

UCSF Medical Center 加州大學舊金山分校醫療中心

Ileoanal Reservoir Operation Booklet

迴腸肛門造貯存容器手術小冊子

Introduction	簡介
<p>This booklet was written for people considering the ileoanal reservoir operation at the UCSF Medical Center. The ileoanal reservoir procedure has been performed at UCSF since the early 1980s. This operation allows people with ulcerative colitis and familial polyposis to avoid an external "bag" or ileostomy when they have surgery to remove their colons. Over 700 people have had this procedure done at UCSF. We hope this booklet answers many of your questions without being too overwhelming. Unfamiliar words may be found in the glossary at the end of the handbook. Of course, please feel free to discuss any additional concerns or questions with your doctor or nurse.</p>	<p>這本小冊子是專為考慮在加州大學舊金山分校醫學中心做迴腸肛門貯存容器手術的病人而寫。該手術程序已於 80 年代初在加州大學舊金山分校進行。此手術可以讓有潰瘍性結腸炎和家族性息肉病的患者進行切除結腸手術時，避免在體外要用「儲袋」或迴腸造口手術。超過 700 人在加州大學舊金山分校完成這個手術。我們希望這本小冊子能簡易地回答您大部分的問題。不熟悉的名詞可以在小冊子最後的術語表中找到。有任何疑惑時請隨時向醫生或護士查詢。</p>

Our Gastrointestinal or GI Tract

我們的胃腸道或胃腸道

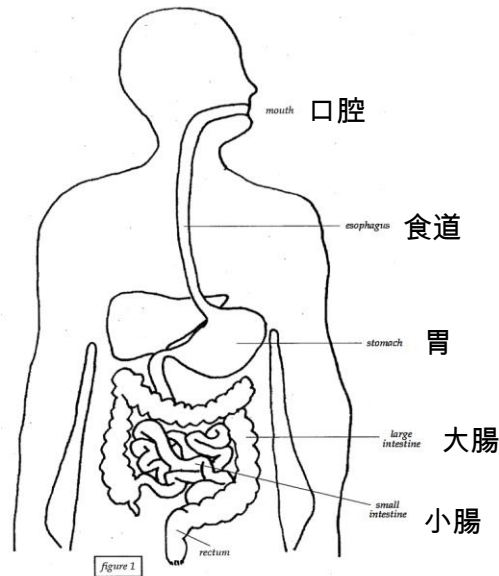


圖 1

The GI tract (Figure 1) extends from the mouth to the anus. It includes the mouth, esophagus, stomach, small intestine and large intestine (colon). The small intestine is about 12 to 18 feet long and about 1 inch around. The large intestine is 4 to 6 feet long, and it is wider than the small intestine. The large intestine is divided into three parts -- colon, rectum and anus (Figure 2).

胃腸道（圖 1）從口腔延伸到肛門。它包括口腔、食道、胃、小腸和大腸（結腸）。小腸是大約 12 到 18 英尺長，闊約 1 英寸直徑左右。大腸是 4 至 6 英尺長，而且比小腸更寬闊。大腸被分成三個部分－結腸，直腸和肛門（圖 2）。

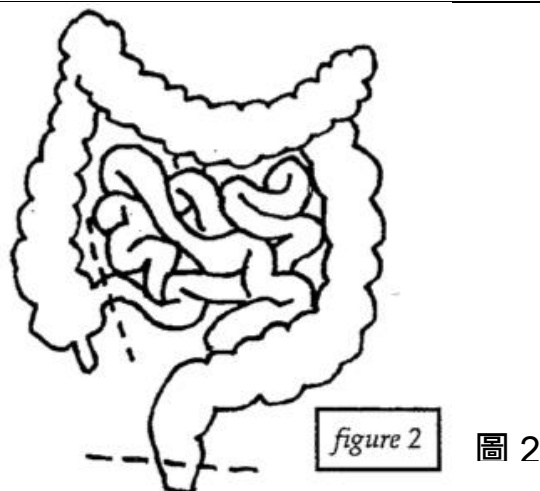


圖 2

The principle functions of the GI tract are to:

- Digest food and fluids;
- Provide the body with nutrients from digestion.
- Eliminate the wastes from this process.

In the stomach, food is broken down into a watery substance that passes into the small intestine where starches, proteins, fats, salts, minerals, vitamins and some fluids are absorbed. In the large intestine, more of the fluid is absorbed, leaving a formed stool. Minerals like sodium (salt) as well as potassium and magnesium are also absorbed in the large intestine. The formed stool eventually leaves the body through the rectum and anus when you have a bowel movement. Even though the large intestine has several functions, the body adapts well to living without it.

胃腸道的主功能是：

- 消化食物和液體
- 提供食物消化後的營養給身體
- 消除消化過程中產生的廢物

在胃中，食物被分解成水樣物質並被傳遞到小腸，其中的澱粉、蛋白、脂肪、鹽、礦物質、維生素和一些液體會被吸收。在大腸，更多的液體會被吸收，餘下的便成為糞便。鈉（鹽）、鉀和鎂也會被大腸吸收。最後，糞便便會通過直腸和肛門離開身體。即使大腸內有多種功能，身體仍可以適應沒有大腸的生活。

How Ulcerative Colitis and Familial Polyposis Affect the

潰瘍性結腸炎和家族性息肉病是如何影響體內腸道

Intestines	
<p>Ulcerative colitis is a disease that affects the inner lining (mucosa) of the large intestine. It does not affect the small intestine. For unknown reasons, the mucosa becomes inflamed, swells, and tiny sores form. Symptoms of ulcerative colitis include frequent diarrhea (sometimes with blood), weight loss, loss of appetite, and abdominal cramping. The risk of colon cancer begins to increase after someone has had ulcerative colitis for about 10 years. The risk of getting colon cancer after having ulcerative colitis for 20 years is 10 to 20 percent.</p> <p>Familial polyposis is an inherited disease in which there are many polyps in the colon and rectum. Polyps are painless growths into the middle of the intestine from the mucosa. If the colon is not removed, the polyps will develop into cancer.</p> <p>Ulcerative colitis and familial polyposis can be cured by surgically removing both the colon (colectomy) (Figure 3) and the rectum.</p>	<p>潰瘍性結腸炎是一種影響大腸內層（黏膜）的疾病，但不影響小腸。因不明的因素，黏膜會發炎、腫脹和有輕微的潰瘍。潰瘍性結腸炎的症狀包括常常腹瀉（有時帶血液）、體重減輕、食慾不振和腹部絞痛。患有潰瘍性結腸炎約十年病史的病人開始會有增加患上結腸癌的風險。患有潰瘍性結腸炎二十年的病人患上結腸癌的風險為 10% 到 20%。</p> <p>家族性息肉病是一種遺傳性疾病，是由於結腸和直腸中有許多息肉。生長於黏膜和腸道中間的息肉不會帶來痛楚。如果結腸不除去，息肉會發展成癌症。</p> <p>切除結腸（結腸切除術）（圖 3）和直腸可以治癒潰瘍性結腸和家族性息肉病。</p>

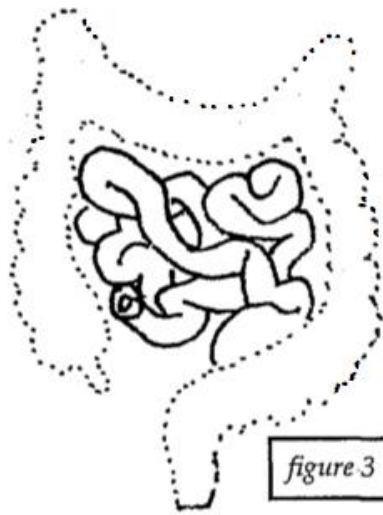


figure 3

圖 3

This surgery removes the inflammation in the case of ulcerative colitis, and the risk of developing cancer from both conditions. Before the mid 1980s, the most common operation for these diseases was the complete removal of the colon, rectum and anus with the creation of a permanent ileostomy (Figure 4).

此手術能去除腸炎和潰瘍性結腸炎，以及減低日後患上癌症的風險。80 年代中期以前，對這類病症最常見的解決方法是切除結腸、直腸以及肛門，並開一個永久性的迴腸造口（圖 4）。

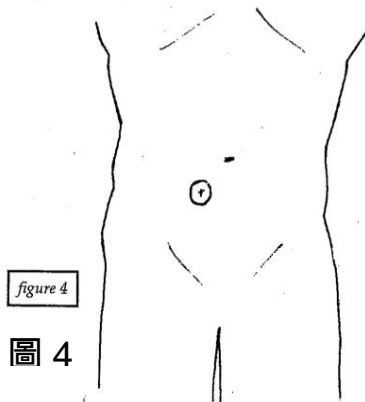


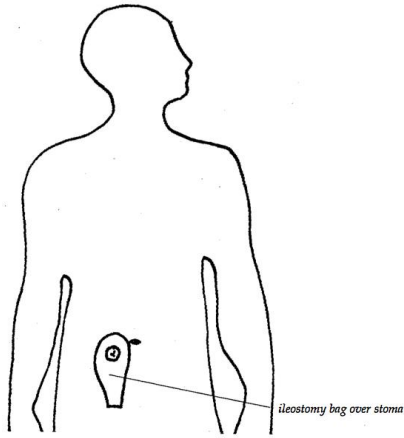
figure 4

圖 4

*ileostomy shown on outside of abdomen
(without bag over stoma)*

An ileostomy is an opening on the abdomen where the small intestine is surgically attached creating an exit for stool (Figure

迴腸造口是在腹部做手術切開一個連接小腸的出口，用來排放糞便到體外（圖

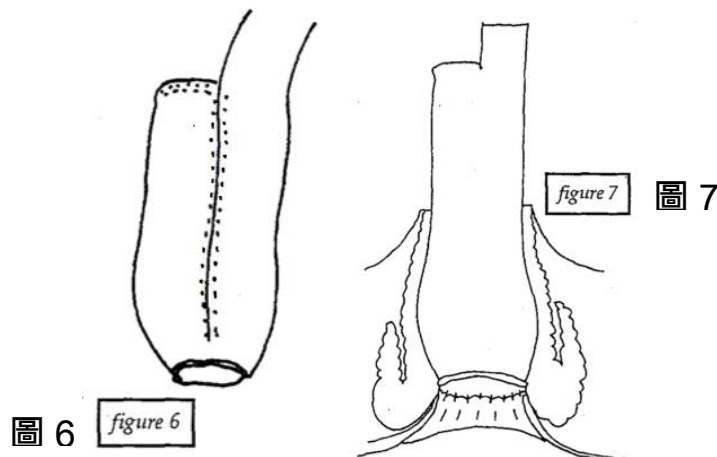
5).	5) 。
 <p>Figure 5 圖 5</p>	
<p>An external bag must be worn at all times. In the past, people often put off surgical treatment for years because they did not want a permanent ileostomy. The ileoanal reservoir procedure has been the preferred operation for most patients with these diseases since the mid 1990's.</p>	<p>在任何時候都必須攜帶外(屎)儲囊。在過去，病人們不願做手術治療，是因為他們不希望有一個永久的迴腸造口。不過自 90 年代中期後，有這些病的患者大多被推薦做迴腸直腸貯存手術。</p>
<p>Ileoanal Reservoir Operation: An Overview</p>	<p>迴腸儲液儲囊手術：概述</p>
<p>This operation is referred to by several names, including the "J-pouch," internal pouch, "pull through" or a restorative proctocolectomy. The operation involves removing the entire colon and rectum. The anal canal and the anal opening are not removed. Recent developments allow us to do part of this surgery laparoscopically in most cases. This means that instead of having the surgery done through a large abdominal incision it can be done through three or four small incisions or "port" sites</p>	<p>這個手術有幾個名字，包括「J-儲囊」(腸儲囊)、「大便儲囊」、直通 ("pull through") 或結腸直腸切除更正手術。手術包括切除所有結腸和直腸。而肛管和肛門則不會被切除。在大多數情況下，我們能夠以最新的技術利用腹腔鏡完成部分手術。這意味著，病人不再需要在腹部切開一個大口，而是通過三個或四個小切口或「端口」位和一個在恥骨上</p>

and a small incision above your pubic bone. Cameras and instruments are inserted through the small port sites, which are about the width of an index finger. Then the large intestine is separated from its attachments and blood supply and removed through the small incision above the pubic bone. The pouch can be made through this small incision also. The laparoscopic approach has the advantages of causing less scarring, being slightly less painful, and having a slightly shorter recovery. The "open" procedure is still preferred in some circumstances. Your surgeon will discuss your situation in greater detail with you.

An internal reservoir or "pouch" is made using the end of the small intestine, which is folded over and stapled to form a "J" shaped pouch (Figure 6). The end of the pouch is opened and attached to the anal canal to form a pathway for the passage of stool (Figure 7).

方的的小切口以代之完成手術。微型相機和儀器通過小「端口」位放入，「端口」的寬度大約是食指一般大小，然後將附在大腸的組織和血管分開，並通過恥骨上方的小切口除去大腸。另外，大便儲囊也可通過這個小切口完成。使用腹腔鏡方法的優點是可減少結疤和疼痛，以及縮短傷口的痊癒時間。在某些情況下，首選方法仍然是要切開皮膚。您的外科醫生會跟您詳細討論您的情況。

體內貯存容器或「儲囊」是使用小腸的尾端折疊並被釘成「J」形儲囊（圖6）。儲囊的尾部是通開的，並連接到肛管而成為糞便的通道（圖7）。



The entire procedure takes about three to five hours. There are times when it is safe and appropriate to do the surgery in one operation, rather than in two steps. Your surgeon will discuss your situation with you and make recommendations based on what may be best for you. The average hospital stay for this operation is about five to seven days and depends on how fast the intestines "wake up" after surgery.

