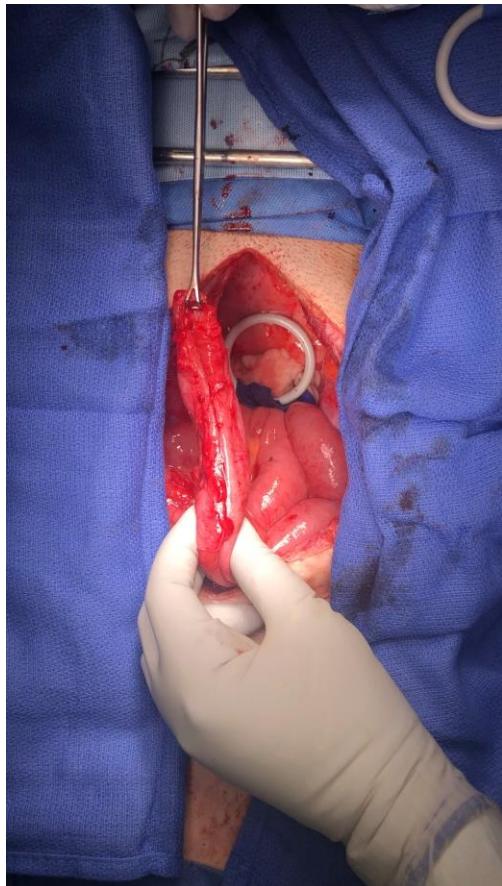
- Safe & Feasible
- Distal pelvic dissection
- Double pursestring anastomosis
 - => crossing staple lines
- Anastomosis
 - Antegrade
 - Retrograde
 - Hand-sewn

Pouch Anal Anastomosis

- Tension free
- Orientation
 - Mesentery / SM Vessels
 - Midline structure → RP
 - Pouch seating => pelvis
 - → mesentery posterior vs. Anterior
 - → side to side
- → Tight Robe Walker phenomenon



Tight Robe Walker Phenomenon



Modified II Stages vs. III Stages

- Leak rate → 10-15%
- 85% → unnecessary diversion
- Declare itself => divert accordingly
- Monitoring
 - CRP
 - Clinical
 - Imaging
- Diversion

Special considerations

- BMI
 - Weight loss endoscopic procedures
 - GLP1
- Dysplasia
 - Rectal cuff
 - Hand-sewn
- Proctitis → Cuffitis
 - Initial evaluation
 - Diversion effect
 - Anastomotic risk

- Thank You