Augmentation Bladder - Ileocystoplasty

**Item Number:**

Why is it done?

 This procedure is seldomly used today, with the more frequent use of Sacro-neuro-modulation and Intravesical BOTOX

 This procedure is done to enlarge a bladder, especially in the spinal patient with a small contracted overactive bladder.

 It can also be done as last resort in small overactive bladder after all other medical options have failed.

 

How is it done?

 A General anaesthetic will be given

 You would have had bowel preparation for 3 days prior to surgery.

 A sterile surgical field is prepared

 Prophylactic antibiotics are given.

 An indwelling catheter is inserted and the bladder is then distended with fluid (saline).

 A lower abdominal incision is made, splitting the linea alba.

 A 15-20cm segment of the terminal ileum is isolated and removed from the rest of the intestinal tract on its vascular pedicle.

 A watertight anastomosis of the bowel ends are done, and tested.

 The bladder is then bi-valved.

 The 15cm of ileum is opened on the anti-mesenteric edge and the bowel in cleaned.

 The ileum-segment is then sewn on to the bi-valved bladder.

 A 3-way catheter is placed

 A drain is left.

 The abdomen and skin is closed

 A catheter will be left for 2 weeks

  

Complications

**Side–effects**

 Rarely blood loss requiring blood transfusion.

 Infection, Peritonitis.

 Faecal leak from small bowel anastomosis

 Prolonged hospital stay.

 Urine leak requiring prolonged catheterisation,.

 NB! Each person is unique and for this reason symptoms vary!

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**What next?**

 You will spend up to 5-7 nights in hospital.

 You will have a catheter for 14 days.

 A drain for 2-3 days.

 You will be discharged as soon as you are drain free, temperature free and have opened your bowels.

 You may initially suffer from urge symptoms caused by the catheter.

 There may be some blood in your urine. You can remedy this by drinking plenty of fluids until it clears.

 A ward prescription will be issued on your discharge, for your own collection at any pharmacy

 A follow-up appointment will be scheduled for 2 weeks for a cystogram.

 Should the cystogram confirm to urine leaks, your catheter will be removed.

 A review appointment is scheduled 6 weeks later

 Don’t hesitate to ask Jo if you have any queries

 **DON’T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**

 

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