Most of our patients have the Ileoanal Reservoir operation in two separate surgeries. For these people, a temporary ileostomy is made during the first operation to keep the stool away from the reservoir, allowing the internal pouch and anal attachments to heal completely. In a second operation about two to three months later, the ileostomy is removed or "taken down." The intestine is reconnected so that stool now flows into the internal pouch and is passed through the anus. The second operation takes less than an hour and the average length of stay is four to six days. Again, the intestines need to "wake up" before food or fluids are tolerated.

The surgeon makes the decision about doing the one or two-stage procedure at the time of the operation based on the condition of the tissues and the ease of pouch construction.

For people who are very sick because of

整個手術過程約需三至五小時。有時是安全並應該在同一個手術中完成整個手術，而不分開兩次做。您的外科醫生會根據您的情況與您討論及提供意見。這個手術平均住院時間大約需要五至七天，不過這要看大腸於手術後有多快「蘇醒」。

大多數患者接受迴腸肛門貯存容器手術會分開兩次手術做。這些患者在第一次手術時會做一個臨時的迴腸造口，以免大便停留貯存，好讓內部儲囊和肛門完全癒合。在大約二至三個月後才會進行第二次手術，切除迴腸造口。腸道會被重新連接，使糞便流入內儲囊並且通過肛門排出。第二次手術所需時間少於一小時，並只需住院四至六日。然後，需要等待腸道「蘇醒」後才能容納食物或液體。

外科醫生會基於上述體內組織的狀況和手術造內部儲囊時的難度高低去決定手術是一次完成或分開兩次完成較好。

有潰瘍性結腸炎而病重的患者會被切除

their ulcerative colitis, it is safer to remove the entire colon and make an ileostomy, leaving the rectum in place. Patients can regain their health and have the reservoir constructed later, usually in one operation.

整條結腸而只留下直腸，並接受迴腸造口術，這會比較安全。患者可以先痊癒，之後通常再做一次手術建貯存容器。

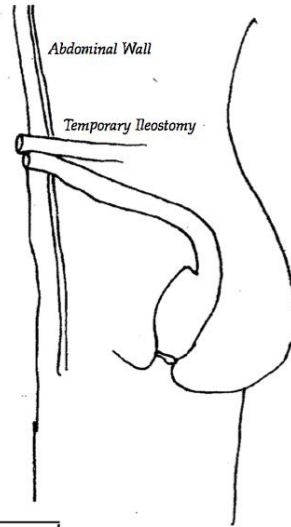


figure 8 圖 8

In order for the ileoanal operation to be successful, the anal muscles or sphincters must be able to hold the stool, which can be watery or loose after the colon is removed, within the internal pouch. This operation is not done for people who have Crohn's disease because Crohn's disease could occur in the pouch causing problems.

為了令迴腸肛門手術成功，肛門肌肉或括約肌必須能夠控制大便，當結腸移除後，內儲囊裡可以載是水樣或稀溏的大便。有克隆氏症(Crohn's disease)的病人不可接受此手術，因為克隆氏症可能會在大便儲囊引發造成問題。

Thinking About Having This Operation

考慮做此手術

For most people, the decision to have this operation is a difficult one. Your doctors may recommend that you have surgery to prevent the development of

決定是否做此手術對大多數人來說是很困難的。您的醫生可能會建議您做手術以防止生癌，您又或是因為潰瘍性結腸炎的症

cancer or because the symptoms of your ulcerative colitis have become unbearable. It is often helpful to talk to other people who have had the operation. Your local chapter of the Crohn's and Colitis Foundation of America has support groups and literature. Your gastroenterologist probably has other patients in your area who have had the operation. The Internet now has sites that can be helpful in finding information (see the reference section in the back of this booklet). We would be glad to help you contact people who have had the operation at UCSF Medical Center.

Some medical centers create pouches in different shapes, but the most common configuration now used is the "J" shape.

In 1995, we sent a questionnaire to everyone who had the J pouch procedure at UCSF Medical Center; of these, 120 people responded. The results of the survey are discussed throughout this booklet. We don't know if this group has done better or worse than those who did not return the survey, but we include the information for you. They rated the operation as follows: 95 percent of people under age 40 and 75 percent over age 40 said the operation results were good to excellent.

If you decide to have surgery with us, the following information will help you

狀令您難以忍受而決定做此手術。能與曾做過此手術的人士傾談往往是有益的。在本地的美國克隆氏症和結腸炎基金會有支援團體和參考書籍。您的腸胃科專家也可能有其他在本地的病人接受過同樣的手術。互聯網亦有網站可以找到有用的資訊（請參閱本手冊後面的參考部分）。我們會樂意幫您聯繫曾在加州大學舊金山分校醫學中心裡曾接受過此手術的病人。

一些醫療中心設計的儲囊有不同形狀，但現在最常用的是「J」形儲囊。

在 1995 年，我們曾在加州大學舊金山分校醫學中心向有了「J」形儲囊的病人發出了調查問卷，其中有 120 人回應。調查的結果在整本小冊子中都有討論。我們不知這一群答問卷的人比較於另外一群沒有答問卷的人的情況是較好或較差，但我們都將調查結果與您分享。他們對這個手術有以下評分：95% 40 歲以下和 75% 40 歲以上的人士都認為手術的結果優良。

如果您決定讓我們為您做手術，以下資訊能助您了解準備做手術會發生的情況。

understand what to expect.	
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Preparation for Surgery

Within one week before surgery

You will have an appointment at our PREPARE clinic. You will see a nurse practitioner or anesthesiologist who will discuss your anesthesia with you as well as several types of pain control that can be used after surgery. If you have taken steroids, like Prednisone, or drugs such as Imuran or 6-MP, you will be asked the last time you took them and at what dose. You will meet with the Nurse Practitioner in The Center for Colorectal Surgery who will examine you for the best place for the temporary ileostomy in case you need one. The best location for the ileostomy is in a place where the ileostomy bag will attach securely and where you can see it easily. Remember that most people who have this operation do not need a temporary ileostomy.

You will begin "bowel prep" the day before surgery to help empty your colon prior to the surgery. You will take an oral laxative such as Golytely, Colyte or FLEETS Phospha-soda. The oral laxatives work by giving you frequent liquid stools. It is important to follow the directions given to you as part of your preoperative packet. Avoiding solid foods the day before surgery makes the bowel prep easier for you. After midnight you

為做手術作準備

手術前一星期

您可以預約到我們的「PREPARE 術前準備診所」。您會和醫護師或麻醉師討論您可能用到的麻醉藥以及控制手術後的疼痛的方法。如果您曾服用類固醇，例如「強的松」(Prednisone)、「依木蘭」(Imuran)或 6-MP，您便會被問及上一次服用的時間及劑量。您會在「結腸手術中心」與醫護師見面，她會為您檢查如果真的有需要時，找出哪裡會是做臨時造口手術的最好位置。造口的最佳位置是一個造口袋能安全地附著在皮膚並您容易看到的地方。不過，大多數接受此手術的病人都不需要臨時造口的。

做手術前一天，您就要開始「清理腸道」，以幫助在手術前排空結腸。您會服用口服瀉藥，例如 Golytely、Colyte、FLEETS 磷蘇打水(FLEETS Phospha-soda)。口服瀉藥會令您有頻繁的液體糞便。您按照給您術前的預備指示去做是非常重要的。手術前一天避免進食固體食物，以便清腸。午夜過後，您不能吃喝任何東西－即使是水。

cannot eat or drink anything – not even water.

After the Operation

Pain control after surgery will be coordinated among your doctors, the pain team, and the nurses. We want your pain to be minimal after surgery so you can begin walking the day after the procedure. Walking three to four times a day is the most important thing you can do to ensure a shorter stay. Walking, deep breathing and coughing after surgery will help prevent complications. Avoid prolonged sitting in the chair.

You will not take food or fluids by mouth for a few days. During this time, you will receive all your fluids intravenously. You will not be allowed to eat or drink anything. However, you may swab the inside of your mouth with water and you will be encouraged to brush your teeth to prevent a dry mouth.

You will have small tubes to drain the internal surgical area as well as a tube called a catheter to keep your bladder empty. A few days after surgery, the drains and the urinary catheter will be removed. This is done in your room. If your surgery was performed laparoscopically, you will have a small horizontal incision above your pubic bone, as well as three or four small port sites. If it was done in an open fashion, you will have a

手術之後

在手術後，您的醫生會和疼痛隊和護士協助去控制您的疼痛。我們希望能幫您將手術後的疼痛減到最低，使您在手術後的第一天就可步行。您每天最重要做的事是步行三至四次，這可減少您留院的時間。散步、深呼吸和咳嗽都有利於防止併發症。您還要避免坐椅子時間過長。

有好幾天您都會不能用口飲食。在此期間，您所得到的液體是全部來自靜脈注射的。您不可以吃喝任何東西。

但您可以用水漱口以清潔口腔內部。同時亦鼓勵您刷牙以防止口腔乾。

您會有一條小導管放在您體內做手術的位置用來排水，以及有一條導尿管以保持您的膀胱是空的。在手術後的幾天內，您的導管和導尿管會在病房中被拔除。您假如是做腹腔鏡手術，您的恥骨上方會有一個橫線的小切口和三至四個小傷口。如果手術是開刀式的，您將有一個從肚臍上到恥骨位置的垂直線切口。傷口會用可吸收縫

vertical incision from just above your naval to the pubic region. You will have either absorbable stitches or a row of surgical staples closing the outside of your incision. The staples are usually removed before you go home and are replaced with small strips of tape.

After surgery, the normal intestinal movement that pushes food forward (peristalsis) stops for about three to five days. If you eat or drink something before peristalsis has returned; you will feel bloated and nauseated and may even vomit. This period of time, usually one to two days, can be painful because of the gas that is trapped in the intestine. The most important thing you can do is to walk three to four times a day to help your intestines begin to function normally. Your doctors and nurses will listen to your intestines for bowel sounds, ask if you are passing gas, and look at your abdomen to see if it is swollen. With this information, your surgeon decides when you are ready to eat and drink again. Sometimes it is hard to tell when people are ready to drink again and they may be allowed to drink too soon. This is not a serious problem, but will require you to wait a few more days before drinking again.

線或手術釘縫合。而手術釘則會在您回家之前被除去而換貼上一條條的小膠布。

在手術後，腸道內的正常推動食物動的作（蠕動）將停止約三到五天。如果在腸道恢復蠕動前進食，您會覺得肚脹、噁心、甚至嘔吐。在這一段時間內，通常是一到兩天，您可能會因為積累在腸道的氣體而感到痛楚。您最重要做的事就是每天步行三至四次以幫助您的腸道開始正常運作。您的醫生和護士會聆聽您腸音，會問您有沒有放屁，他們會查看您的腹部是否腫脹了。您的外科醫生會根據這些資料來決定您何時可以進食。但有時仍是很難決定人是何時可以進食的，有可能批准喝液體太早。但這並不是一個嚴重的問題，祇是您會被要求再等幾天才開始飲用。

Recovering From the Operation at Home

After you leave the hospital, it is important to rest, eat properly and get moderate exercise. In this way you best promote your own recovery. You may find that an afternoon nap and early bedtime are essential in the first few weeks. Tiredness is the rule.

Usually, bathing or showering and moderately paced walking can be resumed after discharge from the hospital. Riding in the car is fine but check with your doctor about long car or airplane trips. Driving, working, heavy lifting and vigorous exercise are usually postponed for four to six weeks after surgery. Your doctor will give you the final okay for more vigorous exercise during your follow up visit.

From our survey, about 65 percent of people returned to work by three months after this operation. Of that 65 percent, 28 percent were back to work by one month. Another 20 percent returned to work by six months. If you had an ileostomy with your surgery, special section on ileostomies starting on page 22.

手術後在家中休養

當您出院後，請謹記多休息、有健康的飲食，並做適度的運動都是很重要的。這樣，您會康復得更快。您可能會發覺最初的幾個星期時常很容易感到疲勞，午睡和早睡是至關重要。

通常，出院之後可以洗澡或淋浴以及緩步行走。外出坐汽車是可以的，但如果要坐長途車或飛機則需要讓您的醫生檢查清楚方可做。通常要在手術後四至六星期後才可開車、工作、拿重物及做劇烈運動。醫生可以當您覆診時，最終准許您做多些劇烈運動。

根據我們的調查，65%的人能在做了手術三個月後能恢復工作。其中，28%能在一個月內恢復工作。另外20%則需要六個月。如果您手術有包括做迴腸造口術，請看有關迴腸造口的特別章節。

Specific Areas of Concern

需關注的特別範圍

Diet

From our survey, 70 percent of people

飲食

have changed the way they eat since the operation. Some people are able to eat more foods compared to the diet they followed with their ulcerative colitis. Others feel the diet is similar to the foods they ate most easily when they had ulcerative colitis. Since many people have frequent bowel movements right after the operation, following a diet can help lessen the number of stools. See page 33 for the lists of foods that seem to help and those that seem to cause problems.

