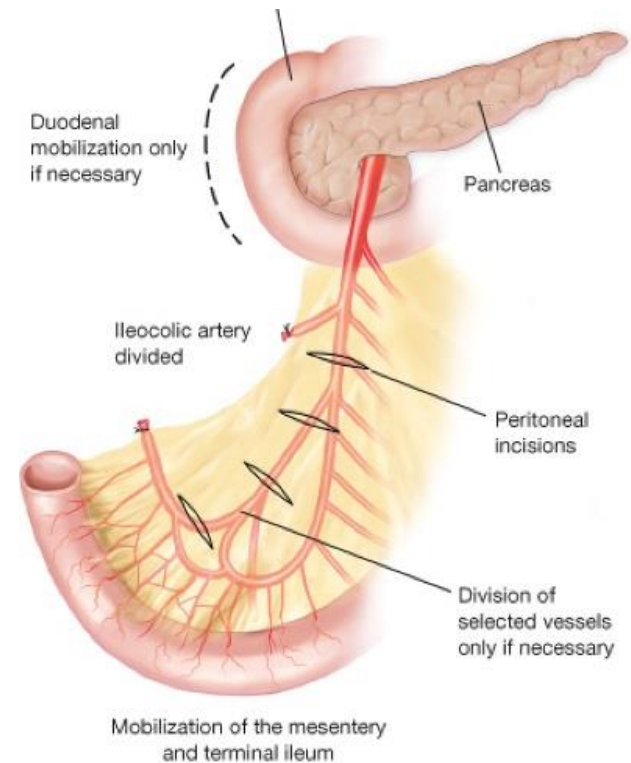


# Tips and Tricks for Restorative Proctocolectomy

**Sherief Shawki, MD, FACS, FASCRS**

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

*Associate Professor, Mayo clinic college of medicine*



# Restorative Proctocolectomy

- Indications

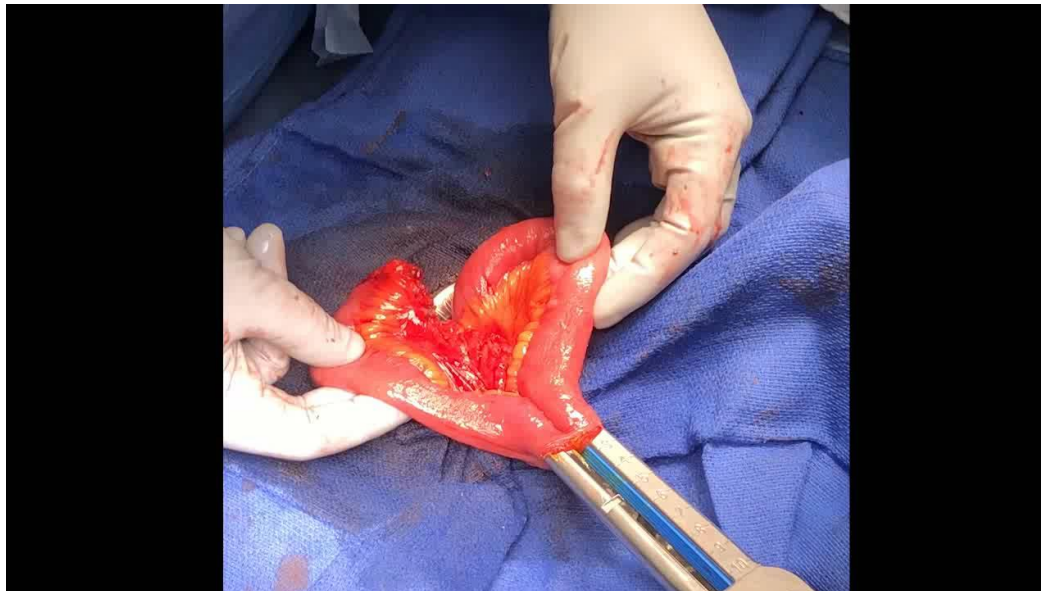
- cMUC

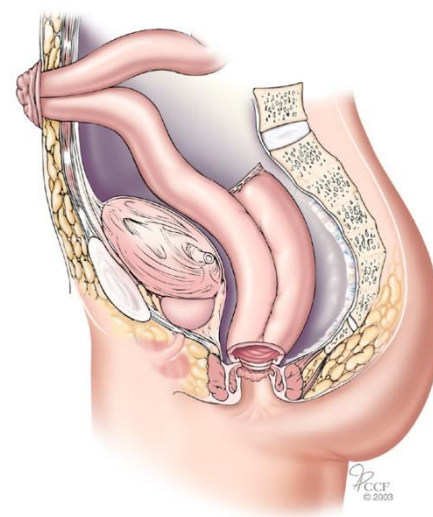
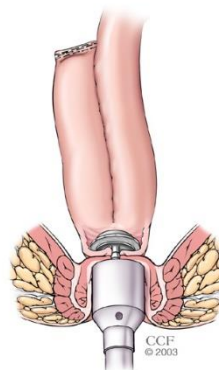
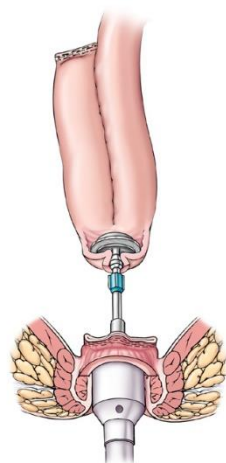
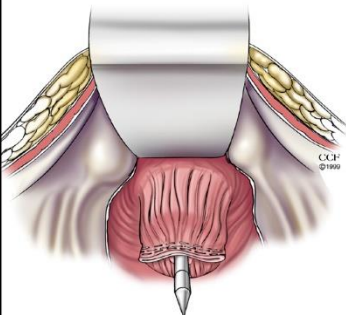
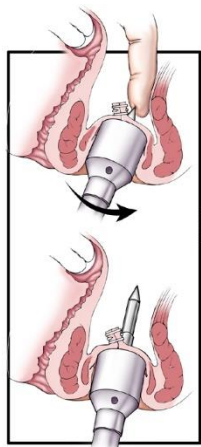
- Refractory
    - Steroids
    - Neoplasia

