SURGICAL OPTIONS FOR BLADDER DIVERSION

UOAA is an association of affiliated, nonprofit, support groups who are committed to the improvement of the quality of life of people who have, or will have, an intestinal or urinary diversion.

INTRODUCTION TO BLADDER DIVERSION PROCEDURES

A radical cystectomy (removal of the bladder) may be required for bladder cancer or interstitial cystitis. A bladder diversion may be required for neurogenic bladder or congenital anomalies (birth defects).

When faced with the need to have the bladder removed or bypassed, there are three options for surgery: conventional urostomy (ileal conduit), continent urinary reservoir (continent diversion) and neobladder.

Whichever choice is made, it must be remembered that a major body function has been diverted and normal function will be altered as a result. The ultimate goal of the surgery is to attain freedom from the disease and its potential complications so that a normal lifestyle can be resumed.

Not everyone is a candidate for the continent urinary reservoir or neobladder, as there are factors other than the patient's preference that must be considered. These considerations will be presented by the surgeon upon examination of a person's diagnosis, condition and surgical need.

Prior to your surgery, you should be well informed about all of the possible options before making your decision. It is recommended that you seek advice from qualified healthcare professionals who have been trained and have experience with these surgeries. It is also recommended that you seek consultation before and after surgery with a certified Wound, Ostomy and Continence Nurse (WOCN) or ostomy nurse.

After determining your best surgical option, your doctor or ostomy nurse will explain the surgery and examine your abdomen to determine the best location for the stoma (for surgeries that include a stoma). For a conventional urostomy, you may be asked to wear a sample pouch to make sure that the site chosen is on the flattest possible surface and that you are comfortable in all positions. If you have any hobbies or habits which might be affected by the location of the pouch, talk to the doctor or the ostomy nurse.

If you do not understand the pouching system and how to manage it, ask for specific details. Some patients report that they were not prepared well enough in advance for the reality of a stoma and a new method of urinating. Often patients are so deeply concerned about their upcoming surgery that they do not absorb what has been said.

A special source of help is an ostomy visitor. The visitor is a person who, like you, has had urostomy surgery and has successfully adapted to the changes that occur with ostomy surgery. He or she can answer many of your questions about day-to-day life. You may also benefit from taking part in an ostomy support group. A support group allows you to share your feelings and ask questions as you make progress with your recovery. You can also share your story with others who may benefit from your experience.

GLOSSARY OF TERMS

Interstitial cystitis
Inflammation of the bladder wall of unknown cause.

Intubation
Insertion of a special tube or catheter through the stoma into the reservoir to empty content.

Neurogenic bladder
Bladder disorder due to abnormal nerve function.

Pouchitis
Inflammation in the reservoir.

Radical cystectomy
Removal of the bladder.

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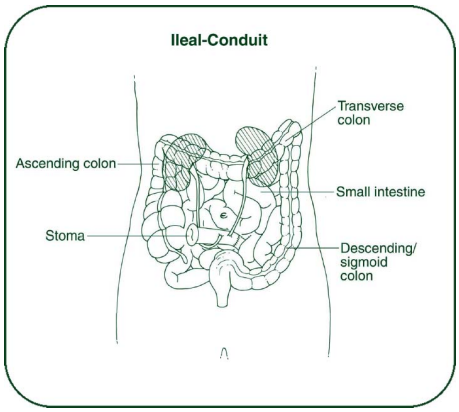
United Ostomy Associations of America, Inc.

CONVENTIONAL UROSTOMY (ILEAL OR COLON CONDUIT)



Procedure

The bladder is removed or bypassed. A conduit is made from a section of small intestine or colon. The ureters are attached to one end of the conduit. The other end of the conduit is brought through the abdominal wall and fashioned into a stoma.

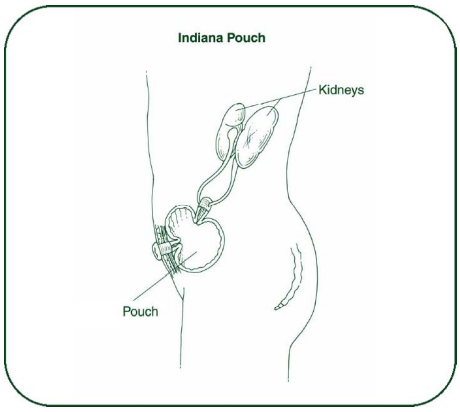
Advantages

- Established surgery; the long-term results are well understood.

Disadvantages

- Requires external pouching system for collection of urine output.
- The pouch requires emptying every 3-4 hours.
- The pouching system needs to be replaced at regular intervals.
- Potential backup of urine into kidneys resulting in kidney infections.

CONTINENT URINARY RESERVOIR



Procedure

The bladder is removed or bypassed. An internal reservoir is constructed from a segment of the small or large intestine and the ureters are implanted in a way to prevent reflux (back-up) of urine to the kidneys. A valve to retain urine is made within the reservoir.

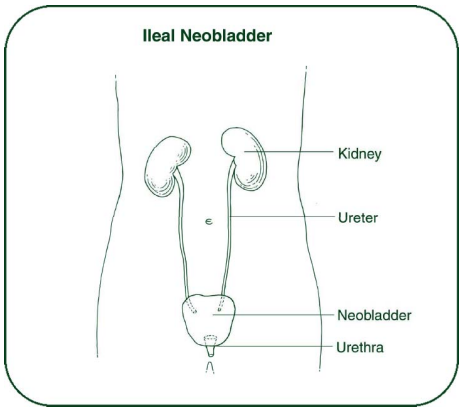
Advantages

- A small patch is worn over the stoma. A pouching system is not needed.
- No back up of urine into the kidneys.

Disadvantages

- You must intubate (insert tube through the stoma into pouch) to empty every 4-6 hours.
- Potential urinary leakage.
- The long-term results are not known.
- Chance of pouchitis (inflammation of the reservoir) which requires periodic irrigations and possible medication.

NEOBLADDER



Procedure

The bladder is removed or bypassed. A urinary reservoir is made out of bowel and is attached to the urethra to allow voiding by the normal route. The patient voids by relaxing the urinary sphincter while contracting the abdominal muscles.

Advantages

- Urinary continence.
- Normal urination route.
- No external collection pouch.

Disadvantages

- Possible nocturnal leakage.
- Possible need of clean intermittent self catheterization.
- The long-term results are not known.
- Chance of pouchitis (inflammation of the reservoir).