Add new foods one at a time to see how they affect your stool output. You may find that some foods give you trouble initially, but that you can tolerate them better later. Do not skip meals. This tends to make the stools more irritating and loose. Balancing starches with foods that tend to give diarrhea is also helpful in controlling the frequency of bowel movements. Once your colon has been removed, you will need more salt for a while until your body adjusts to not having a colon. Pretzels and corn chips are good snacks. Hot and spicy foods will probably burn on the way out and should be avoided if your anal area feels irritated. Seeds and nuts also can be irritating. Once things have "settled down" after the surgery in three to nine months, you should try to eat all types of foods and see how they affect you. Some of our patients have experimented with a

根據我們的調查結果顯示，有 70% 的人自做手術後改變了飲食的習慣。有些人與潰瘍性結腸炎時的節食情況相比，他們能夠吃得更多。其他人則認為與他們在有潰瘍性結腸炎時最容易吃的食物相似。由於很多人在手術後，排便次數增多，所以堅持良好的飲食習慣可以幫助減少大便次數。第 33 頁所列出了有幫助或導致問題的食物。

嚐試新食物時要分開每種食物試，看看它如何影響您的大便。您可能會發現某些食物最初會帶給您麻煩，但之後就會習慣。您如果跳餐不按時進食，這會令大便更易受刺激和變鬆散。澱粉類的食物都有助平衡引起腹瀉的食物，更有助控制排便的頻率。在您的結腸被切除後，您會有一段時間需要吸收更多的鹽份，直到您的身體調整到習慣沒有結腸。椒鹽脆餅和玉米片都是很好的零食。辛辣的食物會令您的腸道感到灼痛，如果您的肛門部位感覺刺痛，您便應該禁食。瓜子和堅果也是有刺激性的。一旦事情在手術三至九個月後已經習慣了後，您應盡量嘗試吃各類食物，看它們會怎麼樣影響您。我們有些病人已試用低血糖指數的飲食，以幫助他們控制排便。您可在互聯網或附近的圖書館找到

Low Glycemic Index Diet to help them control their bowel movements. There are resources on the Internet and at your local library if you wish to try this type of diet but wait to start until at least three months after your operation. Low Glycemic Index foods tend to be higher in fiber and cause a slow rise in blood sugar.

Fluids are important to prevent dehydration. Drink enough fluid so your urine is light yellow in color. Avoid fruit juices, carbonated drinks, drinks with caffeine, and straws because swallowed air increases gas. You may want to try drinking your fluids at the end of your meal. Some people feel it helps slow down the stool if they avoid drinking with their meals.

Many people ask about vitamin supplements after this operation when they are limiting fruits and vegetables. It is OK to take vitamins, but they should be the chewable or liquid preparations or they may not be absorbed.

相關資訊，如果您想嘗試這種食療方法，至少要等到術後三個月才好做。低血糖指數的食物都是較高纖維的，可令血糖的上升較緩慢。

液體是重要的，可防止脫水。要喝足夠的液體使您的尿液呈淡黃色。避免飲用果汁、蘇打類飲料、含咖啡因飲料及使用飲管，因為吸入更多空氣會增加腸氣。另外，您可能會想在餐尾才喝飲料。有些人覺得如果在進食時不飲液體會有助緩慢排便。

很多人由於在手術後只被允許吃指定限量的蔬果，他們都會問及有關使用維生素補充劑的問題。吃維生素是可以的，但應該用可咀嚼或液體狀的維生素，不然它們可能不會被吸收。

Stool Frequency

From the survey, about half of the people with J-pouches have between five to eight stools a day. About 30 percent have nine to twelve stools a day with people over 55 years having more than younger

大便次數

根據調查，大約一半有 J-儲囊的病人每天有五至八次大便。大約 30% 的人每天有十至十二次大便，55 歲以上的人比年輕人較多。做完此手術的人，不到 8% 每天有少於四次大便。約有 9% 每天有十三次

people. Less than 8 percent of people have fewer than four stools a day after this operation. About 9 percent have over 13 stools a day.

As the reservoir adapts and stretches to its normal capacity, the number of stools per day should decrease. You will probably have many stools while you are in the hospital, but these should lessen by the time you go home. Often the first stools in the hospital are without your control but this will change before you go home. The biggest increase in stool is usually after you begin eating. You can expect the number of bowel movements to decrease gradually. The stools will range from watery to a paste-like consistency -- like refried beans. By watching your diet, you can avoid foods that tend to give you loose stools. The more frequent your bowel movements, the more itching and burning you will have around your anus.

Stool frequency at night can be a problem. More than half of the people (63 percent) get up once or twice per night to pass stool and some people (24 percent) awaken three times or more. This can be related to eating late, overeating, or eating foods known to cause problems. A combined approach of diet and medications will help you through this difficult period.

大便。

隨著(腸子)儲儲囊慢慢適應並擴伸到它正常的容量，每天排便次數便會漸漸減少。在住院的時候，您的大便次數可能會很多，但由您回家後次數應該開始減少。在住院初時通常您的大便是失控，但在您回家之前這種情況將會有所改善。當您恢復進食後，大便的次數便通常會有最大幅度的增多。您可預期排便的次數將會逐漸減少。糞便會大概是水狀至糊狀的稠度——像豆泥一樣。您注意您的飲食習慣便可避開吃令您大便變稀的食物。您的排便越頻密，肛門便會感到越瘙癢和灼痛。

在晚上大便次數多可導致一些問題。超過一半的人（63%）每晚因要排便而起床一次或兩次；有人（24%）甚至起床三次或以上。這可以是由於太遲進食、吃得太多、或食了已知是有問題的食物。利用飲食配以藥物的聯合對策會助您渡過這難關。

Medications like Imodium and Lomotil can help in this breaking-in period. Taking them before meals and before going to bed can help lessen the number of times you need to go to the bathroom. Most people need to take these medications initially but often use them only occasionally once the reservoir pouch function is better. For some people, adding a fiber supplement such as Metamucil, Benefiber, Konsyl, Citracel – or their generic equivalents with half the recommended amount of water can help thicken the stool, and reduce the number of bowel movements. See the section on Medications.

Diarrhea

If your stool is very watery and frequent, you are having diarrhea. Gatorade or other sport drinks can help restore minerals lost in diarrhea.

Diarrhea can be related to eating certain types of foods (eating too much of any food); pouchitis, an inflammation in the lining of the ileoanal pouch; and the other usual causes of diarrhea like the flu. If you get the flu early in your recovery, you may need to be hospitalized due to dehydration.

Sometimes people have diarrhea because they don't have the enzyme (lactase)

洛呱丁胺 (Imodium) 和止瀉寧 (Lomotil) 之類的藥物可以幫助這過渡時期。在飯前和睡前服用可以幫助減少去洗手間的次數。大多數人在初期都需要服用這些藥物，但當(腸子) 儲儲囊的功能比較好時，便偶爾才需要服用它們。有些人會吃纖維補充劑，例如美達施 (Metamucil)、百利纖 (Benefiber)、康賜爾散劑 (Konsyl)、Citrucel 或同類的非專有權藥物，而用沖開藥的水量是建議只用藥廠推薦的一半量，這可幫助大便變得較稠，並減少排便次數。請查看「藥物」的部分。

腹瀉

如果您的大便又很稀又很頻密，這代表您有腹瀉。佳得樂 (Gatorade) 或其他運動飲料可助您恢復因腹瀉而流失(體內) 的礦物質。

腹瀉可以是因為吃了某類的食物 (或進食任何過多的食物)；囊炎，亦即在迴腸肛門儲儲囊裡的炎症；和平常引起腹瀉的其他原因，例如流感。如果您在康復的初期染上了感冒，您便可能會因脫水而需要住院。

有時，人們有腹瀉是因為他們沒有消化牛

needed to digest the sugar in milk or milk products. If you feel bloated and have cramps and gas after drinking milk, try not drinking it, and see if those symptoms go away. You can also try fermented milk products such as yogurt, hard cheese, buttermilk, soy milk or goat's milk.

Adding fiber supplements such as Metamucil, Benefiber, Konsyl, Citrucel, or their generic equivalent can help thicken the stool, and reduce the diarrhea.

Skin Care

Until your body adjusts to your new internal pouch, you may experience some leakage (incontinence) of stool, especially at night. Liquid stool is very irritating to the skin around the anus, so it is important to keep this area clean and dry. Use soft white, non-perfumed toilet tissue to blot gently after each bowel movement, drying the skin completely. Do not scratch, rub or wipe the skin. It may help to spray water from a squirt bottle. Some people find drying the skin really well with a blow dryer helps. For irritated perianal skin, warm baths can be very soothing. Do not apply anything to the skin that burns or irritates. Moist cotton balls may be better for wiping if your skin is very sore. Some people use baby wipes to cleanse themselves. Use a

奶或乳製品所需要的酶（乳糖酶）。如果喝牛奶後感覺胃脹、抽筋、放屁，便不要繼續喝，停了再看症狀是否會消失。您也可以嘗試吃發酵乳製品，例如乳酪、硬芝士、牛奶、豆奶或羊奶。

添加纖維補充劑，例如美達施、百利纖、康賜爾散劑、Citrucel、或其他同類的非專有權藥物都可以幫助大便變得更稠，並減少腹瀉。

皮膚護理

直到您的身體適應到新的儲儲囊，尤其是在夜晚，您可能會有大便滲漏（大小便失禁）的情況。液體的糞便會刺激到肛門附近周圍的皮膚，所以保持這個部位的清潔和乾爽是很重要的。每次大便後用柔軟、白色，無香味的衛生紙輕輕抹，要把皮膚完全抹乾。不要搔抓，摩擦或擦拭皮膚。另外，用噴水瓶噴水亦可以幫助您。有些人認為用吹風機吹乾皮膚有幫助，浸泡溫水浴有助舒緩受了刺激的肛門四周的皮膚。不要用任何方式去刺激或灼燙皮膚。如果您的皮膚非常痛，用棉花球去潔淨會較好。有些人會用嬰兒濕紙巾來清潔，最好用一個沒有酒精或氣味的牌子。

brand without alcohol or scents. Some people tuck a small piece of toilet tissue or a dry cotton ball up near the anal opening to protect their skin from small amounts of leakage. Scented soaps and tissues should not be used since these may cause irritation. A protective ointment (see references) may be used after each bowel movement to keep the stool off the skin. You may want to wear a protective pad to keep your clothing clean.

Anal itching and burning are often not visible because the irritated area is on the inside. You can look with a mirror to see if your irritation is on the outside skin. Some of the itching and burning is a normal part of the internal healing and will go away in time. Some people have found Pepto Bismol taken by mouth is helpful for the burning.

Sometimes people get a yeast infection around this area. It is more common when taking antibiotics and in women around the time of their periods. If you get an itchy red rash, you may need an over-the-counter anti-fungal cream or ointment. See reference section.

Occasionally, people will get allergies to the preparations they are using around their anuses. This is not very common. If you are allergic to lanolin, check the ingredients of any ointment before use.

亦有人會用一小片衛生紙或乾棉花球放在肛門口以防滲漏，保護自己的皮膚。不要用香皂和紙巾，因為可能會刺激皮膚。可在每次排便後塗上一種護膚膏（請見「參考」部分），令大便不會接觸到皮膚。您也可能想穿戴護墊以保持衣服整潔。

肛門感覺癢癢和灼熱通常是不可從外面見到的，因為容易受刺激的部分是在肛門裡面。您可以用鏡子檢查受刺激的部分是否在肛門外面的皮膚。有些癢癢和灼熱是因為體內正在癒合的正常情況，並會在短時間消失。有些人發現口服鹼式水楊酸鉍 (Pepto Bismol) 有助減少灼熱的感覺。有時這部分會受到酵母菌感染。尤其當女性在月經期間服用抗生素時便更常見。如果您有發癢的紅色皮疹，可能需要用開處方的抗真菌霜劑或藥膏。請參閱「參考」部分。

有時候，人們會對塗在肛門上的藥膏有敏感，但這並不是很常見。如果您是對羊毛脂 (lanolin) 過敏，請在使用前先檢查藥膏的成分。

Incontinence

Mild incontinence or leakage of stool is common and will get better with time. The stool should thicken, the rectal pouch will stretch, and your sphincter muscles will become stronger. The incontinence is usually worse at night when the sphincters relax, and a small pad is helpful to absorb the leakage. Some people find sleeping on a small towel or pad is helpful. The looser the stool, the more likely it is to leak. Some people accidentally pass stool when they are passing gas. You might want to buy more cotton underwear before the operation because cotton breathes and is absorbent. In time, most people develop an awareness of whether they are passing stool or gas but initially this can be a problem. Medications, diet and careful skin care are all important during this period of adaptation. If you develop incontinence after a time when this has not been a problem you may have pouchitis, an inflammation in the lining of the ileoanal pouch.

From our survey, 60 percent of people occasionally pass stool without control. Usually, it is slight staining at night while in a deep sleep. About 8 percent occasionally pass some liquid stool during the day. About 35 percent notice staining of stool on their underwear at least once a month during the day or the night. This can be related to eating something you

失禁

輕度失禁或大便滲漏是常見的，情況會隨著時間變好。大便應該變粗些，直腸儲囊會擴張，括約肌亦會隨之而變得更強壯。因括約肌在夜間會放鬆，失禁通常會較嚴重，小護墊有助於吸收滲漏。有些人發現睡在小毛巾上或墊子上有幫助。越鬆散的大便，越有可能滲漏。有些人放屁時都會不小心滲漏大便。您可能要在手術前購買多些的純棉內褲，因為棉質較透氣，吸水性較佳。過一段時間，大多數人會產生一種意識分別出是放屁抑或是漏屎，但初時會難以辨別。在這段適應期，藥物治療、飲食和細心的皮膚護理是非常重要的。如果過了一段時間才有失禁，而這卻從來沒有問題的話，這便可能是腸儲囊有慢性發炎，即是在迴腸肛門儲囊的內層發炎。

根據我們的調查結果顯示，60%的人偶爾會大便失控。通常是在夜間熟睡時有輕微的滲漏。約8%的人在日間會滲漏液體糞便。大約35%的人，不論白天還是夜晚，每月最少有一次大便會滲漏而令內衣褲染色。這可能與您吃了有問題的食物、慢性腸炎、過量飲食然後睡覺，或只是與熟睡

knew would cause a problem, having pouchitis, overeating and then going to bed, or just being in a very deep sleep.