- FAP

- Contraindications

- Fecal Incontinence
  - Anal sepsis
  - BMI >30
  - Height “*relative*”





# Stage II

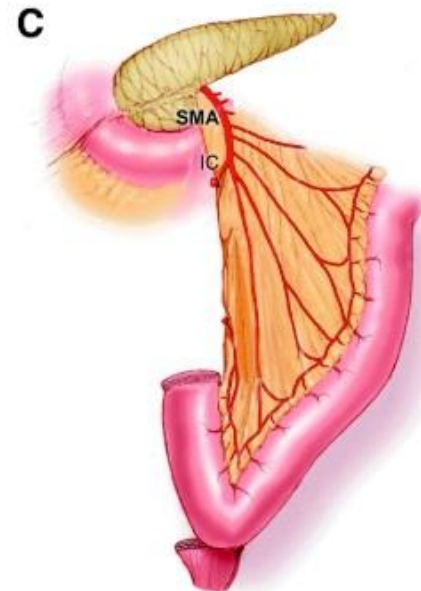
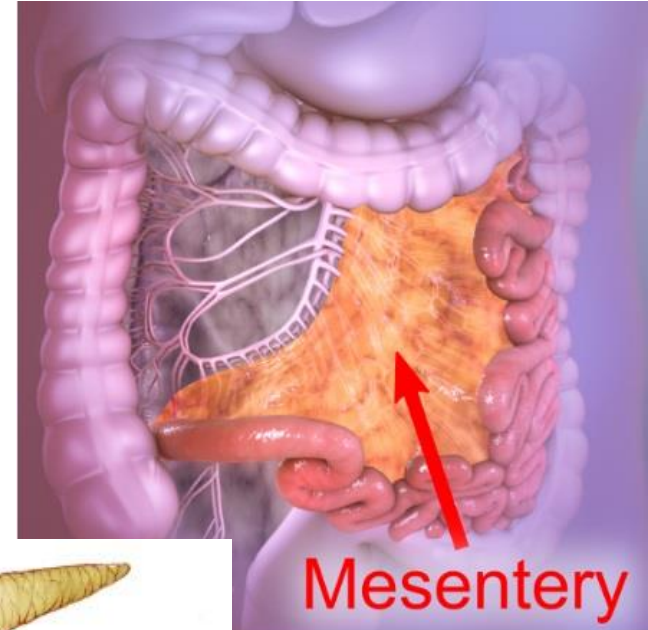
- Ileostomy take down
  - Tip of the J pouch
  - Size of the pouch
  - Best point of reach
    - Underneath the stoma

