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## Original Article

# Functional outcomes in patients submitted to restorative proctocolectomy with ileal pouch anal anastomosis in a single tertiary center

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## ABSTRACT

**Background:** Functional results after restorative proctocolectomy for ulcerative colitis and familial adenomatous polyposis are variable. We assessed functional results in patients with ileal pouch anal anastomosis and evaluated potential factors associated with poor functional results.

**Methods:** Retrospective cohort study of 38 patients who were submitted to a restorative proctocolectomy with ileal pouch anal anastomosis, in the context of ulcerative colitis and familial adenomatous polyposis, in a tertiary referral center, in the period between 1993 and 2013. Clinical records were analyzed and telephone interviews with protocolized questionnaire to 32 patients (12 ulcerative colitis, 20 familial adenomatous polyposis) were performed. Pouch functional results were also evaluated based on the Oresland score. The functional results were analyzed at four points of the patient outcome.

**Results:** In 25 patients were performed restorative proctocolectomy with ileal pouch anal anastomosis and in 7 patients total colectomy preceded protective ileostomy with ileal pouch anal anastomosis. Protective ileostomy was performed in all patients. There was no mortality and post-operative complications related with the pouch was 12.5% but treated conservatively. The mean follow-up was 13.2 years. Pouch failure occurs in 9.4% (2 in familial adenomatous polyposis and 1 in ulcerative colitis). Familial adenomatous polyposis patients achieved the best outcome but the outcome was acceptable in both groups. The median Oresland score was good with small variations over the years, although the best score being reached at 5 years after the surgery.

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**Conclusions:** The long-term results in patients undergoing restorative proctocolectomy with ileal pouch anal anastomosis were good in both groups, although better in familial adenomatous polyposis. In both, the best score of functional results seems to be reached at 5 years after surgery.

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## Resultados funcionais em pacientes submetidos a proctocolectomia restauradora com anastomose íleoanal e bolsa ileal em um centro terciário

### R E S U M O

#### Palavras-chave:

Anastomose íleoanal e bolsa ileal  
Resultados funcionais  
Polipose adenomatosa familiar  
Colite ulcerativa  
Doença de Crohn

**Introdução:** Os resultados funcionais após proctocolectomia restauradora em casos de colite ulcerativa e polipose adenomatosa familiar são variáveis. Avaliamos os resultados funcionais em pacientes com anastomose íleoanal e bolsa ileal bem como os fatores potenciais associados a resultados funcionais fracos.

**Métodos:** Estudo retrospectivo de coorte com 38 pacientes submetidos a proctocolectomia restauradora com anastomose íleoanal e bolsa ileal, no contexto de colite ulcerativa e polipose adenomatosa familiar, em um centro de referência terciário, no período entre 1993 e 2013. Analisamos os registros clínicos e realizamos entrevistas telefônicas com um questionário protocolado a 32 pacientes (12 colite ulcerativa, 20 polipose adenomatosa familiar). Também foram avaliados os resultados funcionais da bolsa, com base no escore de Oresland. Os resultados funcionais foram analisados em quatro pontos do desfecho de cada paciente.

**Resultados:** Em 25 pacientes foi realizada proctocolectomia restauradora com anastomose íleoanal e bolsa ileal, e em 7 pacientes uma colectomia total precedeu a proctocolectomia com anastomose íleoanal e bolsa ileal. Todos os pacientes foram submetidos a uma ileostomia protetora. Não ocorreram óbitos e as complicações pós-operatórias relacionadas com a bolsa chegaram a 12,5%, mas foram tratadas conservadoramente. O seguimento médio foi de 13,2 anos. Ocorreu defeito na bolsa em 9,4% (2 em polipose adenomatosa familiar e 1 em colite ulcerativa). Os pacientes com polipose adenomatosa familiar obtiveram o melhor resultado; contudo, em ambos os grupos o resultado foi considerado aceitável. A mediana do score de Oresland foi boa, tendo sido observadas pequenas variações ao longo dos anos, embora o melhor score tenha sido verificado 5 anos após a cirurgia.

**Conclusões:** A longo prazo, os resultados para os pacientes submetidos a proctocolectomia restauradora com anastomose íleoanal e bolsa ileal foram bons em ambos os grupos, embora tenham sido considerados melhores nos pacientes com polipose adenomatosa familiar. Nos dois grupos, o melhor escore de resultados funcionais parece ser alcançado por volta dos 5 anos após a cirurgia.

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## Introduction

First described by Nissen in 1933 and recovered by Parks and Nicholls at the St. Mark's Hospital in 1978,<sup>1</sup> the total proctocolectomy with ileal pouch anal anastomosis (IPAA) still remains the treatment of choice in selected patients with ulcerative colitis (UC) because of premalignant nature of the disease and refractory to medical therapy in some cases, and familial adenomatous polyposis (FAP). This surgery allows to suppress the underlying disease as well reducing the risk of colorectal cancer, keeping fecal continence.

The confection of an ileal pouch anal anastomosis as an alternative to a definitive ileostomy seems to provide

good long-term functional results (FR), despite all the pouch-inherent morbidity. This potential morbidity ranges from the anastomotic leak, abscess/pelvic sepsis or hemorrhage, which may occur in the immediate postoperative period, to late complications as pouchitis, anastomotic stricture, pouch failure and sexual-urinary dysfunction.

In most studies, functional results are excellent, regardless of the underlying pathology, even for Crohn's disease (CD).<sup>2,3</sup> These results seem to decline in the long term but its etiology is not clear and may be related with the aging process.<sup>4</sup>

In this study, we pretend to evaluate the functional results in patients with IPAA and analyze potential factors associated

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