Medications

You will probably be discharged from the hospital taking Imodium, Lomotil or a fiber supplement to control the number of bowel movements. Metamucil and other "bulk laxatives" act by absorbing excess fluid in the stool. Do not take any extra fluid with the Metamucil despite the directions on the bottle. The thicker the stool, the less likely you are to leak. Do not take more than eight Imodium or Lomotil a day. NEVER TAKE BOTH IMODIUM AND LOMOTIL. Some people have found it more effective to take the Lomotil by placing it under the tongue for quicker absorption. This does not work with the Imodium. Some people find the liquid Imodium works better than the tablets.

Taking the diarrhea medicine before bed should reduce nighttime trips to the bathroom. Some people also have success taking Pepto Bismol.

Dehydration

Dehydration results from losing extra amounts of body fluids from diarrhea, vomiting, sweating in hot weather or with heavy exercise or from not taking in

有關。

藥物

當您被批准出院後，醫生會給您寫洛哌丁胺 (Imodium)、止瀉寧 (Lomotil) 或纖維補充劑的處方，以控制排便的次數。例如利用通過吸收大便中多餘的液體的美達施 (Metamucil) 和其他「纖維瀉藥」。儘管美達施瓶上有指示，但不要跟指示用額外的液體沖美達施。大便越稠，就越少機會滲漏。一天內不要服用超過八粒洛哌丁胺或止瀉寧。千萬不要將洛哌丁胺和止瀉寧同時服用。有些人將止瀉寧含於舌底下令它更快被吸收。但這方法對洛哌丁胺並無效。亦有些人發現洛哌丁胺藥水的效果比藥丸更好。

睡前服用止瀉藥應能減少夜晚去廁所的次數。有些人服用鹼式水楊酸鉍 (Pepto Bismol) 亦一樣有效。

脫水

脫水是因為腹瀉、嘔吐、流汗或過量運動而流失了額外的身體水分而又沒有得到足夠的水分補充而造成。如果您有脫水，尤

enough fluids. If you become dehydrated, you may feel dizzy, especially when you get up quickly. You also can feel weak, listless, and tired. You may also notice that your urine is dark and concentrated. Ideally, your urine should be light yellow.

Watch your weight closely. If you are having diarrhea, a sudden drop in weight is most likely due to loss of fluid. If you notice your weight dropping a pound or so in a day, begin to drink more fluids, such as Gatorade, broth, or diluted juice. Try to eat salty snacks such as crackers, pretzels or corn chips with the fluids, especially if you are drinking water. This may also be a sign that you are coming off your steroids too quickly and you should call your doctor. Taking medicine for diarrhea like Imodium or Lomotil should help. Call your doctor if you have tried unsuccessfully to slow down the diarrhea with diet or over-the-counter medications and it has not improved.

If you get the flu within three months of the surgery, you can become seriously dehydrated. Chronic dehydration could put you at risk for kidney stones.

Steroids

Frequently, people with ulcerative colitis are taking or were taking the steroid Prednisone to control inflammation of

其是當您起床的速度太快，您可能會感到頭暈、虛弱、倦怠和疲累。您可能也注意到您的尿是深色和很濃。理想的尿液應該是清晰淡黃色的。

請密切關注您的體重。如果您有腹瀉和體重突然下降，最有可能是由於流失水分。如果您注意到您的體重在一天下降一磅左右，便要開始喝更多的液體，例如佳得樂、肉湯或稀釋的果汁。在喝更多液體的同時，特別是喝清水時，嘗試配搭一些咸小吃，例如餅乾、椒鹽脆餅或者粟米片。但同時，這也有可能是您的類固醇劑量的降低速度太快的一個跡象，您應該打電話給醫生。治療腹瀉可以服用洛哌丁胺或止瀉寧等藥。如果您嘗試過改變飲食或者食藥都沒法改善腹瀉，便要打電話給您的醫生。

如果手術後三個月內您得了感冒，您可能會嚴重脫水。長期的脫水能讓您有患上腎結石的風險。

類固醇

潰瘍性結腸炎之患者經常地服用潑尼松 (Prednisone) 這類固醇來控制大腸發炎。正如您所知，類固醇是非常強力的藥物，同

the large intestine. As you know, steroids are very powerful drugs and have many side effects. People who have been taking high doses for long periods may have more complications from surgery. Normally, your body increases the amount of its own natural steroid after an operation. If you took Prednisone, your body's natural hormone production has been "turned off" and is unable to produce the additional steroid. Because an operation is a stressful event, your body needs extra steroid to cope with it so you will get an extra amount of steroid through your IV the day of surgery.

After the operation, your doctor will gradually decrease your steroid dosage (steroid taper) until you no longer need any. This MUST be done gradually. Follow your doctor's orders. It is very important that you have explicit written instructions from your doctor for your oral dose of steroid before you leave the hospital. Under no circumstances should you abruptly stop taking your medication. This could cause serious problems. If the steroid taper is too quick, you may feel like you have the flu or have no energy. If you find that you feel you can't get out of bed during your taper, call your doctor to discuss a slower taper. Your surgeon or your gastroenterologist can manage your taper. If you have been on steroids for a while, you may find that

時亦有許多副作用。一直長時間服用高劑量的人可能在手術後會有更多併發症。通常在手術後，您的身體會自然提升體內天然的類固醇量。如果您曾服用潑尼松，您體內的自然激素生產會被「關閉」，無法產生額外的類固醇。手術會對身體產生壓力，因此您的身體需要額外的類固醇以應付它，所以在手術當天，額外的類固醇會從點滴輸入到您的靜脈中。

在手術後，您的醫生將會逐步減少您的類固醇劑量 (類固醇漸降表)，直到您不再需要為止。您必須聽從醫生的指示，循序漸進地完成。在您出院前，從醫生處得到有關您的類固醇口服劑量明晰的書面說明是非常重要的。在任何情況下，您都不可突然停止服此類藥，因為這可能會導致嚴重的問題。如果類固醇的藥量減低得太快，您會好像覺得自己患上了流感或感到沒有氣力。如果您在減量期間感覺自己不能下床，便要打電話給您的醫生問是否需要減慢降低藥量的速度。您的外科醫生或胃腸科醫生都可以控制您的減藥量速度。如果您已經服用了類固醇一陣子，當藥量

you get symptoms of arthritis in your joints as you are tapered off. This usually lasts up to six months and then goes away.

Sexuality

After any operation to treat ulcerative colitis, patients often report that sex is better because they feel better and have more energy and interest. After the intestinal reservoir has been constructed, it is recommended that women avoid intercourse for six weeks. This is to allow the reservoir time to heal since the vagina and the rectum are very close together. From our survey, 25 percent of the women had occasional pain with intercourse. This affected younger women more often than older women. Thirteen percent of the women have carried a pregnancy to term.

It is not unusual for men to notice temporary changes in their erections from the swelling or inflammation around the nerves. From our survey, some men reported it took longer for them to get an erection and the erection was not as firm. In general, the older the man at the time of surgery the more likely they were to notice a change in their sexual function. Any problems that continue should be discussed with your surgeon and a referral to a specialist may be necessary. Some men will have permanent changes in their ability to have sexual intercourse,

正在逐漸減少時，您會發現您的關節好像患上關節炎症狀。這通常會持續六個月，然後會自動消失。

性欲

病人在做了任何治療潰瘍性結腸炎的手術後，經常報告性交生活有改良，這是因為他們感覺更好和有更多的精力和興趣。因為陰道和直腸是非常接近的，為了讓腸道儲囊有時間痊癒，通常都建議病人在六星期內避免性交。根據調查所得，25%的女性交時偶爾會痛。年輕的女性比年長的女性會更受影響。13%的女性能夠成功地懷孕到分娩。

男性注意到勃起時有暫變，神經周圍有腫脹和炎症是並不罕見的事。根據調查，有些男人報告要花更長的時間去勃起，而勃起時也不如前結實。在一般情況下，年紀越大的人動手術就越有可能注意到他們的性功能有變化。如果持續出現問題，便應與您的外科醫生討論，如有需要將會轉介到專科醫生。雖然並不常見，但有些男人的性功能改變可能是永久性的。如果您的性功能有變化，可以與專家一同探索現在有效的新療法。

although this is not common, it is something you should be aware of. If you do have a change in your ability to have sexual intercourse, there are effective new treatments that can be explored with the specialist.

People with ileostomies often have questions about sex when they have their ileostomy. They feel uncertain about their attractiveness, whether they are going to hurt something and just what to do with the bag. It is extremely important to talk to your partner about your feelings. Your partner also will have feelings about not wanting to hurt you. One practical suggestion is to empty the bag before sex. You can roll the bag up and cover it with a tank top or weight belt. You can wear sexy shorts or gowns, which cover up the ileostomy bag, or use a bag cover.

After the second operation, sex can be resumed when you feel like it. Both men and women who have had this operation have since become parents. Most of the women have Caesarian sections but there are women who have had vaginal births after this operation. If you have other questions, ask your surgeon, your wound ostomy continence nurse, or your nurse practitioner.

Anal sex is not recommended after this operation.

有迴腸造口的患者當要做手術時通常會有一些關於性交的問題。他們擔心如果需要戴著造口袋一同生活時，會懷疑自己的吸引力，又或者恐怕可能會傷害到身體某些地方和不知如何處理(糞便)袋。您的伴侶也不想傷害到與您的感情，因此與您的伴侶傾訴心事是極其重要的。一個切實的建議是在性交前清理造口袋。您可以用上衣或腰帶蓋住它。您也可以穿性感的短褲或長袍掩，或用袋套掩蓋造口袋。

當做了第二次手術後，您是可以從心所欲地做性交的。有男和女的病人在做了手術後已成為父母。多數女性做手術後都會選擇剖腹產子，但亦有人選擇自然分娩。如果您有其他問題，可向您的外科醫生、您的造口護士或專科醫護師查詢。

做完此手術後，不建議做肛交。

Bleeding

You may notice streaks of blood in your stool. This is normal. Sometimes the blood is coming from very irritated skin outside the anus. You can look with a mirror to see if the bleeding is coming from the inside or the outside. If you are bleeding from the skin, review the sections on skin care and incontinence. If the bleeding is more than a few small streaks in your stool you should bring it to your doctor's attention.

Coping

People decide to have the ileoanal reservoir operation for different reasons. Some want relief from the relentless symptoms of chronic ulcerative colitis and the associated dependence on steroids, antibiotics and other drugs. Others, including those who have mild ulcerative colitis or familial polyposis with few or no symptoms, want to prevent cancer. Whatever the reasons, adjusting to life without a colon requires patience and understanding.

For those of you on steroids, coping with this operation may pose particular challenges. Being tapered off steroids may make you feel depressed or "not in control" of your emotions. This comes on top of the many different feelings that normally follow any major operation and hospitalization. Sharing these feelings

出血

您可能會發現您的大便有血絲，但這是正常的。有時出血可能是因為肛門的皮膚非常容易受刺激。您可用鏡子自我查看是否內部或外部出血。如果您皮膚流血，可參看這本小冊子“皮膚護理”和“尿失禁”的部分。如果看到大便內有不少血絲，您應該讓您的醫生知道。

應對

決定要做迴腸造口手術的人有不同的原因。有些人是想防止慢性潰瘍性結腸炎的症狀和逃離與類固醇、抗生素和其他藥物相關的依賴性。而其他患者，包括那些有輕度潰瘍性結腸炎或有家族性息肉病的人，他們是沒有什麼症狀或只有很少症狀，但只想預防癌症。不管是什麼原因，調整缺少大腸的生活是需要有耐心 and 理解的。

此手術對服用類固醇的病人是有特殊的挑戰，同與進行任何大形手術的患者一樣，這些加在正常住院都有的許多負面情緒之上都會變成百上加斤。與您的家人、護士和醫生分享這些感受會幫助您住院期間較

with your family, your nurses and your doctor will help make your stay in the hospital more comfortable. After leaving the hospital, joining a support group with other people who have undergone similar experiences is extremely helpful. It takes time to adjust to the changes in your lifestyle and sharing information can help you learn more quickly. It can also increase your understanding not only of your own feelings, but also those of family and friends who may be uncertain of how to best help you with your recovery. You may need professional help to help you through this difficult period.

Research studies have shown that more than 95 percent of those who have had the ileoanal reservoir operation are satisfied with this operation. When given the option, many people chose to try to avoid a permanent ileostomy. Most people who had the operation also said that although they were glad they didn't have their ileostomy anymore, having one wasn't as bad as they thought it was going to be.

UCSF has a support group that meets approximately every two months. We will advise you of meeting dates by mail or e-mail. If you prefer not to receive these notices, call the person listed on the flier. The Crohns and Colitis Foundation of America (CCFA) also has support groups. See the Resource section in the

舒適。在出院後，參加支援小組，認識其他有類似經歷的人是非常有用的。您需要時間來適應生活上的變化，例如能和他人分享資訊便可以讓您學得更快。這不僅可以讓您了解您自己的感受，同時亦能讓您的家人和朋友在不知如何能盡力幫您時，可以得到更多的了解以助您康復。您可能需要專家來幫您度過這段困難時期。

根據調查研究顯示 95%以上曾接受迴腸造口手術的患者均對此手術表示滿意。如有選擇時，很多人都選儘量避免有永久造口。大多數曾接受手術的人說，雖然他們很高興手術後會移除造口，但有一個造口卻並不是他們想像中的那麼糟糕。

加州大學舊金山分校的支援小組大約每兩個月聚會一次。我們會透過郵件或電郵通知您集會的日期。您如果不想接收這些通知，請打電話給單張上所列的人聯絡。美國克羅恩病和結腸炎基金會 (Crohns and Colitis Foundation of America – CCFA) 也有支援小組。請看小冊子後的資訊頁如何聯

back of the booklet for information on how to contact CCFA.

