

INFORMATION LEAFLETS FOR PARENTS / CARERS OF A CHILD

BLADDER AUGMENTATION / MITROFANOFF

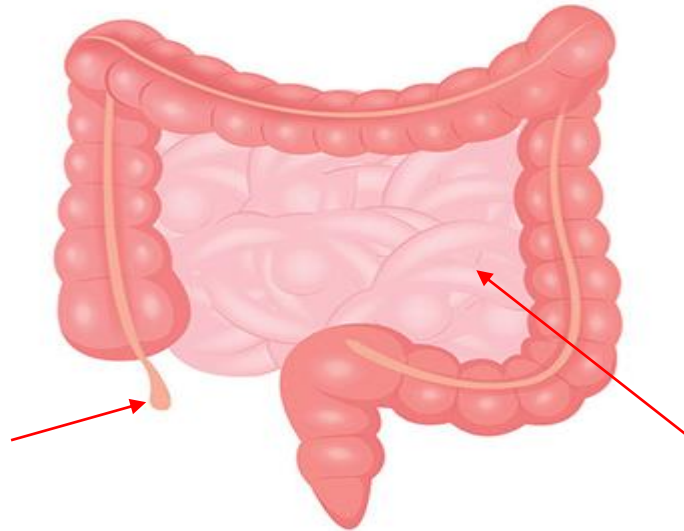


What is an Augmentation Cystoplasty?

An augmentation cystoplasty also known as bladder augmentation, is an operation to make your bladder bigger using a segment of your bowel. This will allow your bladder to store a larger amount of urine.

What is a Mitrofanoff?

A Mitrofanoff is a tubular structure tunnelled into the bladder and brought out onto your tummy wall. It is made from your appendix or a piece of small bowel. It is a continent catheterisable channel used to empty the bladder.



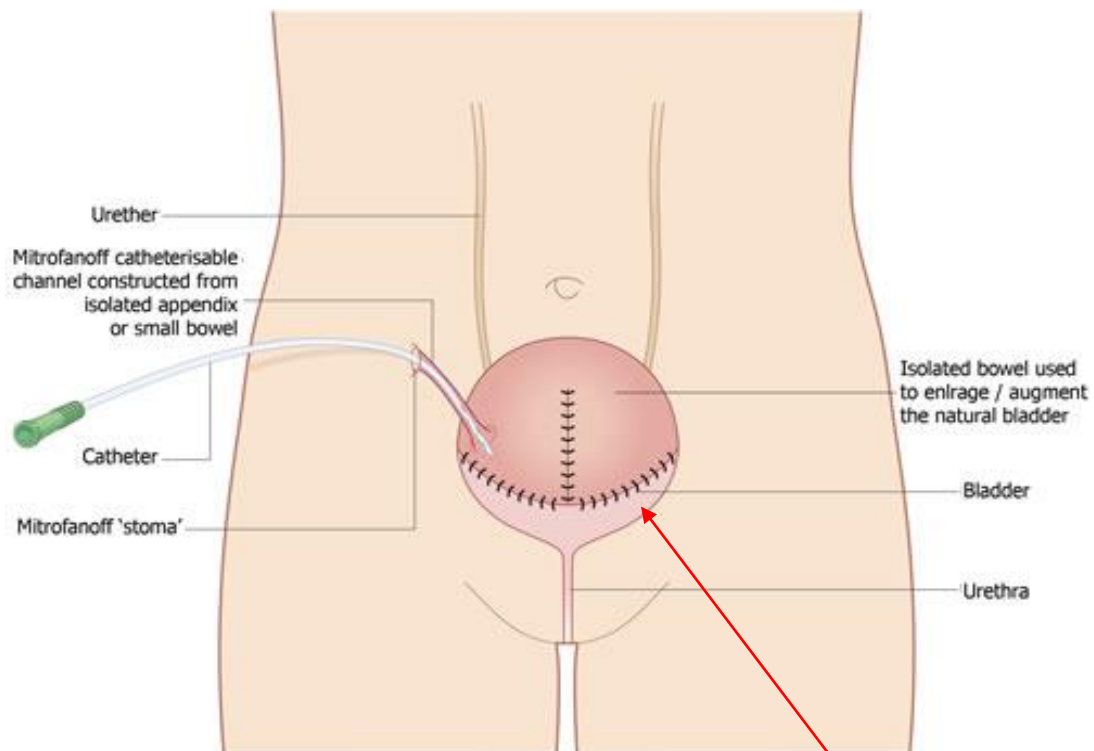
The appendix will be detached and used to make the mitrofanoff. If you do not have an appendix or if it is not suitable, a small section of small bowel will be used.

20-30cm of small bowel will be patched onto the bladder to make it bigger.

Bladder opened to form a cup



Bowel segments fashioned and attached to the open bladder to create a larger capacity or reservoir



You will have a second suprapubic catheter in place (SPC) to allow drainage after surgery

BEFORE THE OPERATION

Hospital Stay

- Prepare to be in hospital for 10-14 days. Your length of stay will depend on your recovery.

Bowel Prep

- You will come into hospital 3 days before your surgery for bowel prep (For example admit on a Friday afternoon for surgery on Monday).
- Emptying the bowel of poo is essential for this surgery.
- There are 2 steps in this process: a special diet, and drinking a bowel clearing medicine.
- You will need to eat foods that are free from fibre and fat, and drink clear / water based drinks only for the 2 days. A sample of foods allowed is attached. You then must fast the night before the surgery.
- You will drink the bowel clearing medicine two days before surgery. It works by increasing the activity of the bowel and also by holding water in the bowel, which helps to wash out the poo. You can expect frequent poo's and diarrhoea. Your poo will turn soft and yellow in colour and eventually clear which is the end result. It is important that you drink plenty of clear fluids with this medication.
- You will need an IV Cannula before your surgery. This will be used to give you fluids to keep you hydrated, which may be needed during bowel prep.