# Concepts in Ileal J pouch

- Rotational Advancement Flap

- Rotational

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

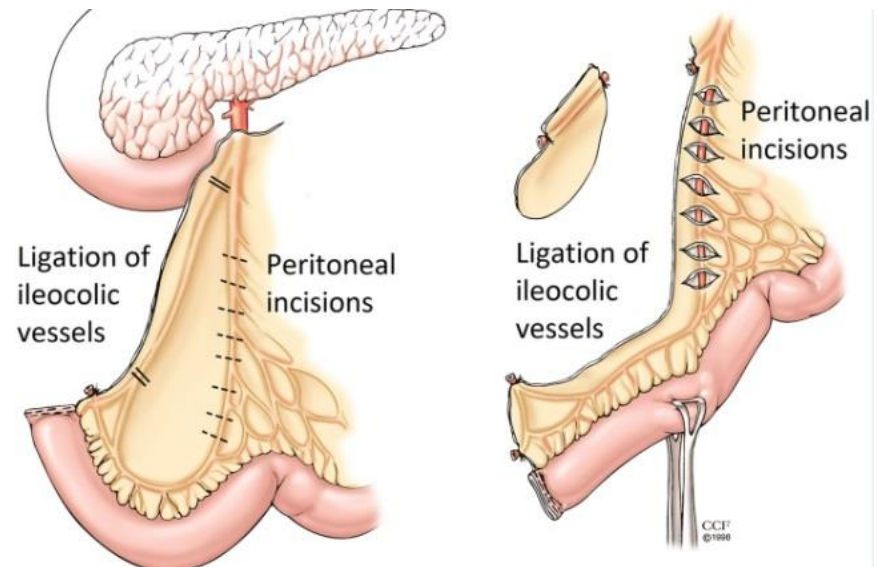


