

Post-operative Care:

- You will have a IV line in place to give you intravenous fluids, antibiotics and pain relief.
- You may have a nasogastric tube in your stomach to help keep it empty of fluid and gas so you don't get sick.
- You may not be able to eat or drink for up to 5 days.
- You will have 1-2 drains, that lie outside the bladder but under your abdominal wall, in case of leakage.
- Catheters from your bladder through the abdominal wall, to collection bags:
 - ◆ You will have a suprapubic catheter (SPC)
 - ◆ 2 ureteric catheters
 - ◆ You may have a Mitrofanoff catheter.
 - ◆ These catheters are to help keep your bladder empty so it can heal.
- A Cystogram will be done, around day 7, to check for any leaks from the bladder.
- Once no leakage is seen from the bladder, the drains and some of the catheters can be removed
- You will be discharged with either the SPC and/or Mitrofanoff catheter in place that will need irrigation by you or a caregiver at home.
- You will return to the ward for removal of the remaining catheter 4-5 weeks after discharge.
- You will need to begin clean intermittent catheterisation (CIC) after the last catheter is removed.

Note: This is general information only and the situation can vary from case to case.

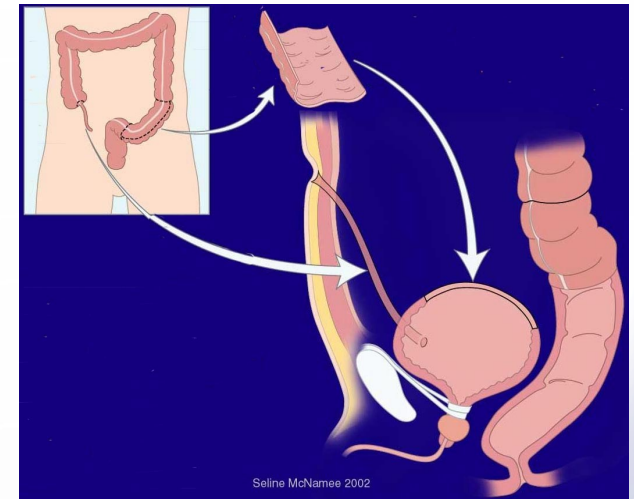


Department of Paediatric Surgery & Urology
Starship Child Health
Level 4
Auckland
Phone: 64 9 307 4949 ext. 22527
Fax: 64 9 307 8952



Bladder Augmentation Cystoplasty

Patient Information



Department of Paediatric Surgery & Urology
Starship Hospital
Auckland

A Guide to: Bladder Augmentation Cystoplasty

Aims:

- 1) To protect your kidneys
- 2) To improve your continence (make you dry)

Procedure:

Part 1: Making The Bladder Bigger

- This is done by taking a piece of small bowel (ileum) and making a “patch” for your bladder. The doctor will open the bladder and stitch the “patch” on the top. The bladder can then hold more urine.
- After this operation it is difficult for the bladder to empty completely, therefore you will need to empty your bladder by clean intermittent catheterisations.



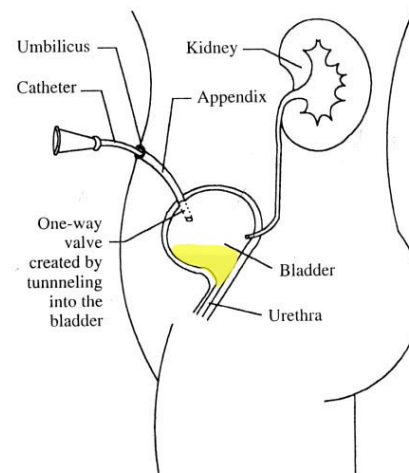
Part II: Repairing The Bladder Neck

- To stop you leaking urine urethrally, the doctor may “tie up” the neck of the bladder (sling procedure). The doctor may not close the neck completely but will tighten it so it is less likely to leak. *(You may not need this procedure).*

Part III: Making the Diversion

(You may not need this)

- In this part of the operation the doctor makes a channel connecting the abdominal wall to the bladder (Mitrofanoff) by using your appendix, ureter or a piece of small bowel. This allows you to pass a catheter into your bladder to empty the urine.



If you have a urinary tract infection please let us know as surgery may not be able to be done at this time.

Pre-operative Preparation:

- You will need to come into hospital 1-2 days before surgery.
- Blood and urine tests will be taken
- Your bowel must be cleaned out before surgery with an oral bowel preparation solution.
- A large volume of the solution is needed to be drunk by you, in order to clean your bowel completely. Because of this large volume and the salty taste of the solution it is best given through a nasogastric tube.
- A nasogastric tube will be inserted.

Potential Complications †:

- Urinary tract infection
- If you have a shunt this may become infected.
- If you sustain a knock to the area where your bladder sits, or allow it to overfill with urine, your bladder may perforate causing it to leak urine internally. – Symptoms may be abdominal discomfort, nausea, vomiting, abdominal distension and peritonitis.
- Fistula formation (abnormal connection between bowel and bladder, this is because some of your bowel is used to make the bladder bigger).
- Bowel obstruction due to adhesions as a result of surgery.
- Mucus in the bladder (because the bowel patch produces mucus) requiring irrigation with saline to wash the mucus out.
- Stone formation in bladder, due to the mucus.
- Slightly increased risk of developing cancer in the reconstructed bladder in later life.
- Diarrhoea
- Metabolic disorders – because the bowel patch retains its ability to absorb. (This may require you to take special medication after surgery, this will be ongoing). You will need to have regular blood tests to monitor for this.

† *This is by no means a comprehensive or complete list .*

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