Fatigue

Fatigue is a common complaint after this operation, but it is also common after any major operation. Having your sleep interrupted by having to go to the bathroom also contributes to the fatigue. We advise people to take it easy and get plenty of rest. If you are waking up to go to the bathroom, you may need to allow for a longer sleep period.

Nighttime Stool Frequency

Having nighttime frequency is not an uncommon complaint and can be very disruptive of a good night's sleep. Tips for decreasing the number of stools at night include:

- Don't eat late. Allow at least three to four hours after your last meal before going to bed.
- Take an antidiarrheal before going to bed.
- Eat at least some of the binding foods at dinner and avoid those foods that tend to give people diarrhea. See the reference section on diet in the back of the booklet.
- Don't overeat at dinner.

繫 CCFA。

疲勞

做任何大手術之後都會感到疲勞，這個手術亦不例外。例如頻繁如廁會使您睡眠不足。我們建議大家放輕鬆點，好好休息。如果您晚上需要起床去廁所，便要補睡長一點的時間。

晚上大便頻繁

夜間大便頻繁的抱怨並不罕見，它會破壞您晚上的睡眠質素。

減少晚上大便的提示包括：

- 不要太晚吃飯。要在睡覺前最少三至四個小時吃最後一餐。
- 睡覺前服用止瀉藥。
- 多少吃一些粘合 (幫助大便構成固體) 的食物和避免吃令人腹瀉的食物。看這小冊子後面的參考頁。
- 晚餐不要吃得過飽。

<p>General Tips</p> <p>Keep busy. Don't stay home because you are having more bowel movements. Do something physical; go for a walk, swim or play basketball. Get into a regular program of exercise and stick to it. Most people do not have a lot of bowel movements during the day when they are away from home. They tend to have more when they get home in the evening. Many people get frustrated about their progress after surgery and want to feel better sooner. Remember this is a big operation and it takes time.</p>	<p>提示概括</p> <p>不要因為大便頻繁而自困在家裡。多做一些活動，例如散步、游泳或者打籃球。運動要定期做並持之以恆。在白天，多數人在外出的時候沒有太多大便，往往是於他們在夜晚回家後才傾向有更多大便的。很多人在手術後會對他們緩慢的進展感覺沮喪和想康復得更快。請記住這是一個大手術，它是需要多點時間康復的。</p>
<p>Ileostomy Care</p> <p>The following sections are for people who require a temporary ileostomy:</p> <p>General</p> <p>A temporary diverting ileostomy may be needed for a variety of reasons including high doses of steroids and anatomical differences. During the two months while you have the ileostomy, you will continue to have a mucus discharge and some bleeding from the anus. You may be incontinent (unable to hold the mucus) during this period. This does not mean you won't be able to hold the stool after the ileostomy is gone. You may need to protect your skin from this drainage and you can use any of the skin care products listed in the glossary. Because part of your intestine is not being</p>	<p>造口護理</p> <p>以下章節是為需要臨時造口的人而寫的:</p> <p>普通知識</p> <p>需要臨時造口有各種原因，包括服高劑量的類固醇藥和人體結構上的差異。在您有造口的兩個月內，都會持續有粘液和血水從肛門滲出。在這段時間，您也可能會大小便失禁(不能控制粘液滲出)。但這並不意味著當您沒有造口的時候，就不能控制。如您為要保護皮膚而避免這些糞水，您可以使用在詞彙表中列出的任何護膚產品。因為當您有這種造口時，您部份的腸道是沒有被使用而可能導致更多腹瀉。</p>

used when you have this type of ileostomy, you may also have more diarrhea.

Please read the following other sections:

See page 15 on diarrhea.

If you are taking steroids see page 18.

The following information will help you take care of the ileostomy for the next several weeks:

An ileostomy is an opening in the ileum or small intestine that has been brought out to your skin during surgery. The part of the intestine you can see is called a stoma or ostomy. The tissue of the stoma is dark pink or red, and moist. It looks somewhat like the inside of your mouth.

The stoma has no sensory nerves, which means when you bump or touch your stoma you will not feel it, but the skin around it can sense touch.

The temporary ileostomy is created by bringing a loop of bowel out to the skin. Most people do not notice that there are actually two openings on their abdomens. One opening is where the stool comes out and the other goes down to the reservoir. The ileostomy begins to function two to five days after surgery and initially passes a watery green stool. Once you begin eating, the output becomes less watery. The nurses will teach

請閱讀以下其他章節:

關於腹瀉的請看第 15 頁。

如果您正在服用類固醇，請看第 18 頁

以下資訊會幫助您在未來數星期護理好造口：

造口是做手術將迴腸或小腸帶出到皮膚處開口。您可以看到的部分稱為孔或造口。孔中的組織是深粉紅色或紅色和潮濕的。看起來它有點像您的口腔。

造口沒有感覺的神經，這意味著當您碰撞或觸摸造口時，您不會感覺到，但周圍的皮膚卻會有感覺。

臨時造口是將迴腸的一個環圈連接至皮膚表層做成的。大多數人沒有注意到腹部上其實有兩個開口。一個開口是大便出來的位置(造口)，另一個開口就會去了用迴腸做的儲囊。造口會在手術後兩至五天開始運作，最初會有水汪汪的綠色糞便排出。一旦您開始進食，大便的水分便會開始減少。護士會在您回家前教您如何清理及更

you how to empty and change the bag before you go home. If possible, we would like to also teach a family member or friend to help you if needed after you go home. A wound ostomy continence nurse (WOCN) or your nurses will work with you to ensure that all is going well. With patience and practice, this procedure will become routine for you. A home care referral is usually made for you so you will have a nurse visit and continue learning at home.

Because the small intestine does the work of digesting and absorbing nutrients from food, it is rich in enzymes that assist in this process. The large intestine absorbs water, salts and minerals; when it is removed, stool output will be more liquid and will be rich in salt and potassium coming directly from the small intestine. With these facts in mind, it is important to follow these recommendations. For those of you reading this before you have seen an ileostomy, remember that this will make more sense to you after the surgery.

- Empty your bag when it is one-third to one-half full. Extra weight can cause the skin seal to weaken.
- Always change the bag right away if it begins to leak or cause discomfort. Never attempt to patch it. Stool on the skin causes irritation that can be severe.

換造口袋。如果您回家後有需要，我們也會教導您的家人或朋友如何幫助您。監控造口護士(WOCN) 或您的護士會幫您確保進展一切順利。只要有耐心和練習，您會習慣此過程。通常會特別為您轉介家庭護理，讓您有護士做家訪和可以在家中繼續學習。

由於小腸的工作是消化食物並吸收當中的營養，豐富的酶會協助這過程。大腸的工作則是吸收水分、鹽和礦物質；當它被移除後，糞便會含有更多液體、鹽和鉀，從小腸直接排出。考慮到這些事實，遵循建議更是重要。對於那些在見到造口之前有機會閱讀此小冊子的人，這資料在您做了手術後將會變得更加清晰。

- 當造口袋有三分之一或一半滿時就需要清理。造口袋太重會有機會減弱袋子和皮膚之間的密封。
- 當有滲漏或感到不適，請務必盡快更換造口袋。不要試圖修補它。糞便對皮膚

<ul style="list-style-type: none"> • A small amount of bleeding from the stoma is normal. Do not be alarmed. • The stoma will be somewhat swollen after surgery. It will get smaller as the swelling goes down. Measure your stoma with a pattern or template for each bag change until it seems to have stopped shrinking. • Make sure the opening in the skin barrier fits the stoma as closely as possible. No skin should be showing. Use stomahesive paste to protect any skin exposed between the stoma and the skin barrier. • Carefully clip or shave the hairs under the adhesive area if they cause discomfort when you change the bag or if they interfere with the skin barrier sticking to the skin. • After discharge from the hospital, change your bag about every two to four days. Changing your bag at regular intervals may avoid embarrassing and inconvenient leakage. • You can bathe or shower with or without your bag. 	<p>造成的刺激是可以很嚴重的。</p> <ul style="list-style-type: none"> • 造口有少量出血是正常的，不要驚慌。 • 孔口會在手術後腫脹。隨著腫脹消退時，它會變得越來越小。利用圖案或模板來測量您孔口大小的變化，直到它停止萎縮。 • 確保將皮膚屏障中間的開口盡量貼近造口。應該看不到任何皮膚。使用孔口粘接霜作保護，以防止造口和皮膚屏障之間露出任何皮膚。 • 如果您的毛髮令您在更換造口袋時感到不舒適或者令皮膚屏障不能粘著皮膚，您可以小心地夾下或刮去部分粘著皮膚的毛髮。 • 在出院後，大約每兩到四天便需更換造口袋。定期更換造口袋可以避免因滲漏導致不必要的尷尬和麻煩。 • 在洗澡或淋浴的時候，您可選擇帶或不帶著造口袋。
<p>Changing the Ileostomy Bag</p> <ul style="list-style-type: none"> • Collect your supplies: Stomahesive paste 	<p>更換造口袋：</p> <ul style="list-style-type: none"> • 收集您的用品： 孔口粘接霜

<p>Clean bag and pattern Clamp and scissors Plastic bag for old ileostomy bag Tissues or toilet paper</p> <ul style="list-style-type: none"> • Gently remove the ileostomy bag you are now wearing by using both hands -- one hand pulling off the skin barrier while the other is pushing the skin away from the adhesive area. Discard the used bag in the plastic bag. Don't forget to save your clamp! • Clean the skin around the stoma with water. Soap can leave an oily residue on the skin and keep the skin barrier from sticking well. You can also get a rash from soap residue left on the skin. • Check your pattern against the stoma, checking to see if the stoma has shrunk. Make sure no skin is showing around the stoma that could come in contact with the stool. • Once you are sure the ileostomy bag opening is correct, cut the skin barrier following the shape of your pattern. • Remove the paper backing off the skin barrier. Squeeze a ring of stoma adhesive paste around the opening on the back of the skin barrier (1/8 to 1/4 inch thick). • Make sure the skin is very dry and clean or the adhesive will not stick. You can use a hair dryer. 	<p>清潔的袋子和模板 鉗和剪刀 放置舊造口袋的膠袋 紙巾或衛生紙</p> <ul style="list-style-type: none"> • 雙手輕輕地除開您身上的造口袋 – 用一隻手剝去皮膚屏障，而另一隻手推開粘合部位的皮膚。將用過的造口袋丟棄在舊膠袋中，但不要忘记保留袋口的夾子！ • 用水清潔造口周圍的皮膚。使用肥皂會留下油狀的殘留物在皮膚上，令皮膚屏障不能粘好。而且肥皂的殘留物也可以令您生皮疹。 • 用造口的模板去查看造口有沒有縮小。確保模板中間的切口邊緣的周圍沒有露出皮膚與糞便接觸。 • 一旦確定了模板上給造口袋的切口開得正確，請跟著模板來在皮膚屏障中間剪一個口。 • 取開皮膚屏障底的紙。用孔口粘接膏在皮膚屏障的背面擠出一個環狀（1/8 至 1/4 英寸厚）。 • 確保皮膚是清潔和乾爽的，您亦可以用吹風機吹乾，不然粘接劑不會粘合上。
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- Center the skin barrier over the stoma and press it securely against the skin. Press from the center out. Remove the paper backing off the outer edge and smooth in place. Apply the clamp.

- You will want to change your bag when the ileostomy is not very active. Often it is quietest in the morning before eating or drinking anything, and is most active after eating. With experience, you will learn the best time to change it.

How To Treat Skin Irritation

Because ileostomy stool output is very liquid and enzyme rich, skin irritation can occur. If the skin around the stoma burns or stings, change the bag as quickly as possible. To avoid or treat skin irritation:

- Make sure the skin barrier fits exactly, with no skin showing around it. If the irritation is right around the stoma, the opening is too big or you waited too long until you changed it, causing the seal to loosen.

- Do not use solvents, sealants or medications, (including stomahesive paste,) on irritated skin unless you have spoken with your health care provider.

- If the irritation is just under the paper tape, cut the tape off, exposing the skin to air.

- If the irritation is itchy, bumpy, and very red, it may be a fungal infection.

- 將皮膚屏障放好於造口的中間，由中間向外按壓在皮膚上。將造口袋沿外邊取開背面的紙張，並順滑地放在皮膚屏障上，用夾子夾好造口袋的口。

- 您可趁造口不活躍時換袋。往往早上未吃喝前是最不活躍的時候，而在進食後則最為活躍。隨著積累經驗，您會掌握到何時是換袋的最佳時機。

如何治療皮膚過敏

由於迴腸造口漏出的大便充滿液體和酶，可能會刺激皮膚。如果造口周圍的皮膚感到灼熱或叮刺，便要盡快更換造口袋。

以下可以避免皮膚過敏：

- 確保皮膚屏障開孔的大小是適合的，沒有皮膚外露。如果造口內感到刺激，便可能是屏障孔口過大或太久沒有更換袋，造成本來密封的口鬆了。

- 除非您曾與醫護人員聯絡過，否則不要在受了刺激的皮膚上使用溶劑、密封劑或藥物（包括孔口粘接膏）。

- 如果受了刺激的皮膚是在膠紙下的，可將膠紙剪掉，讓皮膚暴露在空氣中。

- 如果受了刺激的皮膚是發癢、凹凸、並且很紅，它可能是受真菌感染。制黴菌

Nystatin powder is a prescription medication available from your doctor that will heal the infection. It should be rubbed into the reddened skin, the excess powder dusted off, and the ileostomy bag applied as usual. You should continue putting the powder on until the rash is completely gone. If the rash persists after three to four days with no improvement, call your Wound Ostomy Continence Nurse, your Nurse Practitioner, or your health care provider.

