

## About This Kind Of Bladder Surgery

Your child's bladder is unable to store or release urine properly. There are 3 different surgeries that can help this problem.

### 1. Bladder Augmentation: (make the bladder bigger)

The surgeon will open the bladder and put a "patch" in place to make the bladder bigger. The patch is made from a piece of your child's bowel. We have more bowel tissue than we need to digest food. Making the bladder bigger means it can hold more urine.

### 2. Bladder Neck Repair:

The opening at the bottom of your child's bladder may be loose. The surgeon may tighten the neck of the bladder so that your child will not dribble urine.

### 3. Urinary Diversion: (creating a new channel for urine)

Children who need lifelong catheterization and, who have a problem with urine leaking, can benefit from a surgery called a mitrofanoff procedure. It gives a fast and convenient way to empty the bladder even while sitting in a wheelchair. The person can catheterize without removing his/her underwear.

The surgeon uses the appendix (or a piece of the bowel) to make a new channel for the urine flow from the bladder. The appendix is a small pouch that is part of the bowel. No one needs an appendix. The surgeon detaches it from the bowel, and connects one end into the bladder. S/he opens the other end of the pouch and stitches it into the belly button. There is now an opening in the belly button through which one can catheterize the bladder.

Your child may need 1,2, or all three procedures. The surgeon will discuss his/her recommendations with you. Together you can decide what is best for your child.

## How Does The Young Person Prepare For Bladder Surgery?

Because a part of the bowel will be used for the surgery, it must be totally clean. In order to cleanse the bowel, the child comes into hospital 24-48 hours before the day of the operation.

## Cleaning The Bowel

The child eats no solid food for two days before the surgery but can drink clear fluids (liquids that you can see through such as water and apple juice.) Fizzy drinks like pop are not allowed.

The nurse will put a tube through the nose and into the stomach (nasogastric tube). The tube is attached to a bag

of liquid. For 6-8 hours it flows gently through the bowel and washes it clean. You can expect a very active bowel for at least 8 hours. Once the bowel runs clear, the nurse stops the cleaning process. Now the bowel is ready for surgery.

We suggest you think ahead of things to distract your child like exciting books, tapes and games. It is a long day.

## Nourishing The Body

The nurse will start an intravenous line into a vein in your child's arm or hand. This will stay in for several days after surgery. Your child will get fluids and nourishment before and after the operation. As well, we will give pain control medicine through this line.

## The Surgery

The surgery takes five or six hours to complete. Be prepared for a long wait. You are welcome to leave the hospital. Please leave a telephone number with the nurse in case we need to contact you. The surgeon will come and talk to you after the surgery is over.

## What Can You Expect After Surgery?

The surgeon places several catheters and tubes that are left until the tissues heal.

- There will be four tubes in the bladder. These tubes will drain

urine away from the bladder until it heals. The nurse will remove three of these tubes before your child goes home. One tube called the suprapubic catheter, will remain in the bladder for a month after the operation. A nurse will teach you how to take care of it at home.

- There will be a tube in the belly button that will stay in for about one month. It keeps the channel from closing while the tissues heal. It needs little care. A nurse will take this out in a month.
- There will be a tube in the stomach that keeps it empty of juices and gas. This prevents nausea. When your child can eat again, the nurse removes this tube.

## Going Home

Your child will be in the hospital for 10-14 days.

## Care Of The Suprapubic Catheter At Home

The suprapubic catheter is held in place by a few stitches. The catheter is attached to a piece of plastic tubing with a bag to collect urine. Check the bag every three to four hours to make sure the catheter is draining urine from the bladder. Open the spout on the bag and empty it before it is full.

Each day check the skin around the catheter. There may be some discharge. You can clean around the

catheter with soap and water. It will not hurt.

If your child's bladder was augmented, we recommend you irrigate the suprapubic catheter at least twice a day. Bowel tissue makes a lot of mucous. It will do this even if it is now part of the bladder. You will notice small particles of mucous floating in your child's urine. The mucous clogs the catheter. You keep the catheter open by irrigating with saline (salt water). You may find you need to irrigate more than twice a day if the urine has a lot of mucous. A clogged catheter can lead to a bladder rupture.

A nurse will show you how to irrigate the catheter and give you a few days of the supplies you need. Supplies are available at most pharmacies. The following directions will help you remember this procedure when you go home:

### **Making Saline At Home:**

1. Mix 1 cup of water and 1/2 teaspoon of salt
  2. Boil for five minutes
  3. Boil the container in which you store the saline for five minutes before filling it
  5. Store saline in refrigerator for no more than one week
- Fill a 60cc syringe with saline (about 4 tablespoons)

- Disconnect the catheter from the tubing
- Slip the syringe into the catheter
- Push the plunger gently to force the saline into the catheter
- Without taking the syringe out of the catheter pull the saline back into the syringe
- Reconnect the catheter to the tubing

Care of the tube in the belly button  
This tube needs no special care. You can have a bath or shower as usual. It is normal to see some discharge around the belly button. Clean it with soap and water. You can cover the belly button with a small bandage to protect clothing if you wish.

### **Return To School**

Your child can return to school with these tubes in place as soon as s/he feels well enough. It is wise to let the teacher and the principle know ahead of time about the surgery.

### **Follow-up**

In six to eight weeks you will come back to the hospital for three days. The nurse will teach you how to empty your bladder by inserting a catheter into your belly button. When you feel confident doing this, the suprapubic catheter is removed by the nurse and you can go home.

### **Call The Clinic To Book An Appointment If:**

- You are leaking urine from the suprapubic catheter or the belly button site.
- The suprapubic catheter is not draining urine even after irrigating with saline.
- One of the tubes has come out.
- You see signs of infection (child has a fever, urine becomes more cloudy than usual or is foul smelling, the belly button or catheter site is red or has green discharge).

You can call the Urology Nurse Clinician at 604-875-2889 if you have any questions or concerns.

Developed by the health care professionals of the Urology Department with assistance from the Department of Learning and Development

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# Bladder Augmentation/ Urinary Diversion



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