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Endoscopically assisted transanal division of pouch septum after ileal pouch–anal anastomosis for ulcerative colitis

Prior to diverting loop ileostomy reversal in a 49-year-old man with ulcerative colitis and an ileal pouch–anal anastomosis, a pouchogram revealed a filling defect in the mid portion of the pouch (1). Pouchoscopy confirmed a 4-cm mucosal pouch septum (2). Under colonoscopic visualization via the defunctionalized limb of the loop ileostomy, the septum was divided transanally using a laparoscopic stapler (3). A postprocedure pouchogram demonstrated normal pouch anatomy (4). Uneventful take-down of the ileostomy was performed 3 months later.

1 Pouchogram, demonstrating a filling defect. **2** Pouchoscopy. Photograph of pouch septum. **3** Illustration of the pouch septum (A); transanal division of the pouch septum using an Endo-GIA stapler under colonoscopic visualization (B); resultant anatomy (C). **4** Pouchogram (postprocedure) demonstrating the resultant normal pouch anatomy