

COLONIC J-POUCH AS A NEORECTUM: FUNCTIONAL ASSESSMENT

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KEYWORDS

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ABSTRACT

Background: Sphincter-saving procedures are now commonly used for low rectal cancer but straight colo-anal anastomosis seemed to produce poor functional outcome. The present study was therefore carried out to compare and contrast the functional outcome of colonic J-pouch and straight colo-anal anastomosis.

Methods: The clinical and functional outcome of 17 patients having a colonic J-pouch-anal anastomosis and 10 patients having a straight colo-anal anastomosis were compared. They were compared in terms of age, sex, distal resection margin, Dukes stage, histological grade, morbidity/mortality and postoperative anal function.

Results: There was better bowel function in patients having J-pouch-anal anastomosis, especially in the early period after closure of the covering stoma. Bowel frequency in those patients who had a J-pouch anastomosis was much less compared to those patients in the straight colo-anal group in the 1st and possibly the 2nd year. There was a period of adaptation for the straight colo-anal group which led to a bowel frequency approaching that of the J-pouch group over 1–2 years. Differences in urgency, faecal continence, evacuation function, the use of drugs to slow bowel frequency and ability to discriminate between flatus and faeces were found to favor the J-pouch group in the first postoperative year. The difference between the two groups diminished after that because the straight group improved, especially by the end of the 2nd year. During the study period, there were no constipation problems in the J-pouch group, as noted in some other studies. This was probably associated with the 6-cm length chosen for the pouch.

Conclusions: The use of colonic J-pouch resulted in a significant decrease in stool frequency and more satisfactory anal function for the first postoperative year. This difference lessened during the second postoperative year. There was no demonstrable difficulty with rectal evacuation in the pouch patients.