- If the irritation matches where the paste or skin barrier is, you may be allergic to it. Stop using the paste or get a different type of ileostomy bag.

- Call your health care provider if the redness persists.

Diet Changes with an ileostomy

All the food you eat must pass through the stoma. High-fiber foods may cause a blockage because they get stuck behind the muscle under the stoma. These foods either swell with water or are poorly digested. Completely avoid the following foods for the first four to six weeks after your operation:

- Popcorn
- Nuts
- Coconut
- Raw vegetables, especially corn, mushrooms, cauliflower, broccoli, green beans, bean sprouts, coleslaw, bamboo

素粉 (Nystatin powder) 是一種醫生開的處方藥，可治療此感染。應當塗在發紅的皮膚上，將多餘的粉末撒開，而造口袋則如常安上。您應該使用藥粉直到皮疹完全消失。如果經過三四天後皮疹仍沒有改善，請您致電監控造口護士，醫護師或您的醫護人員。

- 如果受了刺激的皮膚是放藥膏或皮膚屏障的位置，您可能是有過敏。這要停止使用藥膏或轉用他類的回腸造口袋。
- 如果發紅持續，請致電給您的醫護人員。

造口導致需要更改飲食

所有您吃的食物都必定要通過造口。高纖維食物可能會粘在造口裡面的肌肉後面，因接觸水而膨脹或因消化不良而造成堵塞。手術後四至六星期之內應避免吃以下這些食物：

- 爆谷
- 堅果
- 椰子
- 沒有煮過的蔬菜，特別是粟米、蘑菇、花椰菜、西蘭花、綠豆、豆芽，菜絲沙律、竹筍

shoots

- Some raw fruit such as oranges, apples, strawberries, pineapple
- Large amounts of meat

In general, foods with seeds, hard to digest kernels or plant fibers may be problematic. Chew your meat very well, and cut it into small pieces.

Many people have lots of gas for the first three weeks after surgery, but it will lessen in time. To avoid swallowing air that can cause gas, do not use drinking straws, do not talk while eating and avoid carbonated drinks. Sometimes, being anxious also causes people to swallow air.

Never limit your fluid intake in order to thicken the stool. It doesn't work and can cause you to become dehydrated. You can try drinking your liquids after your meal instead of during the meal to see if that makes the stool more formed.

Take a liquid or chewable multi-vitamin until you are eating a regular diet again.

It may be helpful to eat smaller meals more often throughout the day if you feel bloated.

The Second Operation or Ileostomy "Takedown"

In the second operation, the ileostomy is "taken down" and the small intestine is reconnected. This is done at the stoma site, usually without opening up the healed incision of the first operation. The

- 某些生果，例如橙、蘋果、士多啤莉、菠蘿
- 大量肉類

在一般情況下，種子，難消化的果仁或植物纖維類的食物可導致問題。吃肉時要將肉切成小塊，慢慢咀嚼。

很多人在手術後的三星期內會有很多腸氣，但它會隨著時間減少。避免吞嚥空氣，因可引起腸氣。不要用吸管、吃東西時不要說話、避免飲蘇打氣水飲料。有時候，太心急也會令人吸入空氣。

從來不需要限制您的飲液體量令糞便更稠。這樣做不但沒有用，還會令您脫水。您可以試試不是在吃飯時而是在飯後才喝水，看看大便會否可以變得成形一些。

在您正常飲食之前，可以服用液體式或咀嚼式的多種維生素。

如果您覺得胃脹，少食多餐可能有幫助。

第二次手術或稱為迴腸造口「移除」術

在第二次手術時，迴腸造口會被移除並與小腸重新連接。這手術會在造口裡面完成，一般不用打開第一次手術已癒合的傷口。經造口出來稀爛的大便現在會通過J

same loose stool that had been coming out of your ileostomy is now passed through the j-pouch and out your anus. You will no longer need to wear an ileostomy bag. You will be in the hospital for about 3–5 days depending upon how long it takes you to be able to eat again.

Because the second operation takes about one hour, you will be up and walking much sooner and you will need less pain medication than the first operation. Except for your IV, you will have no tubes or drains. You will be allowed to drink fluids when your bowel function has returned, usually in two to five days. When you can tolerate fluids, your doctor will let you eat solid food.

Old Stoma Site Care

When the ileostomy is removed, the muscles at your previous stoma site are sewn closed, but the skin is left open and covered with a dressing to avoid infection. The opening will be about two inches wide and one to two inches deep. The dressing will be changed three times a day beginning the day after your operation. Your nurses will show you how to do the dressing changes before you leave the hospital. About four days after your operation, your doctor will let you shower without the dressing on to help clean the wound. After you go home, you will continue to do the dressing

儲囊再從肛門出來，不需要再佩戴迴腸造口袋。視乎情況而定，要看您需多久時間才能進食，您將需要留院三至五天。

因為第二次手術只需大約一小時，您會比第一次手術更快可以起床及漫步，您要用的止痛藥也會比第一次手術所需的少。除了靜脈輸液管外，您不需要用任何喉管或引流管。通常在兩到五天，當您的腸功能恢復後，您會被允許飲液體。當您能接受液體時，您的醫生便會讓您吃固體食物。

舊孔口的護理

回腸造口被移除時，您以前的孔口附近的肌肉層會被縫合，但皮膚外層則會留著打開，然後用敷料覆蓋以避免感染。被留開的皮膚範圍約兩英寸寬和一到兩英寸深。手術後，起初時敷料將會每日換三次。在您離開醫院前，護士將會教您如何換敷料。大約手術後四天，您的醫生會讓您拆除外敷料洗澡和順便清潔傷口。回家後，您要每天換敷料兩次。

(造口章節完結)

<p>changes twice a day.</p> <p>(End of Ileostomy Section)</p>	
<p>Potential Complications after Surgery</p>	<p>手術後可發生的併發症</p>
<p>Difficulty urinating</p> <p>A small number of people have difficulty emptying their bladders once the catheter is removed after the operation. This is because the nerves that help the bladder empty are bruised from the surgery.</p> <p>Those few people who cannot urinate after the tube is removed will go home with catheters in their bladders for about two weeks.</p> <p>The catheter is removed later in the doctor's office. Some people will have difficulty starting to urinate or may have to go more frequently. If you feel you cannot empty your bladder well after you go home, call your doctor. This problem rarely persists.</p> <p>Infection</p> <p>Infection can occur along your abdominal incision, near the reservoir or inside the abdomen. If your incision or the skin around the stoma looks red or swollen, if you have pus or creamy drainage from the area of the incision, or if you have a temperature above 101 degrees Fahrenheit, you may have a wound</p>	<p>排尿有困難</p> <p>有少數的人因為膀胱排尿的神經在做手術時受傷，導尿管在手術後被移除後，排尿有困難。這少數的人在被移除導尿管後不能自己排尿，在他們回家時便需要插入導尿管兩個星期。</p> <p>之後，導尿管會在醫生辦公室中被移除。有些人在開始時排尿仍會有困難或可能更頻密。如果回家後您覺得仍不能全部排空膀胱，便要打電話給您的醫生。這問題通常很少發生。</p> <p>感染</p> <p>感染可以沿著腹部的傷口，儲囊附近或在腹腔內發生。如果您的傷口或造口周圍皮膚看起來有發紅或腫脹，如果傷口位有含膿或有呈奶油狀的分泌，或如果體溫在華氏 101 度以上，您便可能有傷口感染。腹腔感染的症狀可能包括腹部疼痛和不適，痛卻有別於手術後的疼痛，而且那時傷口</p>

infection. Symptoms of an abdominal infection may include abdominal pain and discomfort that is different from the surgical pain and sore ness that should be disappearing, fever above 101 degrees, redness around the incision and general illness, including nausea, vomiting and lack of appetite. Call your doctor if any of these occurs.

Pouchitis

Pouchitis is inflammation in the lining of the ileoanal pouch and probably is caused by bacteria in the pouch. This occurs to some degree in about 30 percent of patients. Most of these episodes are mild. People who had the operation because of familial polyposis usually do not get pouchitis. Nothing can be done at this time to prevent it. If your doctor suspects you have pouchitis, you will be given oral antibiotics for a week to ten days. The usual antibiotics used to treat pouchitis are Ciprofloxacin and Metro-nidazole (Flagyl). Some people have found that taking acidophilus helps their symptoms. Acidophilus are "good" bacteria normally present in your intestine. Try taking three tablets a day of the "live" type available in the refrigerated section at your health food store. Some people are treated with probiotics – the opposite of antibiotics – to restore the "good" bacteria. This type of treatment is often done with assistance from your

疼痛應已消失、體溫 101 度以上、傷口紅腫和生病，包括噁心、嘔吐和食欲不振。如果有以上的症狀，請打電話給您的醫生。

囊炎

囊炎是於迴腸肛門儲囊內發炎，可能是由在儲囊中的細菌引起。約三成的患者有機會發炎。這些大多數是輕微的事件。由於有家族性息肉病而接受手術的病人多數不會有囊炎。在這段時間是沒有甚麼可以做來阻止它發生的。如果您的醫生懷疑您有囊炎，您會被給予一星期或十天的口服抗生素。常用於治療囊炎的抗生素是環丙沙星 (Ciprofloxacin) 和甲硝唑 (Flagyl)。有些人發現服用嗜酸乳桿菌(acidophilus)可舒緩症狀。嗜酸乳桿菌是通常生存在您的腸內的「好」細菌，「活」型的可以在健康食品店貯的凍櫃內找到，嘗試每天服食三片。有些人用益生菌治療，益生菌恰恰是抗生素的相反，用來還原「好」的細菌。這種療法通常由胃腸病專家來援助完成。許多患者都選擇非處方的益生菌來補充他們的飲食以幫助防止囊炎。

gastroenterologist. A number of patients have chosen to supplement their diets with over-the-counter pro-biotics to help prevent pouchitis.

The symptoms of pouchitis include:

- Increase in stool frequency
- Abdominal pain
- Anal pressure
- Low back pain
- Low-grade fever
- Watery diarrhea
- Feeling tired or "not well"
- Blood in the stool
- Feels like having ulcerative colitis again

Usually, the first time you have these symptoms your doctor will treat you based on the symptoms. If the symptoms recur, we advise you to see your gastroenterologist or your surgeon to confirm the diagnosis and treat as necessary.

Food Blockage (ileostomy only) or Bowel Obstruction

Food blockage occurs when poorly digested food or fiber creates an obstruction in the small intestine behind the ileostomy. Foods that may cause blockage are listed in the diet section and are to be avoided for about six weeks. Most importantly, you want to chew your food

囊炎的症狀包括：

- 大便次數增多
- 肚痛
- 肛門有壓力
- 腰痛
- 發低燒
- 肚瀉
- 感覺疲倦或「不太好」
- 大便出血
- 有像潰瘍性結腸炎再次發作的感覺

通常第一次有這些症狀，醫生會基於您的症狀醫治您。如果症狀復發和有必要的話，我們會建議您去看您的胃腸病專家或外科醫生作診斷和治療。

食物堵塞（僅迴腸造口）或腸梗阻

發生食物堵塞是因為難消化的食物或纖維在迴腸造口後面的小腸產生梗阻。可能會導致堵塞的食物已列在飲食列表上，並且要在六個星期內要避免吃。最重要的是，您要咀嚼食物和避免吃高纖維食物。如果您有食物堵塞而令造口腫了，您必須拆除

well and avoid high fiber foods. If you get a food blockage sometimes the stoma swells up and you must remove the bag and apply one with a larger opening.

Sometimes the blockage or bowel obstruction is not related to food you have eaten and is actually due to scar tissue that forms after surgery. Bands of scar tissue can "catch" a loop of bowel causing a partial or complete blockage. This occurs in about 15 percent of the people who have this operation and can happen soon after surgery or many years after the surgery. Most partial obstructions go away on their own, but if the bowel is completely obstructed, you may need an operation to relieve the obstruction.

