



Michele can enjoy her children's birthday celebrations and other family activities now that her colitis is surgically cured.

Reconstructive Colon Surgery Restores Quality of Life for Severe IBD Patients

Living with severe ulcerative colitis is stressful and confining:

Michele Smith, a young mother of three children, who struggled with the disease for seven years can attest to that. Ulcerative colitis is a form of IBD (inflammatory bowel disease), and its symptoms are very similar to Crohn's disease, another type of IBD. Both diseases can be marked by abdominal pain, weight loss, fever, diarrhea, rectal bleeding and, at times, skin problems.

Ulcerative colitis is an inflammation in the lining of the rectum and colon, while Crohn's disease can involve any portion of the digestive system and causes inflammation that can go from the lining through the bowel wall.

Anti-inflammatory medications, including steroids, can be used to treat ulcerative colitis, explains colorectal surgeon Dr. Howard Berg. "Usually the gastroenterologist will manage the disease, and patients who are lucky do not experience any progression.

"But, if they're unlucky, the disease can progress to the point that they're having 15 to 30 bowel movements a day. They have a feeling of being ill all the time. I'm the specialist they come to when medical management has failed or they cannot take the medications anymore."

For Smith, colitis was robbing her of precious moments with her family. "I could barely walk around. I was on high-dosage drugs and steroids. I always had to be close to a bathroom."

"IBD patients are my sickest group of patients," says Berg. "They've been on medication to suppress their immune systems. Their nutritional status is usually poor."

Berg performs remarkable surgeries to restore near-normal bowel function and return quality of life to patients. "Within a few months, patients will be healthy again. This is the most complex surgery I do," he explains.

And although these are major surgeries, patients can lead normal, active lives afterwards, and the Ostomy Center at St. Joseph Medical Center provides

comprehensive support and education that helps them make the transition smoothly.

THERE ARE THREE MAIN TYPES OF SURGERY: ① “The gold standard is a total proctocolectomy,” Berg says. The surgeon takes out the colon and rectum and creates a permanent ileostomy.

The end of the small intestine is brought through a small opening in the abdominal wall and is known as a stoma. Waste

empties into a small pouch, which the patient manages. ② The second operation is a continent ileostomy. The surgeon creates a pouch on the inside of the abdominal wall, with a valve to empty the pouch. ③ Another alterna-



tive is “a restorative proctocolectomy, in which we keep the pelvic floor muscles and anus, which allows patients to have more normal bowel function,” says Berg. The surgeon removes the colon and the rectum and makes a J-shaped pouch of the terminal ileum, which is then attached to the top of the anus. “Young patients prefer this operation, in terms of their body image,” observes Berg.

After her long struggle with colitis, Smith recently underwent a laparoscopic restorative proctocolectomy performed by Berg and is very pleased. She’s regaining her strength, has returned to her work as a job recruiter, and is looking forward to playing with her children on the beach this summer.

The surgery has cured her ulcerative colitis. In the case of Crohn’s, surgery cannot cure the disease, but will treat the symptoms and help manage the disease when medications fail.

And more optimistic news is that

colorectal surgeons at St. Joseph perform many of these surgeries laparoscopically, “which shortens the recovery period. Patients can go home from the hospital on the fourth day instead of in a week,” says Berg.

Resources

LIVING WITH AND MANAGING IRRITABLE BOWEL SYNDROME

Most individuals are surprised to learn they’re not alone with IBS symptoms. IBS affects approximately 10 to 20 percent of the population. Learn to manage the symptoms rather than the symptoms managing you! Presented by Dr. Lisa Pichney, Wednesday, July 18, 7 p.m. For more information, call 410-337-1479.

OSTOMY SUPPORT GROUP

Third Sunday of every odd month from 2–4 p.m. Sunday, July 15 and September 16, 2007. For more information, call 410-337-1845.

CROHN’S & COLITIS SUPPORT GROUP

For information, call 410-337-1687.

WHO CAN YOU CALL ABOUT AN OSTOMY? St. Joseph’s Ostomy Center — That’s who!

If you’re going to have an ostomy, it’s good to have a guardian angel...that’s how Jim Pecunes feels. After undergoing bladder removal surgery, Pecunes was discharged home from a Baltimore area hospital without any instructions about his ostomy.

“The word ostomy had no meaning to me,” says Pecunes. “All I knew was I was going to have a bag. I wasn’t prepared.”

Fortunately, someone gave his wife a business card for Sue Currence, RN, the clinical nurse manager of St. Joseph Medical Center’s Ostomy Center — the only dedicated center of its kind in Maryland.

After having difficulties with his ostomy, Pecunes called Currence. “Sue immediately saw me that day. I call her my guardian angel. She taught me everything. She fitted me, made me comfortable, taught me to change, clean, and take care of the ostomy,” says Pecunes, who golfs, travels, and runs two businesses.

“We help relieve so many fears,” explains Currence, who works along with Cindy Walker, RN, also a certified Ostomy Care nurse. “Ideally, we meet with the patient about two weeks before surgery, so they can learn more about the ostomy and how it will fit into their lives. Patients tell me how relieved they are after a preoperative visit.”

A surgeon creates an ostomy following bladder or colon removal so that the body can dispose of waste. “There’s nothing about having an ostomy that prevents people from living their normal, usual lives. The equipment is waterproof, odor proof, disposable, discreet and easy to use,” assures Currence, who recently received a *Daily Record Health Care Heroes Award* for her work.

St. Joseph Ostomy Center services include demonstration and

selection of supplies, lifestyle support and emergency assistance. Patients can get help for appliance failure or leakage, clothing adaptation, diet and exercise, intimacy or pregnancy and job-related issues.

To contact The Ostomy Center at St. Joseph, call 410-337-1845.



Need a Colorectal Surgeon?

Call our Doctors Directory at 410.337.1337 or visit sjmcmd.org.