Hygiene

- Please ensure you are prepared for surgery with a bath / shower the evening before or morning of surgery paying attention to the belly button.
- Long hair should be tied back and all nail varnish and jewellery must be removed.



General Anaesthetic

- You will get a general anaesthetic to go asleep and you will be unaware of the surgery. The anaesthetic is given either by a mask that you breathe through or through your IV cannula. These medications work rapidly and you will be asleep in less than a minute. You may feel dizzy or funny as you go asleep.
- It is important to discuss and chat with your nurse and the anaesthetist about going asleep for your surgery so that we can make a plan that suits you best.
- It is normal to be nervous and a little anxious before your surgery, you can get medication before you go to help you relax. If you have been to theatre before you can talk about your experience and let us know if there is anything you would like to do differently this time around.
- You will meet an anaesthetist the evening before your surgery.
- You can get further information on general anaesthetic from your anaesthetist and <http://www.rcoa.ac.uk/childrensinfo>

Going To Theatre

- You will wear a theatre gown and hat.
- You will be transferred to theatre on a trolley.
- When you get to theatre you will check in with the anaesthetic nurse at reception and then you will be brought to the anaesthetic room, one parent/carer can come with you and stay until you are asleep.

After Surgery

- You will be in the theatre for a number of hours and then you will go into the Recovery room. Once you are awake the ward nurse will collect you and bring you back to your room.
- You can expect to be quite sleepy immediately after your surgery.



Managing your pain

- Managing your pain is important after surgery, and if you are a suitable candidate your anaesthetist will suggest an epidural infusion.
- When you are asleep, the anaesthetist will put a small plastic tube (epidural catheter) into your back. Local anaesthetic and/or pain relieving medication will be infused continuously through this catheter to block the pain sensations.
- The pain relief lasts as long as the pump is running.
- If you are not suitable for an epidural you will be given alternative strong pain medication such as intravenous Morphine.
- *(Please refer to the Epidural leaflet)*

Eating and drinking

- As your bowel is used during surgery, it needs time to rest and recover afterwards and you will not be eating or drinking immediately after surgery.
- You **may** have a nasogastric tube put in while asleep in surgery. This tube goes down your nose into your stomach and is secured to your cheek with tape. It is connected to a collection bag to drain your stomach and prevent vomiting. This will be removed after 24-48hours once your bowel starts working.
- Once your bowel starts working again you will be allowed to start drinking small amounts at first and then you can start to eat a light diet (toast/cereal/yogurt). If you tolerate this well you can start to eat normally again.

Catheters

You will have two catheters (tubes) in your bladder for 6 weeks after surgery draining continuously:

- **MITROFANOFF CATHETER AND SUPRAPUBIC CATHETER (SPC)**
- All catheters will be secured to your tummy with tape and will be draining into large collection bags. After a few days, we will change these to smaller leg bags that are secured to your legs with Velcro straps.
- These bags need to be secured and kept below the level of your bladder to facilitate drainage by gravity.
- We will teach you how to look after your catheters and keep them secure.
- It is very important to keep the bladder empty to prevent putting it under any pressure after the surgery. Keeping your catheters patent and continuously draining is vital.
- Mucus is a natural secretion or lubricant, which is present in bowel and may be evident in the urine when bowel has been used to enlarge the bladder.
- Mucus has the potential to block your catheters. You will be taught how to flush the catheters using a syringe and saline to prevent them blocking with mucus. Flushing is something you will need to do every day going forward.

Wound Care

- We will teach you how to care for your wounds; you will have a wound in a straight line in the middle of your tummy underneath your bellybutton. You will also have the mitrofanoff and suprapubic sites.
- You can shower as normal with the catheters in place; we recommend that you do not have baths.



Activity after Surgery

- While getting up and about after surgery is important, we recommend that you avoid playing sports, cycling and PE in school while the catheters are in place. You can go back to normal activity and sports once your catheters are removed.
- You can go back to school with your catheters in; you may need someone to help you manage them in school.
- After 6 weeks, you will be admitted to hospital again, to have the Mitrofanoff catheter removed and learn how to put the catheter in yourself to empty your bladder.
- You will empty your bladder with a catheter every 3 hours during the day and leave a catheter in at night, which will drain, into a bag.
- The SPC will stay in place for another few weeks until you can manage the Mitrofanoff really well yourself.

Low residue diet before surgery

You will follow this diet plan 2 days before surgery

FOODS ALLOWED:

- Bread - white
- Biscuits - made from white flour e.g. rich tea, wafers, cream crackers
- Starch - plain boiled potato, white boiled rice, plain pasta
- Meat - meat, fish, plain chicken
- Cereals - rice krispies, cornflakes or similar type cereal
- Drinks - lucozade, minerals, squash, fruit juice, clear soup
- Sweets - clear / boiled sweets, jellies, fruit gums, jelly, ice lollies
- Cakes - sponge cake, madeira, meringue
- Milk - allowed in tea / coffee and cereal (*200mls allowance*)
- Other - sugar, honey, jelly type jam / marmalade, no pips, seeds or rind, salt / pepper
- Glucose Polymers - Polycal / maxijul (*liquid or powder add to food or fluids*) to increase energy intake



Foods to avoid

- Vegetables - all
- Fruit - all
- Dairy - milk, cheese, yoghurt, ice-cream etc.
- Sweets - chocolate, any biscuits other than those listed
- Other - wholemeal or wholegrain foods fatty/greasy foods