Whether you have a food blockage or an obstruction, you will have similar symptoms. You will have abdominal cramping and watery stool or sometimes no stool at all. You will feel nauseated and may begin to vomit. If vomiting occurs or the pain is severe, you need to call your surgeon and come to the Emergency Department. If the pain is moderate and you really don't feel that bad, you can take a hot bath, walk around, massage your abdomen, use a heating pad on your abdomen, and drink small amounts of warm fluid every hour. If you are able,

大便袋，並換上一個開口較大的袋。

有時堵塞或腸梗阻與您的飲食習慣無關，只不過是手術後形成的傷疤組織。傷疤組織可以「抓住」腸的迴圈，導致部分或全部的梗阻。有大約 15%曾接受手術的人，很快在手術後或在手術做了多年後有此情況發生。大多數引起部分堵塞的障礙物會自動消失，但如果腸道完全堵塞的話，您可能要動手術去消除梗阻。

無論您有食物堵塞或阻礙都會有類似的症狀。您腹部會有絞痛和有水樣大便或有時根本全無大便。您會感到噁心，並可能開始嘔吐。如果有嘔吐或劇烈疼痛，您需要打電話給您的外科醫生和去急症室。如果痛楚很小，甚至您不覺得痛，您可以洗個熱水澡，四處走走，按摩您的腹部，在您的腹部使用加熱墊，和每小時喝少量溫水。如果您可以，當您開始有症狀，可試倒企立，用您的頭站起來（不是開玩笑），因為可能有助解除梗阻。

<p>you could try standing on your head (no joke) when the symptoms first start, as this may help release the obstruction.</p>	
<p>Pouch–vaginal Fistulas</p> <p>Pouch–vaginal fistulas occur in about 2 percent of women. A fistula is a connection or opening between the vagina and the reservoir, causing stool to come out the vagina. This usually occurs within five to seven days after surgery. Treatment usually involves creating an ileostomy to divert the stool from the pouch until it heals or can be surgically repaired.</p> <p>Pouch Failure</p> <p>The failure rate for J–pouches has been almost 6 percent. The most common reason for removing the pouch is chronic pouchitis causing symptoms similar to those of ulcerative colitis. Some people have their pouches removed because of recurrent infections, severe incontinence or persistent pouch–vaginal fistulas. Some people probably had Crohn's disease instead of ulcerative colitis and the recurrence of Crohn's disease in the pouch caused pouch failure. For some people, having an ileostomy is easier than they thought and for others it can be quite an adjustment.</p>	<p>從儲囊連到陰道的瘻管 (儲囊陰道瘻)</p> <p>約 2% 的女性會發生儲囊陰道瘻。瘻管是陰道和儲存大便儲囊之間的連接或開口，造成大便由陰道出來。這通常在手術後五至七天發生。通常的治療是包括切開一個迴腸造口，將大便到從儲囊轉移往造口，直到瘻管癒合或者經由手術修復。</p> <p>J–儲囊失敗</p> <p>J–儲囊手術的失敗率已近 6%。要切除儲囊的最常見原因是長期的囊炎，引起與潰瘍性結腸炎相似的症狀。有些人反復感染、嚴重失禁或有持久性的陰道痛痛而要切除儲囊。有些人可能不是有潰瘍性結腸炎而是有克羅恩病(Crohn's disease)，是因克羅恩病復發而導致儲囊失敗。對一些人來說，適應有一個回腸造口比他們想像中容易，但對其他人而言，這卻是一個相當大的調整。</p>
<p>Long Term Considerations</p>	<p>考慮長期影響</p>
<p>It is not known at this time if people will</p>	<p>我們至今仍不知有多少人會因手術切剩了</p>

get cancer in the very small amount of rectal tissue that remains after this operation. Until this is known, periodic pouchoscopy should be done by a gastroenterologist or a surgeon. Please discuss this with your doctor to determine appropriate frequency.

The American Cancer Society recommends yearly prostate exams for men after age 40. After this operation, rectal examination may be difficult. Ask your surgeon if you will be able to have this type of exam in the future. If you cannot, your doctor will use a blood test to screen for prostate cancer.

Women also have rectal exams when they have a "pelvic" exam. Again, ask your surgeon if you need to have this type of exam in the future.

Women who have had this operation have had children. Most women have had Caesarian birth, not vaginal births, because of the potential for damage to the pouch or the anal sphincter muscles. However, many women across the country have had successful vaginal deliveries after this operation. Women ask about changes in their fertility after this operation, but it is not believed that the operation in itself affects fertility. However, people who have surgery involving the pelvic organs like the rectum are at

而留下極少部分的直腸組織得到癌症。直到知道，您應該由胃腸病學家和外科醫生做定期的儲囊內窺鏡檢查 (pouchoscopy)。請與您的醫生商量您應該做內窺鏡次數的頻率。

美國癌症協會建議 40 歲以上的男性每年作前列腺檢查。在手術後從直腸去檢查前列腺可能有困難。可請教您的外科醫生您是否仍能將來做這類檢查。如果不能，您的醫生會改用診斷前列腺癌的血液測試。

女性的直腸檢查是在檢查「骨盆」時一同做。請同樣問您的外科醫生，您是否在將來需要做這類的檢查。

做了這種手術的女性也可生育。因為有可能傷到儲囊或肛門括約肌的肌肉，大多數的女性不是在陰道分娩，而是剖腹產子。然而，全國有很多女性已經做了此手術後成功地做陰道分娩。雖然婦女多數問手術對生育會有何影響，但卻並不相信手術會影響生育。然而，做了涉及骨盆之內的器官(像直腸)手術的女性，會可能在骨盆中生過多的傷疤而增大綁套著和阻塞輸卵管的風險。

<p>greater risk of developing excessive scar- ring in the pelvis that traps and blocks the fallopian tubes.</p>	
<p>Reference section: Other Helpful Information</p>	<p>參考部分：其他有用的資訊</p>
<p>Diet</p> <p>Foods That Tend to Decrease the Num- ber of Bowel Movements:</p> <ul style="list-style-type: none"> • Rice: short grain steamed • Cheese • Pancakes • Buttermilk • Marshmallows • Applesauce • Potatoes • Bagels • Pretzels • Oatmeal • Yogurt • Cream of Rice • Tapioca pudding • Power Bars • Tortillas • Corn Chips • Bananas • Smooth peanut butter <p>Foods That Tend to Increase the Num- ber of Bowel Movements:</p> <ul style="list-style-type: none"> • Tomatoes and tomato sauce • Cinnamon gum • Chocolate • Leafy green vegetables 	<p>飲食</p> <p>減少排便次數的食物:</p> <ul style="list-style-type: none"> • 米飯：短米蒸飯 • 起士 (芝士) • 班戟 (薄餅) • 酸奶 • 棉花糖 • 蘋果醬 • 馬鈴薯 • 百吉圈 • 椒鹽脆餅 • 麥片 • 酸奶 • 水稻米霜 • 木薯布丁 • 能量棒塊 • 玉米薄餅 • 洋芋片 • 香蕉 • 滑花生醬 • <p>增加排便次數的食物:</p> <ul style="list-style-type: none"> • 蕃茄和蕃茄醬 • 肉桂口香糖 • 巧克力 • 綠葉的蔬菜

<ul style="list-style-type: none"> • Acidic foods: Orange juice, Vitamin C • Raw fruit • Cantaloupe • Red dye in foods • Fruit juices • Spicy food • Caffeine • Alcohol including beer • Dried beans • Fast foods • Sugary foods • Animal fats and fried foods • Nuts <p>Some of our patients have experimented with a low Glycemic Index diet to help them control their bowel movements. There are resources on the Internet and at your local library if you wish to try this type of diet.</p> <p>Wait at least three months after your surgery to try this diet. Low Glycemic Index foods tend to be higher in fiber and cause a slow rise in blood sugar.</p>	<ul style="list-style-type: none"> • 酸性食物：柑橘汁，維生素 C • 生果 • 哈密瓜 • 食物中的紅色染料 • 果汁 • 辛辣食物 • 咖啡因 • 酒精包括啤酒 • 乾豆 • 快餐食品 • 含糖食品 • 動物脂肪和油炸食品 • 堅果 <p>我們的一些患者已經試驗了一種低血糖指數的食療，以幫助他們控制排便。如果您想嘗試這種飲食方法，可以在互聯網及圖書館中獲取相關資訊。</p> <p>在手術後請等至少三個月才嘗試這種食療。低血糖指數的食物往往是纖維較高，可緩慢血糖的上升。</p>
<p>Skin Care Ointments</p> <p>The following products are listed for your information. No one product or ointment works for everyone. There are many other occlusive ointments and skin protectants on the market, and many are excellent. You may have an allergy to something in any product. In general, if it hurts when you put it on, don't use it.</p>	<p>護膚軟膏</p> <p>列出以下產品供您參考。沒有任何一種產品或軟膏是每一個人都適用的。目前市場上有許多軟膏和護膚品都十分優異。您可能對某些產品內的成份有過敏反應。一般來說，如果您把軟膏塗在皮膚上時感到</p>

The different products are listed by their type.

Barrier Ointments are usually oil based and repel fluids. Common ingredients are petrolatum, lanolin (some people are allergic to lanolin), mineral oil, cod liver oil, or zinc oxide. The following are some examples that are readily available at your local pharmacy without a prescription. There are more "high-tech" barriers available at medical supply stores, which are listed separately.

- Desitin: Available at any pharmacy or drug store. It is white, has a distinct odor and is mostly zinc oxide.
- A & D Ointment: This is available at any pharmacy or drug store. It is a Vaseline based product with Vitamins A & D in it.
- Aquaphor: This is a nonirritating, fragrance-free ointment. It can be found at the pharmacy or drug store.

"High-Tech" Barriers available at medical supply stores. Look in your Yellow Pages under ostomy or medical supply.

- 3M No-Sting Barrier Wipes: This product comes in a packet like an alcohol wipe or a foam tipped stick. It forms an invisible barrier on the skin that does not allow the irritating stool to penetrate. It will not be washed off. It does not hurt

刺痛，便請立刻停用它。不同的產品會自己分類列出。

屏障軟膏通常是油底和排斥液體的。常見的軟膏成分是凡士林、羊毛脂（有些人會對羊毛脂過敏）、礦物油、魚肝油，或氧化鋅。下面是一些沒有處方都很容易在藥房買到的例子。還有更多的「高科技」屏障軟膏在醫療用品店出售，它也在下面被分類列出。

- Desitin: 可在藥房或藥店找到。它是白色的，有一種獨特的氣味和主要成分是氧化鋅。
- A & D Ointment: 可在藥房或藥店裡找到。它是一種以凡士林為主，並含維生素 A 和 D 的產品。
- Aquaphor: 這是一個無刺激、無香味、來自樹的軟膏。可以在藥房或藥物商店中找到。

"高科技" 屏障軟膏可在醫療用品商店中買到。請於黃頁分類中的人工造管術或醫療用品類查找。

- 3M No-Sting Barrier Wipes: 該產品包裝成酒精濕巾或綿花棒。它在皮膚上形成一層看不見的屏障，不讓刺激性糞便接觸到皮膚。它不會被洗掉。當塗在發炎的皮膚上，不會引發痛楚，

when applied to irritated skin. This is also expensive.

- Critic Aid: This is combination of zinc oxide and powder to allow the thick paste to stick to eroded open skin. Very thick.

- Convatec's Sensi-Care: This is available through medical supply houses or from the Internet. It is an alcohol-free, unscented protective cream that can adhere to weepy, irritated skin.

Other types of skin protectants

- Bag Balm: Available at feed stores and some mail order catalogs. This is a medicated lanolin ointment. Do not use this on your skin if it is already raw and sore because it will hurt.

- Aloe Vera Gel

Hemorrhoid medicine is sometimes helpful with the itching. The following are some examples:

- Tronolone: This contains 5 percent zinc oxide and pramoxine hydrochloride. May be soothing.

- Anusol HC: Contains hydrocortisone 1 percent.

- Americaine: Contains Benzocaine 20 percent.

- Prep H Ointment: Contains petrola-

but expensive.

- Critic Aid: 這是氧化鋅和粉末的組合，以允許稠膏粘到侵蝕皮膚，並且非常厚。

- Convatec's Sensi-Care: 這可在醫療用品的房屋或互聯網上找到。它是一種無酒精，無香味防護霜，能夠緊黏著濕潤及受刺激皮膚。

其他皮膚保護軟膏

- Bag Balm: 可在飼料店和一些郵購目錄中找到。這是一個藥羊毛脂軟膏。若皮膚已經又紅又痛，便請不要使用此產品，因為它會傷害皮膚。

- Aloe Vera Gel

痔瘡藥有時會對痕癢有幫助。下面是一些藥名例子：

- Tronolone: 這包含 5% 的氧化鋅和普拉莫星氫溴化物。有舒緩作用。

- Anusol HC: 含有 1% 氫化可的松。

- Americaine: 含有 20% 苯佐卡因。

- Prep H Ointment: 含凡士林 70%，礦物油 15%，鯊魚肝油 3%，去氧腎上腺

tum 70 percent, mineral oil 15 percent, shark liver oil 3 percent and phenylephrine 0.25 percent.

Topical anesthetics can be obtained over the counter and by prescription. Many of these products cause burning once applied but numb the area for a while for relief of pain, itching and irritation. Used for the temporary relief of symptoms. Examples include:

- Dibucaine (Nupercainal)
- Lidocaine (Zylocaine)
- 3 percent Lidocaine cream
- LMX 5 percent cream
- Lidosense 5
- 5 percent Lidocaine Ointment

Anti-fungal preparations are helpful when there is a yeast or monilial Candida infection. Infections are more common if you are taking antibiotics and are having leakage. The symptoms are itching and a bright red rash around the anus or in the vaginal area. Sometimes you will see red spots around the rash. These are more common in women than men and are more frequent around the menses. Examples of anti-fungal preparations:

- Clotrimazole (Gyne-lotrimin. Mycelex . lotrimin. Tinactin)

素 0.25 %。

局部皮膚麻醉劑可以用非處方和處方型式都能買到。許多這些藥產品在使用時都會有燙熱感覺，會短暫麻痺局部皮膚來舒緩疼痛、發癢及紅腫。暫時能舒緩症狀的藥品例子包括：

- Dibucaine (Nupercainal)
- Lidocaine (Zylocaine)
- 3% Lidocaine cream
- LMX 5% cream
- Lidosense 5
- 5% Lidocaine Ointment

抗真菌製劑對酵母或念珠菌感染是有幫助的。如果您正在服用抗生素，並且有滲漏，感染是比較常見的。該症狀是瘙癢和肛門周圍或在陰道區域出現鮮紅色皮疹。有時您會在皮疹周圍看到紅色斑點。這些都在女性比男性更常見，而且月經時會更加頻繁。抗真菌製劑的例子：

- Clotrimazole (Gyne-lotrimin. Mycelex . lotrimin. Tinactin)

- Miconazole

Medications and preparations for controlling diarrhea

Lomotil: Diphenoxylate hydrochloride with Atropine sulfate 2.5 mg tablets taken orally or under the tongue.

