

INFORMATION LEAFLETS FOR PARENTS / CARERS OF A CHILD

MITROFANOFF / BLADDER NECK PROCEDURE

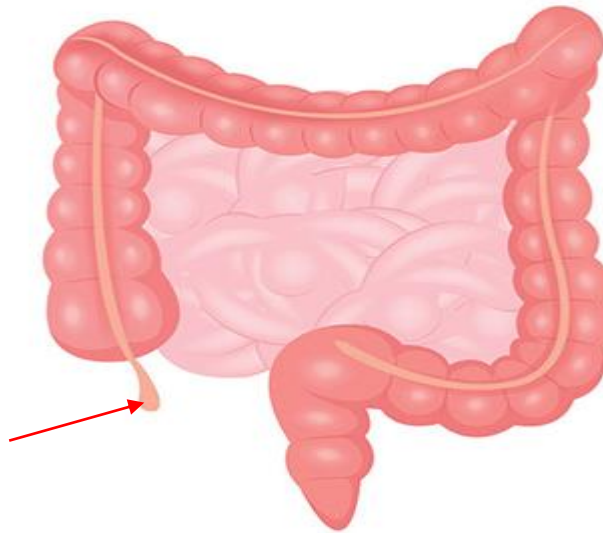


What is a Mitrofanoff?

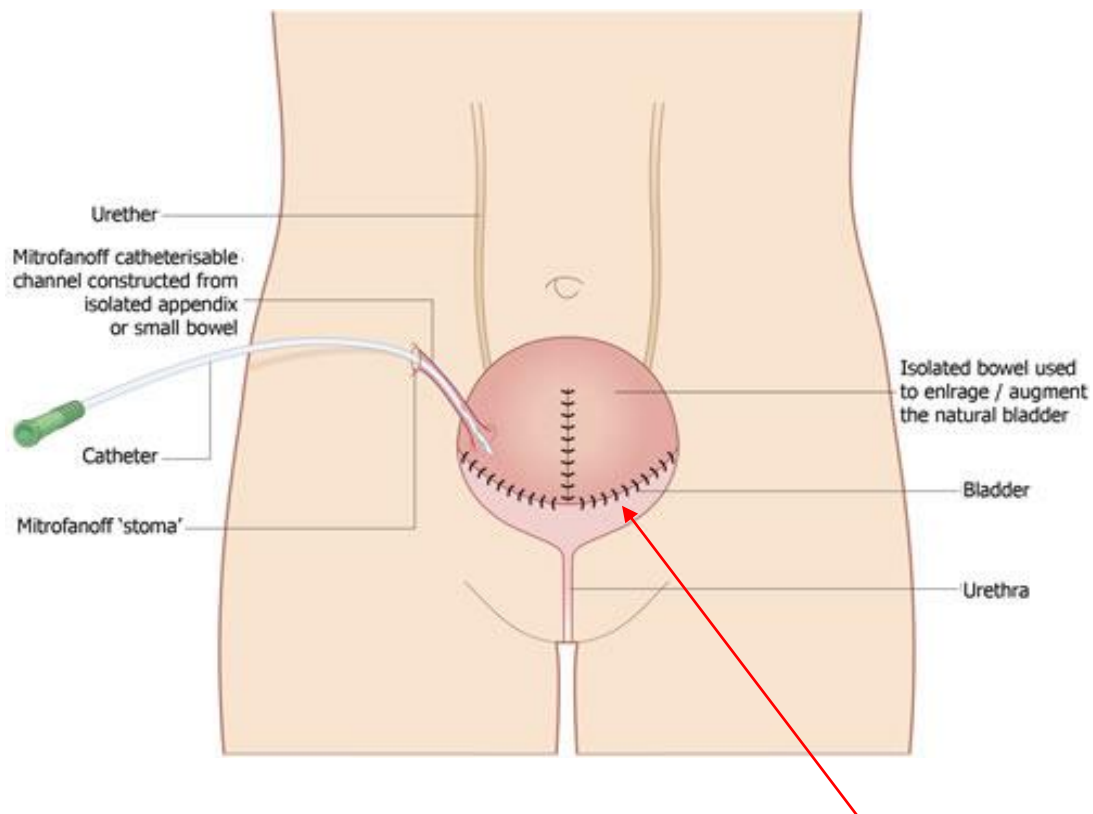
A Mitrofanoff is a tubular structure tunnelled into the bladder and brought out onto your tummy wall. It is made from your appendix or a piece of small bowel. It is a continent catheterisable channel used to empty the bladder.

What is a Bladder Neck Procedure?

This is a procedure to tighten the opening of the bladder or to close it completely to prevent urine leaking out. Your Surgeon will decide what procedure is best for you depending on your condition.



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 section of small bowel will be used.



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 7-10 days. Your length of stay will depend on your recovery.

Bowel prep

- You **may** be admitted to hospital 2 days before your surgery for bowel prep. Emptying the bowel of poo is often required for this surgery.
- If you are already, doing bowel washouts you may just need to increase to daily washouts for a number of days before surgery.
- Alternatively, you may be prescribed laxative medication to take at home.
- This will be discussed with your Consultant and a specific plan will be made for you.
- You may be advised to eat foods that are free from fibre and fat, and drink plenty of clear/water based drinks in the days before your surgery. A sample of foods allowed is attached. You then must fast the night before the surgery.
- You will need an IV Cannula before your surgery. This will be used to give you fluids to keep you hydrated.

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, 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 may 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 *Epidural Infusion for Pain Relief after Surgery* leaflet)

Catheters

You will have 1 catheter (tube) in your bladder for 4-6 weeks after surgery draining continuously. You may also have a second suprapubic catheter (SPC), this will depend on the type of bladder neck procedure that you have. The management of the SPC is exactly the same as the Mitrofanoff.

Mitrofanoff Catheter

- The catheter will be secured to your tummy with tape and will be draining into a large collection bag. After a few days we will change this to a smaller leg bag that is secured to your leg with Velcro straps.
- This bag needs 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 catheter and keep it secure.
- **Mucus** is a natural secretion or lubricant which is present in the appendix and may be visible in the urine.
- You will be taught how to flush the catheter using a syringe and saline to prevent it blocking.

