



Bladder Surgery Augmentation with Mitrofanoff and Cecostomy

Procedure/Treatment/Home Care
Este folleto se encuentra traducido al español.
Solicítelo al enfermero o médico.

#984

Name of Child: _____ Date: _____

Bladder Surgery Augmentation with Mitrofanoff and Cecostomy

What is this bladder surgery?

This is a surgery with three parts:

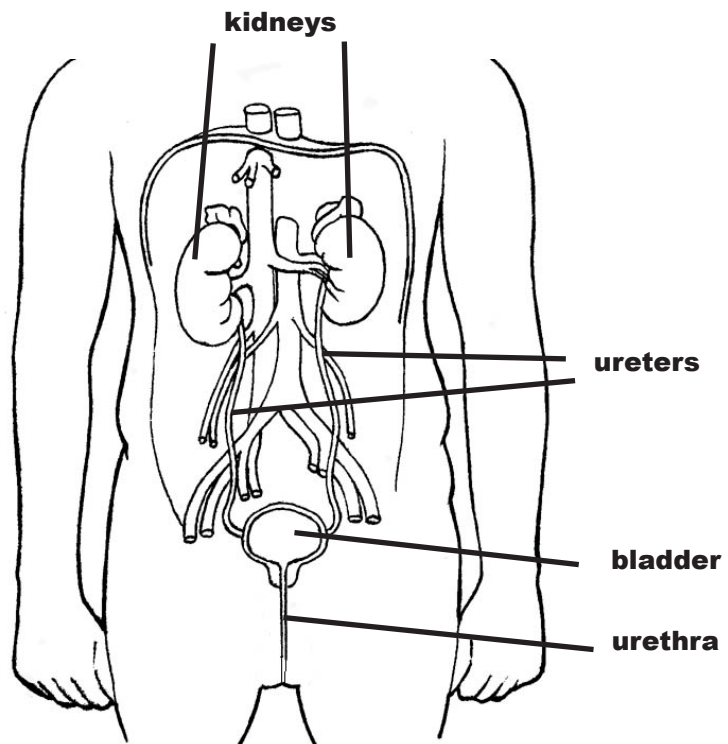
- **bladder augmentation** makes the bladder larger
- an opening (**stoma**) and channel (**Mitrofanoff**) are made to empty the bladder.
- a tube is put in, so the bowel can be flushed and bowel movements can be controlled.

Why is it done?

Some people cannot control their bladder or bowel because they cannot feel when it is time to go to the bathroom. Surgery can help them control when and where they empty their bladder and bowel. A channel is made from your bladder, coming out at an opening (**stoma**) near the belly button to drain urine. A cecostomy tube is placed in the right side of your belly so you can control when you have a bowel movement.

The Urinary System

The kidney filters waste products from the whole body. Waste goes into the urine. Urine drains into the bladder through the ureters, and is stored there until it leaves the body. It is important to remove all urine from the bladder at regular times, to prevent kidney and bladder infections.



the urinary system

Making the bladder larger

Bladder Augmentation makes the bladder larger. A bigger bladder can hold more urine. This lowers pressure, keeps the urine from backing up into the kidney (**reflux**), and helps prevent infections. The surgeon uses part of your intestine to make your bladder bigger. Since the intestine makes mucus, this will put mucus in your urine.

Making an opening for urine

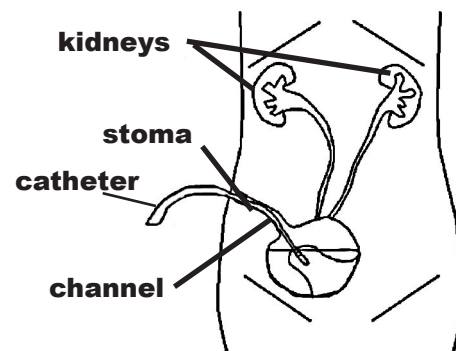
A channel is made with your appendix or another part of your intestine (**Mitrofanoff Channel**).

It starts at the skin and goes to the bladder.

The opening at the skin (**stoma**) connects to the bladder so that urine can be emptied using a tube (**catheter**). This process is called **clean intermittent catheterization (CIC)**.

When you come out of surgery, a tube will be in the stoma and you will go home with the tube in place. The urine will be collected in a bag that you will empty into the toilet. In three or four weeks the surgeon will take out the tube and you will be taught how to catheterize yourself.

Then you can do clean intermittent catheterization (CIC) at home.