- May cause drowsiness or dizziness.

Do not take more than eight a day.

- Available by prescription only.

Imodium: Loperamide Hydrochloride

- 2 mg capsules, or liquid.

- May cause drowsiness or dizziness.

Use caution while driving or performing tasks requiring alertness. Avoid alcohol and other depressants. Do not take more than eight a day.

Fiber Supplements: Metamucil, PerDiem, KonSyl, Fiber Con, Citrucel, Benefiber, or generic Psyllium. Some are available as powders, others as wafers. You do not need to take the extra amount of water stated on the container. If some give you gas, try another type. Try the ones without flavors or colors if those seem to make it worse. You can take 1 to 3 doses each day. There are also varieties available at health food stores.

Miscellaneous:

- Pepto Bismol (this contains aspirin and should not be used if you are under

- Miconazole

止腹瀉的藥物

Lomotil：2.5 毫克的鹽酸地芬諾酯與硫酸阿托品的藥丸用口服或含在舌下。

- 可能引起昏睡或眩暈。不要連續服用超過八天
- 需要處方購買

Imodium：鹽酸洛哌丁胺

- 2 毫克膠囊或藥水
- 可能引起昏睡或眩暈。服用後請小心駕駛及避免做需要警覺性高的工作。避免同用酒精和其他鎮靜劑。不要連續服用超過八天

纖維補充劑：Metamucil，PerDiem，KonSyl，Fiber Con，Citrucel，Benefiber，或 generic Psyllium。這些有些是粉劑，有些是威化餅型。您不需要跟隨藥瓶上的指示去飲用額外的水。如果補充劑令您生腸氣，請嘗試用另一種。如果情況變得更差，可嘗試一些無色無味的。您可以每天服用 1 至 3 次。此外，健康食品店也還有其他選擇。

其他：

- 鹼式水楊酸鉍（含有阿司匹林，18 歲以下可以香豆或華法林代替及有潰

18 years old, take coumadin or warfarin, or if you have had a bleeding ulcer.)

- Kaopectate
- Blackberry tea – ask at your health food store.
- Pectin

Tips for Having Fewer Bowel Movements

- Take the anti-diarrheals like lmodium or Lomotil as prescribed. You can take the Lomotil under your tongue for better absorption. You may take up to eight tablets a day. Try taking them before you eat and before you go to bed. These medications slow down your small intestine.
- Take the fiber products like Metamucil as needed to thicken up the stool. These products "soak up" extra fluid making your bowel movements thicker. Because you don't have a colon, you do not need to worry about taking extra fluids with this. Experiment with taking it one to three times a day. Some people who have had this operation will take it when they eat foods that usually cause increased frequency like coffee, fresh vegetables, fruit or chocolate.
- Do not skip meals. This usually makes the problem worse. If you are not that hungry, good snacks include peanut butter on crackers, pretzels, bagels with no

瘍出血不宜使用，。)

- Kaopectate
- Blackberry tea 黑莓茶 – 請向您的健康食品商店查詢
- Pectin 果膠

減少排便的建議

- 服用防止瀉藥藥物，例如醫生處方的 lmodium 或 Lomotil。您可以口服 Lomotil 或含在舌下以得到更好地吸收。每天您可能需要服用多達八粒藥片。嘗試於飯後及睡前服用。這些藥物會減少您的小腸蠕動。
- 服用纖維產品，如 Metamucil，使大便變得較大。這些產品“吸收”額外的液體，使您的排便變得較厚。因為您沒有結腸，您不必擔心服用此產品時需要吸收額外的水份。嘗試每天服用一至三次。有些做過這個手術的人會進食是服用此產品，但咖啡，新鮮的蔬果或巧克力會增加排便頻率。
- 避免不吃正餐，這通常會使問題變得更糟。如果您是不是太餓，有益的小吃包括餅乾，椒鹽脆餅，沒有奶油或脫脂奶酪

butter or with nonfat cream cheese, steamed rice and potatoes.

- Do not overeat. Overeating usually causes frequency.
- Do not eat late and then go to bed. This will help with having to get up at night to go to the bathroom.
- Avoid high-fat foods. This includes fried foods, fast foods, foods with a lot of butter, cream cheese, cheese and cream sauces.
- Avoid drinks that are highly flavored. Some people will experience increased frequency with flavored Kool-Aid or Gatorade.
- Your stool frequency should diminish in time with occasional increases in frequency related to food or other sometimes unknown reasons. If you have increased stool frequency associated with pain, bleeding, increased urgency, incontinence, fever or mucus, let your doctor know because you may have pouchitis.

Resources

UCSF Hindsight Support Group meets about every two months. You will be sent a notice in the mail or by e-mail. We meet in the waiting room of the Center for Colorectal Surgery at 2330 Post St., Suite 260. If you have questions, you may call Susan Barbour RN, WOCN – at (415) 353-1085 or Lois

的百吉圈，米飯和馬鈴薯。

- 不要吃得過飽。暴飲暴食通常會增加排便頻率。
- 不要太晚進食，然後上床睡覺。這會使您於半夜起床去洗手間。
- 避免高脂肪食物。這包括油炸食品，快餐食品，含大量牛油，奶油芝士，奶酪和奶油醬汁的食物。
- 避免飲用有濃郁味道的飲料。有些人的排便頻率會因飲用有味的 Kool-Aid 和佳得樂而增多。
- 您大便次數會隨時間減少，但亦會因食品或其他不明原因而偶然增加的。如果大便次數增加而出現疼痛，出血，緊急程度，失禁，發熱或粘液，請讓您的醫生知道，因為您可能憩室炎。

資源

UCSF Hindsight Support Group 加州大學舊金山分校手術後患者互助組大約每兩個月進行會議一次。您將會收到通知郵件或電子郵件。我們在 2330 Post St., Suite 260 的結直腸手術外科中心的迎接室見面。如果您有任何疑問，可致電 (415) 353-1085 到 Susan Barbour RN，WOCN 監控造口護士，

Anne Indorf, nurse practitioner at 415-885-3613.

Crohns and Colitis Foundation of America (CCFA formerly the National Foundation For Ileitis and Colitis)

This organization is specifically for people with inflammatory bowel disease (IBD). They have local support groups, and books and pamphlets on many aspects of IBD.

Internet Sites (partial listing)

www.j-pouch.org/ An internet source for J-Pouch support

www.ccfa.org/ The official Website of the Crohns and Colitis Foundation of America

Pelvic (Kegel) Exercises

Pelvic exercises help strengthen the tone of the anal sphincter muscles. They may be started before surgery. After your operation, they can be started again after three weeks to allow time for healing. You may try these exercises as some people have found them helpful.

或 415-885-3613，Lois Anne Indorf 醫護師。

Crohns and Colitis Foundation of America

美國孔羅氏病和結腸炎基金會（CCFA 原為全國回腸炎和結腸炎基金會）－該組織是專門為患有炎症性腸病（IBD）的病人服務。他們有患者互助組，以及不同有關 IBD 的書籍和小冊子。

互聯網（部分列表）

www.j-pouch.org/ 支援 J-Pouch 的網上資源

www.ccfa.org/ 美國孔羅氏病和結腸炎基金會的官方網站

盆骨（凱格爾）練習

盆骨練習有助於加強肛門括約肌的肌肉。練習可以在手術前開始，並於手術後的三週後可以重新開始，以便傷口癒合，有些病人認為這個練習對復原有幫助，您也可以試試。

<p>To do these exercises, begin by tightening your sphincter muscles as if you are stopping a bowel movement – or holding back gas. While squeezing tightly, hold for a count of 10; then relax for a count of 10. This constitutes one step. Repeat this exercise 10 times to equal one set. You should complete six to 10 sets a day. These may be performed any time during the day, and while you are in any position – sitting, standing or lying down. Also, since they require no special positioning, you may do them while working at any location, while driving in your car, or even watching television.</p>	<p>練習的方法，首先收緊您的括約肌，就好像在停止排便或忍住腸氣，保持這個動作大概 10 秒，然後放鬆 10 秒，重複這個練習 10 次，這為之一組，您每天應該完成 6 至 10 組。您可於任何時間任何姿勢進行此練習 – 坐著，站著或躺著均可。此外，由於它們不需要特殊的姿勢，您可以在任何地方一邊工作，一邊開車，甚至在看電視時進行練習。</p>
<p>Glossary</p>	<p>詞彙表</p>
<p>Abdomen The area of the body containing the intestines, liver and other internal organs – what most people call the stomach, belly or tummy.</p> <p>Anastomosis The surgical connections where the intestines have been joined together after having been cut and reconnected.</p> <p>Anesthesiologist A doctor who specializes in anesthesia or the medical science of giving medications during surgery.</p> <p>Anus The opening of the anal canal to the</p>	<p>腹部 該範圍包含腸道、肝臟和其他內部器官，大多數人叫胃、肚子或肚子。</p> <p>縫針連接 一種外科手術的連接方法，把被切斷的腸子重新連接起來。</p> <p>麻醉師 專門負責麻醉或在手術過程中進行麻醉或給予藥物治療的醫生。</p> <p>肛門 它是肛管連接外部的開口。</p>

outside.

Bowel

The large and small intestine.

Colon

The large intestine from its beginning down to the upper end of the rectum.

Dehydration

The condition that results from excessive loss of body water. Symptoms include feeling tired, not urinating very much or having dark urine, and feeling dizzy when you get up from a sitting or lying position quickly.

EKG

A recording of the activity of the heart. This test does not hurt.

Electrolytes

Substances like chloride, sodium, and potassium that are found in body fluids.

Enterostomal Therapy Nurse

An outdated title for a nurse who specializes in the care of people with ostomies, wounds and incontinence. Formerly called an ET nurse – now called wound ostomy continence nurse, or WOCN.

Enzymes

Proteins that help the body break down

腸臟

腸臟包括大腸和小腸。

結腸

這是指由大腸開始直到直腸上端的部份。

脫水

脫水是因體内的水份大量流失而造成的一種狀態。病癥包括感到疲倦；排尿量少或尿色變深；迅速脫水起來時會感到頭暈。

心電圖

是用來記錄心跳的情況，進行這測試不會受到傷害。

電解質

像氯、鈉、鉀等存在於體液中的物質。

腸造口治療護士

一種舊時的護士專稱。這種護士是專門護理有造口傷口和失禁的病人。以前稱為 ET 護士，現稱為監控造口護士或 WOCN。

酶

這是蛋白質其中一種，可幫助人體分解或

<p>or activate substances.</p> <p>Fistula A connection between one body part to another that shouldn't be there.</p> <p>Ileostomy This is the part of the small intestine brought out to the abdomen that is visible on the outside of the body. The stool passes through an ileostomy into an external bag. Also called an ostomy.</p> <p>Ileus When the normal movement of the intestines (peristalsis) stops after surgery.</p> <p>Incontinence The inability to control the passage of gas, stool or urine.</p> <p>IV (Intravenous tube) A plastic needle put inside your vein to provide fluid and deliver drugs until you can eat again.</p> <p>J-pouch The shape of the reservoir that is made from the end of the small bowel.</p> <p>NPO No food or water by mouth</p> <p>Nurse Practitioner An advanced practice nurse with special education. The nurse practitioner (NP) takes histories and performs physical ex-</p>	<p>激活物質。</p> <p>瘻 這是一種不是正常的連接，通常位於兩個內臟器官之間。</p> <p>迴腸造口術 這手術另稱造口術，是爲了把腹部小腸的一部份外露在身體外，糞便就能通過這造口排到大便儲囊。</p> <p>腸閉塞 手術完成後，腸臟不能如常蠕動運作。</p> <p>失禁 意指身體不能控制排出氣體、糞便或尿液。</p> <p>IV（靜脈內管） 透過塑膠針插入靜脈，輸入流體和藥品，直到病人能夠進食爲止。</p> <p>J-儲囊 用小腸的端部做成J字形狀的儲存器。</p> <p>NPO 意指不能從口部進食或飲水。</p> <p>醫護師 (NP) 他們是受過高等特殊教育的護士。他們可以問病人病史，做身體檢查，診斷和治</p>
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ams, diagnoses and treats medical conditions, and educates and counsels as part of the NP practice.

Obstruction

A blockage

Occlusive

Something which no air passes through

Oral

Taken by mouth

Perianal

The skin around the anus

Peristalsis

The movement of the bowel wall that pushes the stool forward.

Psyllium

A naturally occurring soluble fiber present in many over-the-counter laxatives. For people who have had the ileoanal reservoir surgery, these products thicken the stool. You do not need to take them with extra fluids after this operation.

Rectum

The part of the large intestine between the colon and the anus.

Reservoir

A place for storage. In this case, the internal pouch made of intestine.

Wound Ostomy Continence Nurse

A nurse with special education in the care of people with ostomies, wounds and incontinence. Also called a WOCN.

療，以及提供教育與忠告也是 NP 的工作之一部分。

梗塞

一種阻塞。

閉塞

氣體不能穿過的情況

口

口服

肛週

意指肛門附近的皮膚

蠕動

腸壁推動糞便向前排出的動作。

Psyllium 車前子草藥

一種天然的纖維，出現於很多非處方瀉藥。對於一些進行了迴腸肛門貯存容器手術的人，這些產品會令糞便結實些，所以在做完手術後服用時不要多喝水。

直腸

結腸和肛門之間的大腸部分。

儲液儲囊

這是一個儲存庫，此是引用由腸臟製成的內部小儲囊。

監控造口護士

他們是一類受過特殊訓練的護士，專門負責護理病人的造口、傷口和失禁情況，他們也稱為 WOCN。

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