

## **Continent Urinary Diversion: Pre-Operative Information (e.g. Mitrofanoff)**

Your child is scheduled for a continent urinary ostomy. Your doctor will use the appendix or a small piece of bowel to make a new passage for urine to come out. The appendix is a tube about the size and length of a finger that is attached to part of the bowel. Since the appendix is not needed there, the doctor removes it, and opens both ends so it looks like a straw. One end will be “funneled” into the bladder and the other to a small opening on the abdomen or in the belly button. This is called a stoma. To empty the bladder, a catheter is passed through the stoma and into the bladder. The urine will drain out of the catheter.

A couple days before surgery we will have you start a special diet to help clean out your bowels. Please see the enclosed sheet regarding at home bowel prep. The day before surgery your child will be admitted to the hospital for a bowel prep. Medication is a large amount of liquids call Go-lightly. Most patients have a difficult time drinking the amount that is needed. Therefore, a nasogastric tube (NG) is inserted through the nose and passes down into the stomach so the medication can be passed through the tube. An IV is inserted into your child’s vein for fluid’s and antibiotics. No solid food can be eaten, only clear liquids during and after the bowel prep.

The surgery takes about 2-3 hours. After surgery, your child will go to the recovery room for a short time and then up to the patient care unit. There will be an IV in place, catheters to drain the bladder, and an NG tube (which will need to stay in for a couple days until the bowels start working again and have had time to heal). Because pain medication will be given either by epidural or IV, a monitor will be attached to make sure the vital signs are stable during this period. After the NG tube comes out, the diet will progress from clear liquids to solid food as is tolerated. The hospital stay is anywhere from 5-10 days, depending if other procedures have been done at the same time.

There are usually two catheters in place when you go home. One catheter is in the stoma down into the bladder. The other is in the urethra or in the suprapubic area. The catheters keep the bladder empty so everything can heal. The catheter will be removed when you return to the clinic and are taught how to catheterize through the stoma. Sometimes the other catheter is plugged and left in place until catheterization is going well. If there is a problem with catheterization the other catheter can be unclamped and the bladder drains. The catheter is removed within a week.

If you have any questions or concerns, please call your child’s doctor at Pediatric Surgical Associates at 612-813-8000 or 1-800-992-6983.