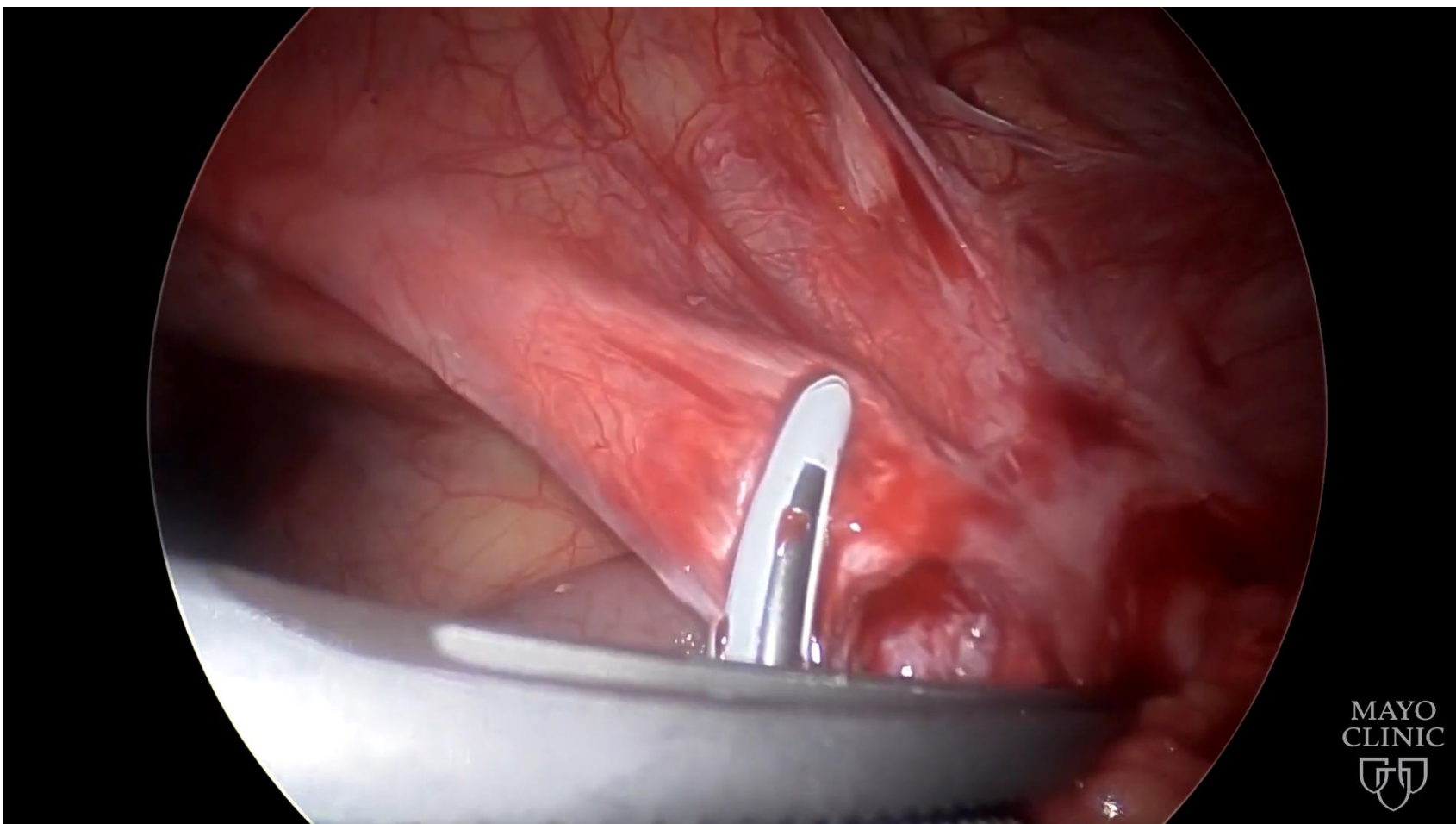
# Concepts in Ileal J pouch

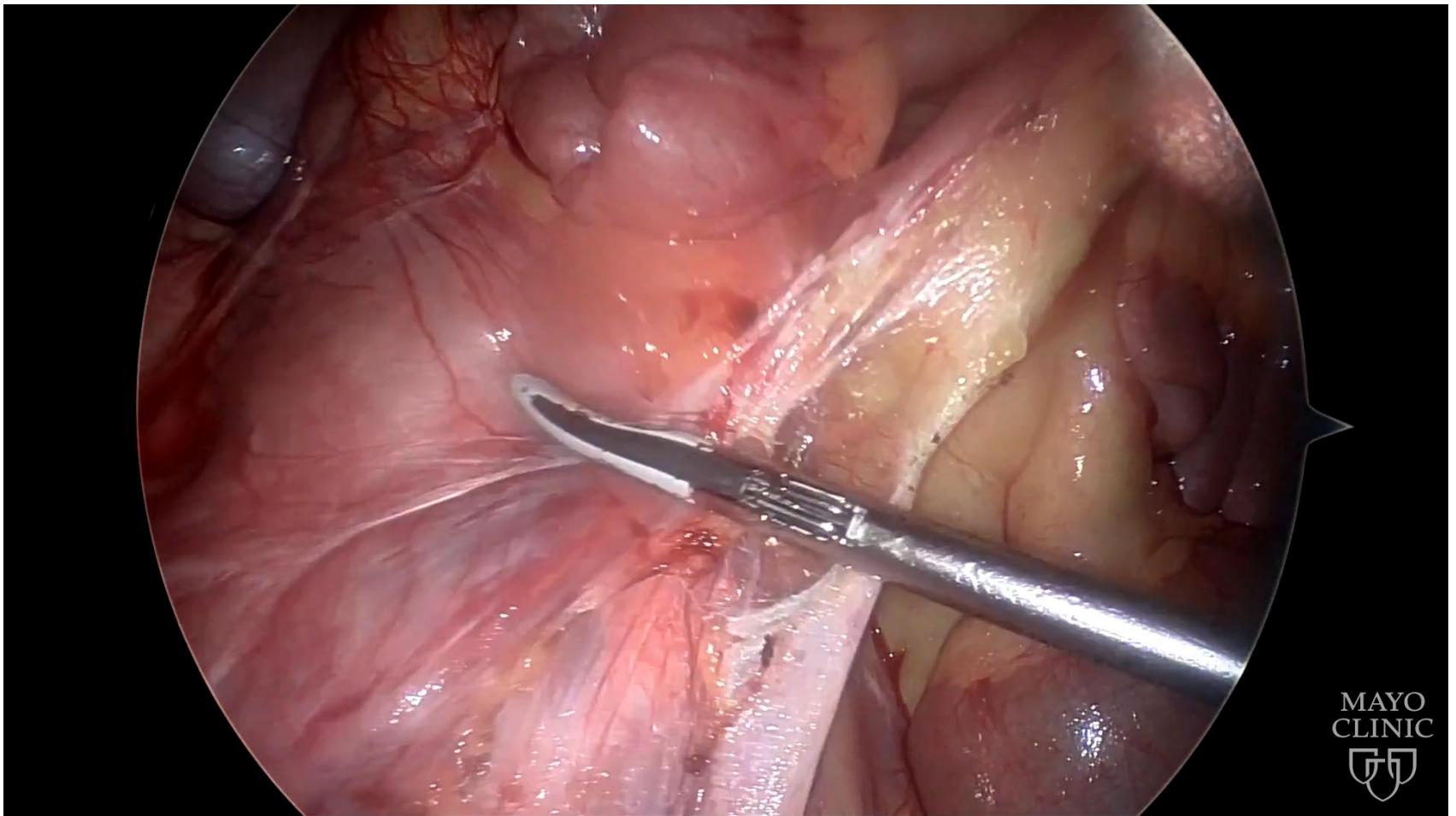
- Rotational Advancement Flap

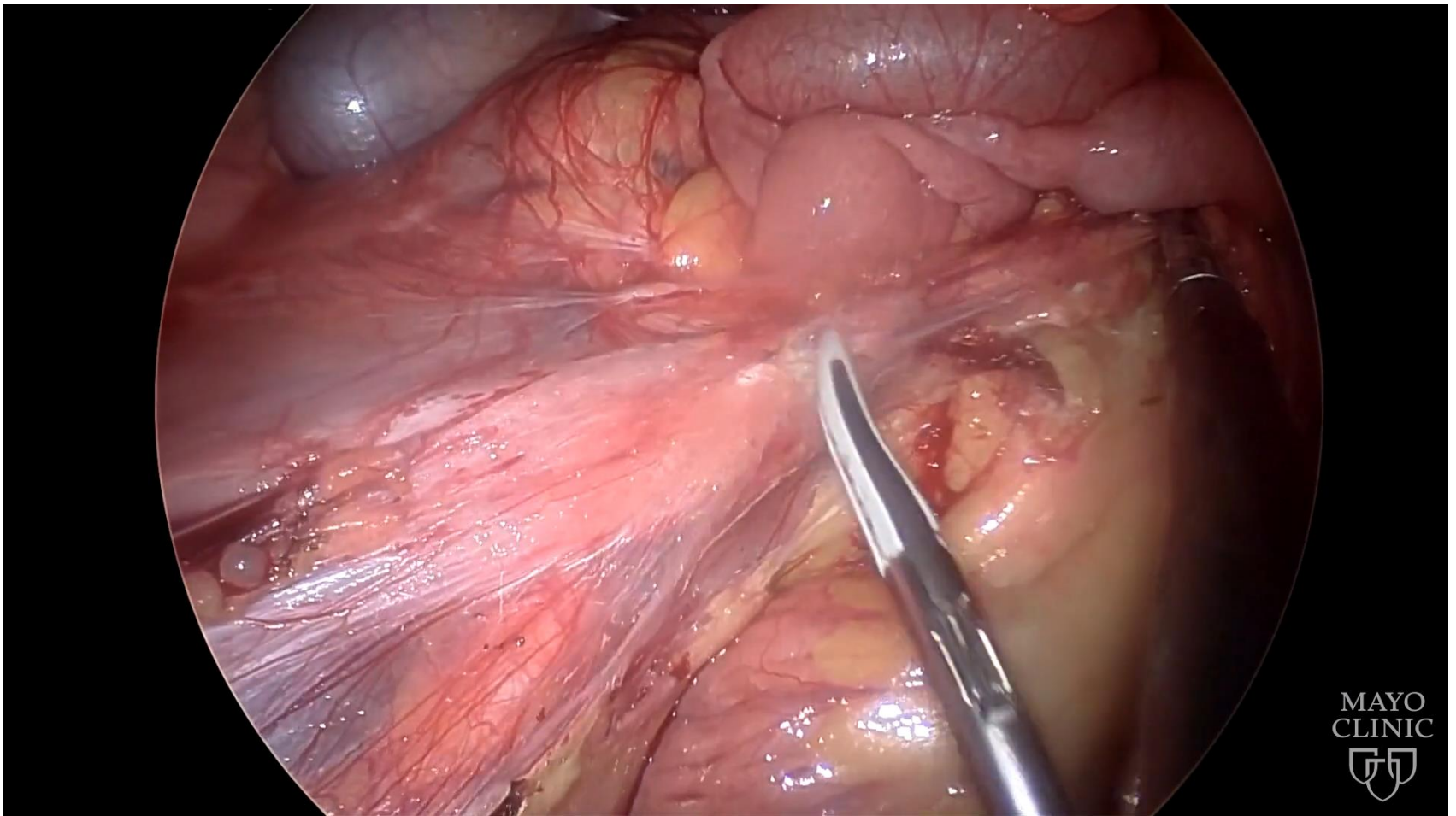
## Advancement

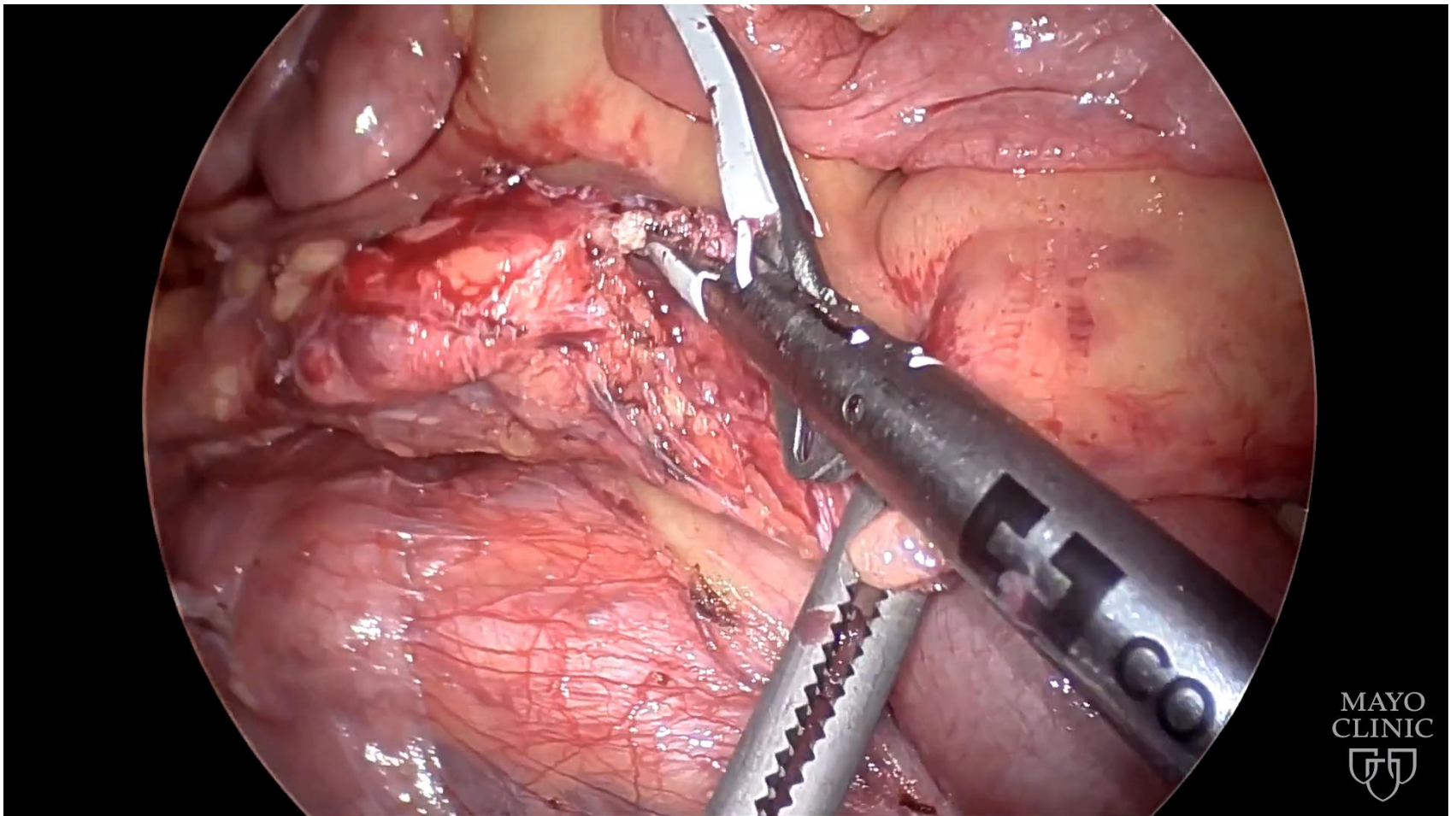
- => Tension free reach
- => Releasing => D3
- => peritoneal scoring
  - horizontal
- Mesenteric windows
  - vertical
- => Ileocolic pedicle + associated mesentery

