

## **APPENDIX 6**

### **BLADDER AUGMENTATION**

#### **POST- OPERATIVE ADVICE SHEET GIVEN TO PATIENTS WHO HAVE HAD BLADDER AUGMENTATION**

Name: \_\_\_\_\_ is a patient of Fistula Centre. The operation that we performed on her was a Bladder Augmentation in order to enlarge the bladder volume.

For this procedure, a part of the small bowel is opened and attached to the bladder.

The operation was performed on \_\_\_\_\_ (date)

#### **What to expect:**

- Because the bowel is now part of the bladder, mucus is still produced in a varying amount. Therefore, the urine can have a slimy or infected appearance, which should not worry the patient.
- In order to empty the bladder properly, most patients have to perform intermittent self-catheterisation.

#### **Possible problems:**

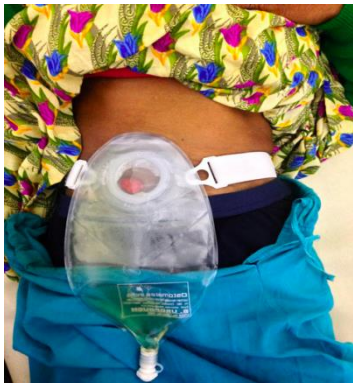
- The sensation for bladder filling is reduced, therefore patients are advised to empty the bladder at least three to four times a day, even if they have no desire to void. If patients do not follow this instruction, there is a high risk of over distension, which sometimes makes it very difficult to self-catheterise.
- The same can happen if mucus leads to obstruction or stone-formation in the bladder.

#### **What to do:**

These situations can be an emergency case because this bladder is in danger of rupture!!!!  
So whenever a patient with abdominal symptoms after bladder augmentation comes to your office, please insert an 18 or 20 F Foley catheter (or whatever size is available), empty the bladder and if possible irrigate the bladder with saline by using a big syringe and aspirating the mucus. Then send the patient back to us.

*Adapted from instruction sheet Fistula Hospital Addis Ababa.*

#### **COUNSELLING CHECK-LIST FOR A PATIENT BEFORE CONSIDERING ILEAL CONDUIT**



- A diversionary procedure is the only way to get her dry.
- The urine stoma will be for life, it cannot be reversed again.
- It is a big operation, but patients usually recover within 2 weeks.
- The operation risks include bleeding, infection, urine leak - which will need extra treatment.
- The risks for living with an ileal conduit are kidney infection, ureteric stenosis which might need re-operation, problems with the stoma.
- Need to come and get stoma bags for the rest of her life.
- Need to come for annual check of creatinine and kidney scan.
- Need to contact hospital if any problem related to ileal Conduit.

*Adapted from LAMB Hospital, Bangladesh.*