Making an opening for urine

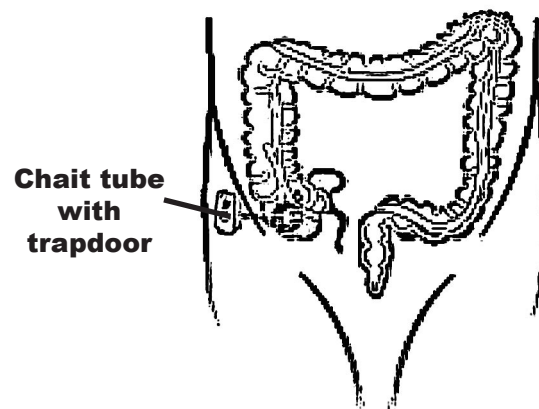
Making an opening for stool

A channel is made from the skin and goes to the bowel (**cecostomy**). A tube is placed in the channel. The tube is used control daily bowel movements. Having a tube means less worry about leaking stools (**incontinence**) or wearing diapers.

Right after surgery you will have a temporary tube that will not be used. In about 2 months, after the channel heals, you will have another procedure at the hospital. The temporary tube will be taken out, and a **Chait tube** will be put in. Then you will be taught how to flush (**irrigate**) the Chait tube to empty your bowel.

Getting ready for surgery

Before the surgeon can operate on your bowel (**intestine**), it may need to be cleaned out. Your surgeon may tell you how to clean out the bowel at home, or you may be come into the hospital the day before surgery for the bowel clean out.



Making an opening for stool

You will be given more information on how to get ready for surgery, how to prevent infection from surgery, and and ways we can help you and your family before, during and after your hospital stay. If you have any questions, ask your surgeon.

After Surgery

After surgery, you will go to the recovery room, and then to your hospital room. You will have some tubes in your belly so the urine can empty and the wound can heal. They will be under a bandage.

You will also have an IV (**intravenous catheter**) that the nurses will use to give you fluids and medicine. The nurse can give you pain medicine through your IV. It is important that you tell your nurse when you start to feel pain.

You will have a tube in your nose that goes to your stomach to keep it drained. You will not be able to eat for several days until your stomach and intestines wake up. You

will be able to go home when you are able to eat well, and your bowel and bladder are working well.

Going Home

When you leave the hospital you will have tubes in your bladder and bowel. Your doctor or nurse will teach you how to care for these tubes at home.

What you need to care for these tubes

- Xeroform or another non-drying bandage.
- Small gauze pads
- Tape
- Extra large syringe (called a Toomey)
- A bottle of saline for flushing

Your nurse or doctor can help you get these supplies before you go home.

What you can do

- Get enough sleep.
- Get up each morning and do the things you normally do.
- After your tubes have been taken out, you can talk to the doctor about going back to school.
- You can go to school when you and your parents feel you are ready.
- Your doctor will tell you when you can go back to gym class
- Tell important people, like your teacher, school nurse, and babysitter, that you had surgery and how your body has changed.



Call your doctor right away if you have any of these:

- fever
- sick to your stomach
- throwing up
- belly pain
- getting less drainage from the urinary catheter

Now that you have read this:

- Tell your doctor or nurse what this surgery will do. (Check when done.)
- Tell your doctor or nurse when you will call the doctor. (Check when done.)

To learn more, ask your nurse or doctor for these handouts:

- What to Do Before Surgery #506
- Ways to Prevent Infection After Surgery #1088



If you have any questions or concerns,
 call your child's doctor or call _____

If you want to know more about child health and illness,
visit our library at The Emily Center at Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-933-1400
866-933-6459
www.phoenixchildrens.com
Facebook: [facebook.com/theemilycenter](https://www.facebook.com/theemilycenter)
Twitter: @emilycenter

Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Friday, March 15, 2013 • DRAFT to family review
#984 • Written by Cheryl Gallaga, MS, RN • Illustrated by Dennis Swain and Irene Takamizu



The Emily Center

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Name of Health Care Provider: _____ Number: 984
For office use: Date returned: _____ db

Family Review of Handout

Health care providers: Please teach families with this handout.
Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? Yes No
easy to read? Yes No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? Yes No
Why or why not?

Would you do anything differently after reading
this handout? Yes No
If yes, what?

After reading this handout, do you have any
questions about the subject? Yes No
If yes, what?

Is there anything you don't like about the drawings?

Yes

No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

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Thank you for helping us!