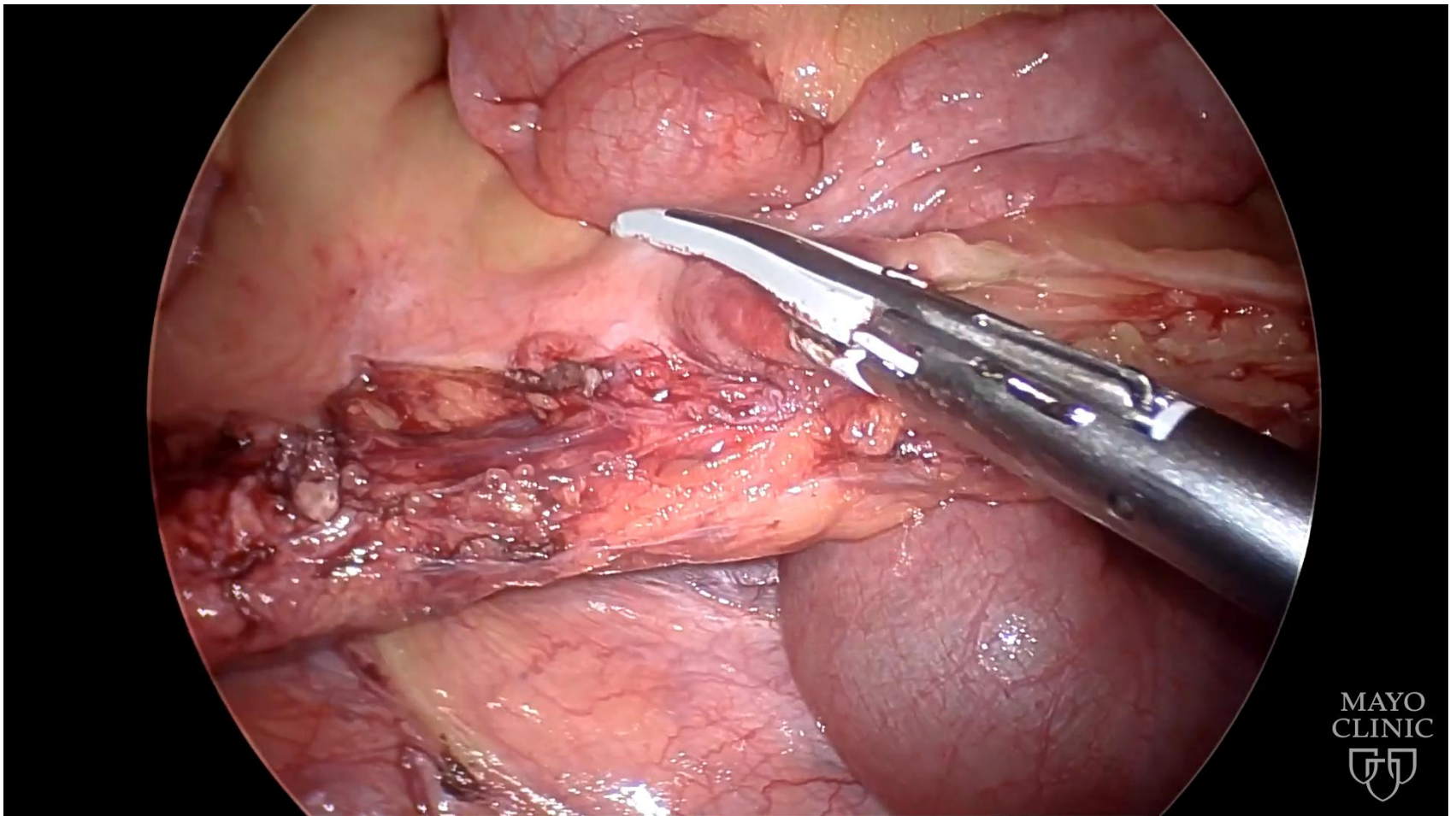




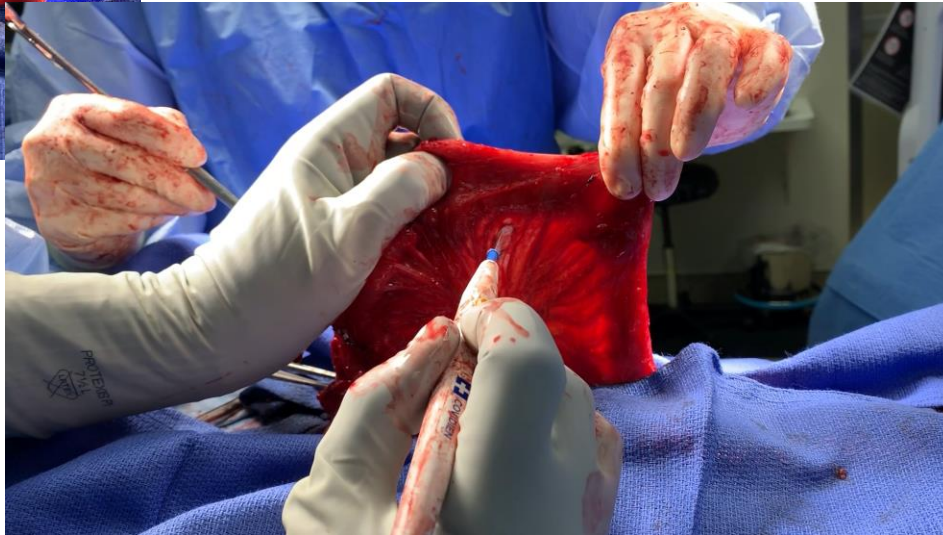
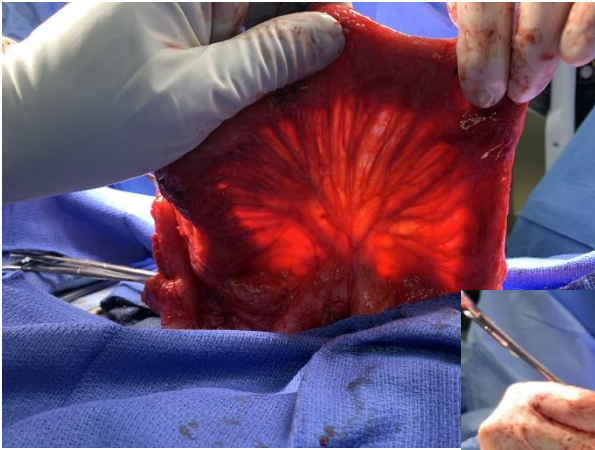






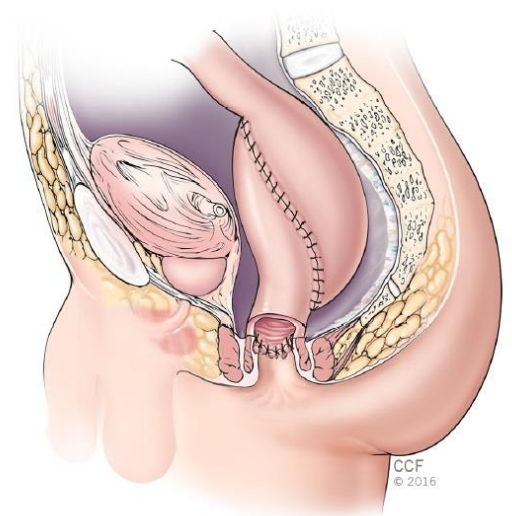
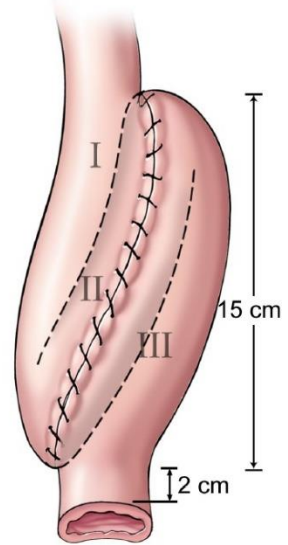


# Mesenteric Windows



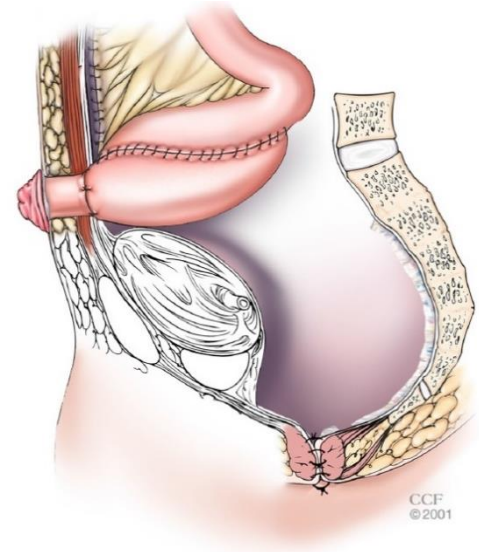
# S (III limb) Pouch

- 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



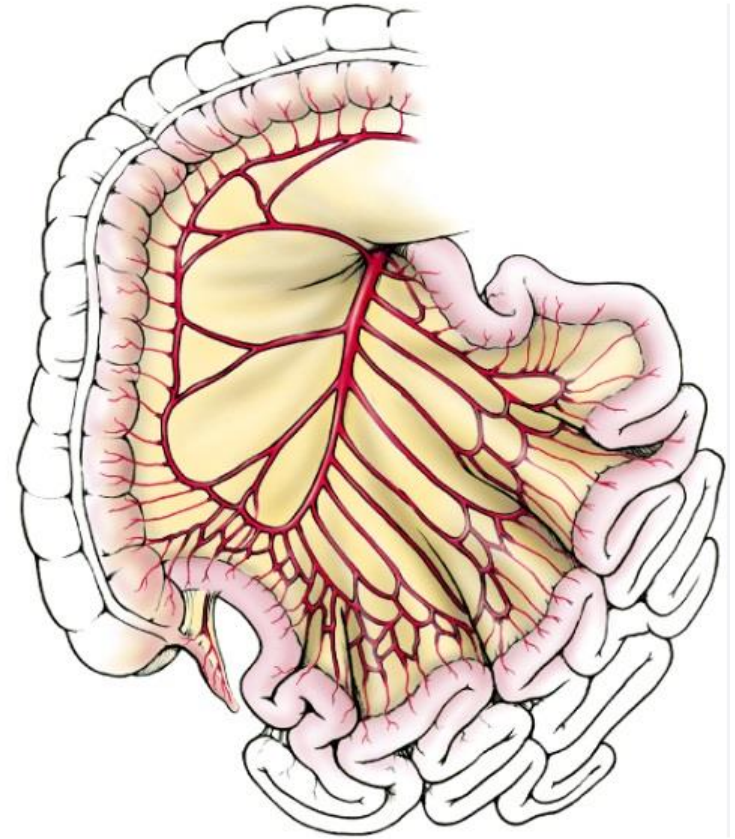
# Other measures

- Division of the SMA



# Other measures

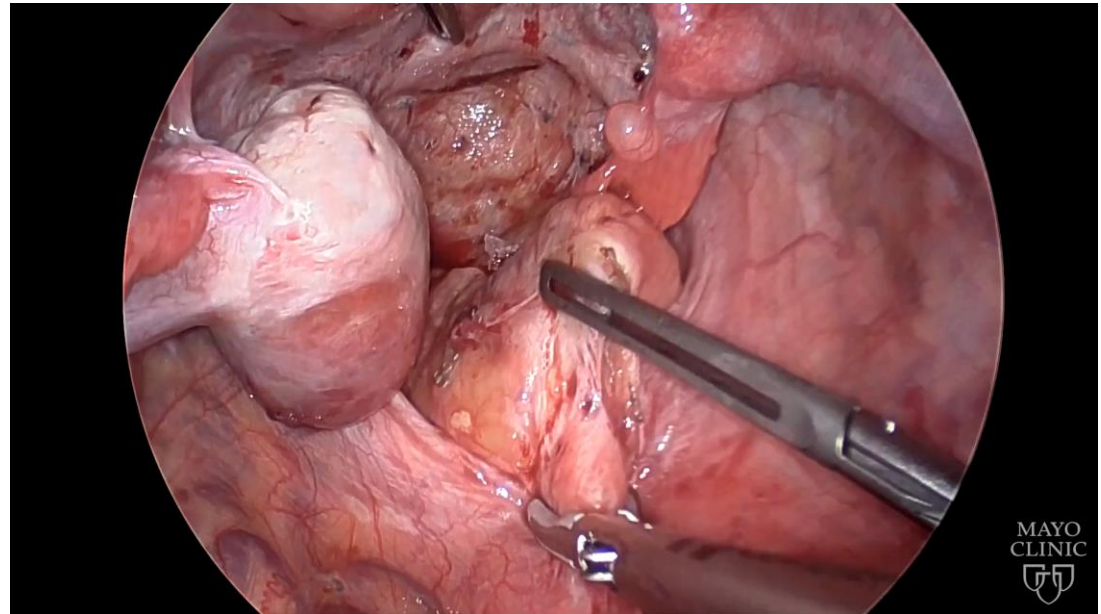
- Division of the SMA
  - Middle colic vessels
  - Right side marginal vessels
    - => division → distal
  - Retain right side mesentery
  - +/- Retain ileocolic
  - => distal ileal collaterals
  - Stage I procedure



# Completion Proctectomy

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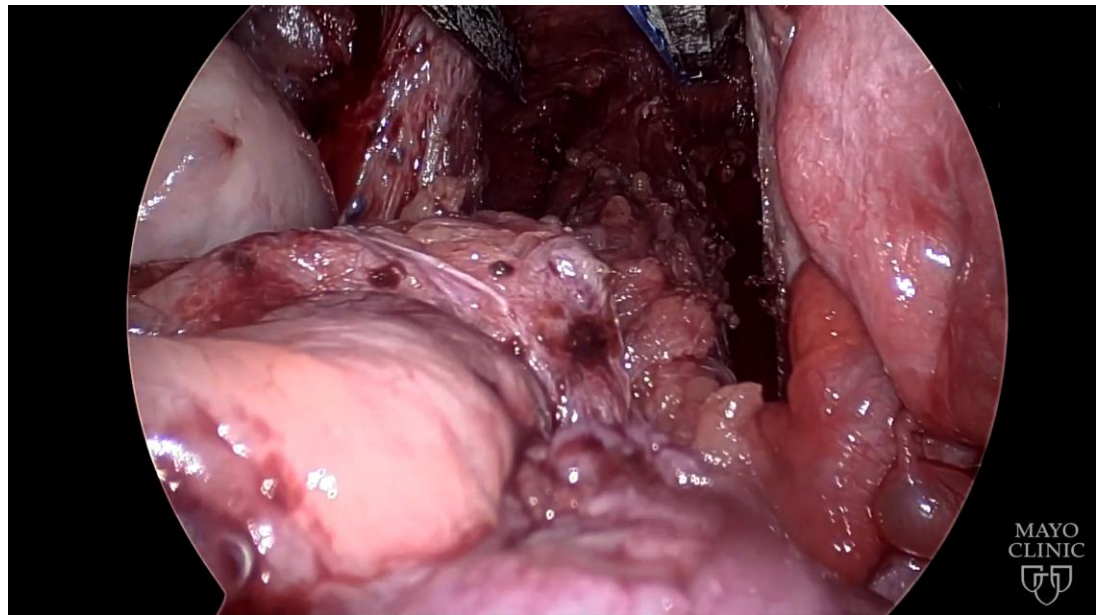
- TME vs. Close rectal dissection  
=> secure hypogastric nerves
- Rectal stump  
=> Superior hemorrhoidal vessels
- MUST reach levator hiatus  
=> rectum is straight midline  
tubular structure  
=> Free from surrounding  
structures  
=> Beyond level of transection



# Completion Proctectomy

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



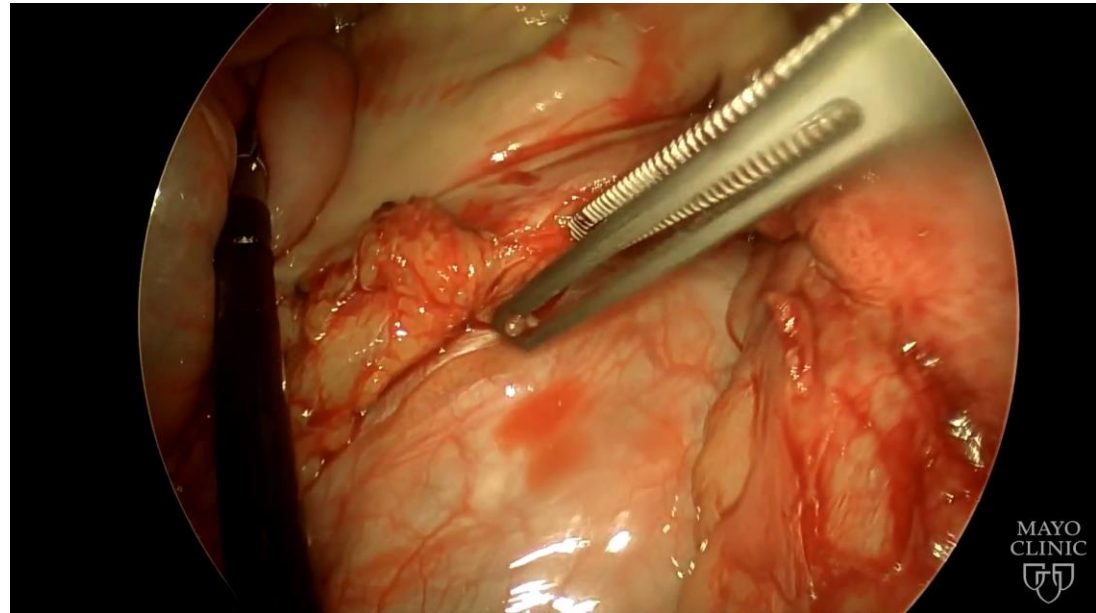
# ta-TME for IPAA

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

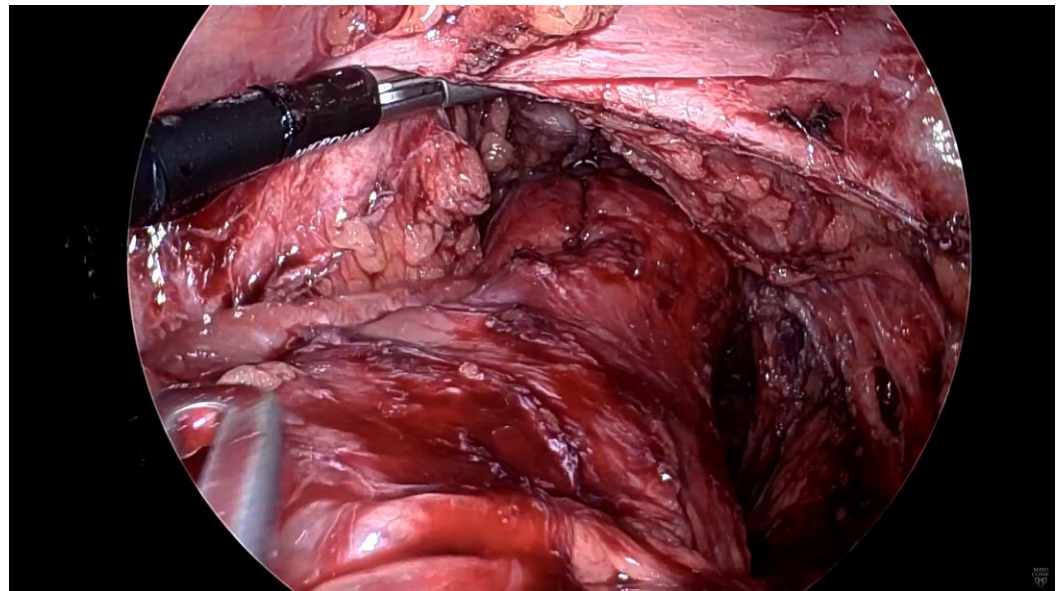
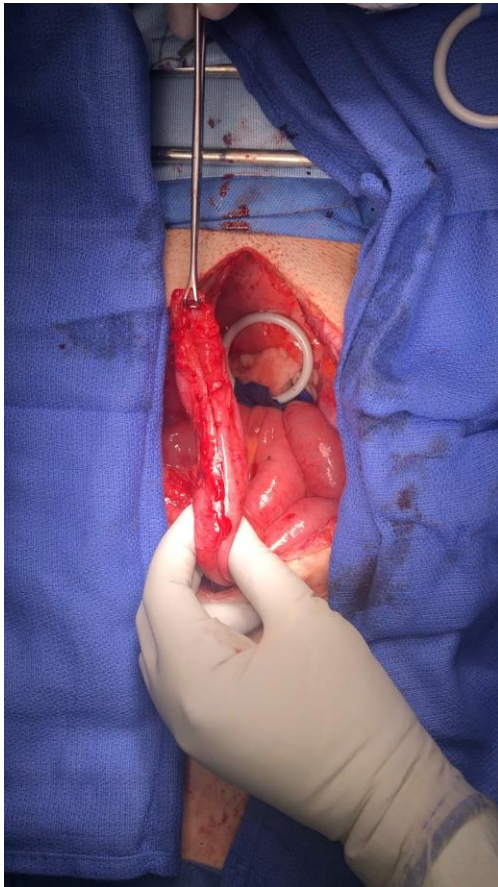
# Pouch Anal Anastomosis

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- 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