



The British Association of Urological Surgeons

Mitrofanoff procedure

The creation of a catheterisable urinary stoma

Making a new way to empty your bladder

This leaflet gives you simple, easy-to-read details about your procedure. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

Key points

- This operation makes a new way for pee to leave your bladder.
- It makes a channel between your bladder and the skin of your tummy.
- The doctor can pass a small soft tube through the channel to empty your bladder. We call this tube a catheter.
- The doctor uses a small piece of your bowel to make the new channel for the tube.
- Doctors often do this at the same time as another operation. They may do it when making your bladder bigger or making a new bladder.
- The channel may sometimes leak or narrow. If this happens, you may need another operation to fix it.

What does the operation involve?

The tube that normally carries pee out of your body does not work for some people. We call this tube the urethra.

If this happens, the doctor makes a new tube for the pee to travel along. This is a channel between your bladder and the skin of your tummy. You can use this channel to let pee out using a soft tube. We call the tube a catheter.

The doctor will usually do this as part of another operation. It is often done:

- When making your bladder bigger with a bowel patch. We call this an augmentation cystoplasty. [You can find out more about this here.](#)
- When making a new bladder from your bowel
- After taking your bladder out because of cancer

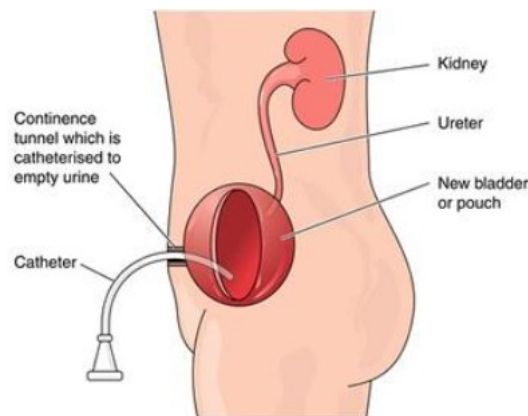
What are your other options?

- **Bladder catheter.** The doctor can put a soft tube into your bladder to keep it empty. We call this tube a catheter. The tube goes through your urethra. This is the tube that carries your pee out of your bladder. You can find out more about this [here](#).
- **Urostomy.** Your pee goes from your kidneys through a small opening in the tummy. It comes out into a bag. The bag stays attached all the time. You will need to empty it. The nurse and doctor will teach you how to look after it. You can find out more about this [here](#).

What happens on the day of the operation?

- Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”.
- You will meet the anaesthetist. They will talk to you about what type of anaesthetic you will have.
- You may have a general anaesthetic. This is where the operation is done whilst you are asleep. Or you may have a spinal anaesthetic. This is when the doctor makes you numb from the waist down.
- The anaesthetist will talk to you about pain relief.
- The nurse may give you special stockings and an injection to stop blood clots. Some people might need to use these stockings at home, after the operation. Your medical team will tell you if you need to do that.
- Antibiotics are often given before surgery to avoid infection.
- The nurses will check to make sure you don't have any allergies.

What happens during the operation?



- You will have medicine to help you sleep during the operation. You won't feel anything.
- The doctor will make a cut in the lower part of your tummy.
- The doctor will create a new tube called a Mitrofanoff channel. This is made from either:
 - your appendix
 - a small piece of your bowel, or
 - both
- The doctor will join one end to your bladder. This stops urine draining out all the time.

- The Mitrofanoff channel will be joined to your skin. This is either at your belly button or on the lower part of your tummy.
- The doctor will close your tummy cut with stitches or clips.
- They will use stitches that dissolve to fix the channel to your skin. These stitches usually go away after about 3 weeks.
- They will leave a small, soft catheter in the Mitrofanoff channel. This will let it heal fully.
- The doctor will put a soft tube into your bladder. This goes into your body where your pee comes out. It helps drain your pee.
- They may also put another soft tube into your bladder. This one will come out through your tummy. This also helps drain your pee.
- These will stay in place for about 3 weeks.
- You should expect to be in hospital for 10 to 14 days.

Some hospitals use a plan called “Enhanced Recovery”. This helps you get better faster.

- This plan starts before you come into hospital.
- It will speed up your recovery.
- It should shorten the time you stay in hospital.
- It may prevent you needing to come back to hospital for more treatment.

What happens after the operation?

Your medical team will tell you how the operation went. You should:

- ask questions. You should know what has been done
- ask the doctor if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next
- get advice about how to look after yourself at home
- be told what to look out for when you get home
- ask when you can start doing the things you normally do
- be told who to contact if you have problems

Possible after-effects of the operation

Most people recover well, but there are some things that can happen. Everyone is different. Your doctor will talk with you about what these risks might mean for you.

Common problems. These happen to more than 1 out of every 10 people:

- The Mitrofanoff channel gets narrow soon after the operation. You may need either a catheter left in for 2 weeks or another operation to fix the problem.
- Sometimes, the channel may leak pee. If it does, another operation may be needed to stop the leaking.
- Some people may have ongoing pain in their tummy or around the channel.

Occasional problems. These happen to about 1 out of every 50 people:

- The cut on your tummy may get infected. If this happens, you might need medicine or a small procedure to drain the infection.
- The Mitrofanoff channel may become scarred or narrow over time. If this happens, you may need another operation to fix it.
- Pee or poo may leak from the places where your bladder or bowel were stitched. This would need another operation to repair.
- Some people may have heavy bleeding during or after the operation. If this happens, you may need more surgery.

Rare problems. These only happen to about 1 out of every 250 people:

- Sometimes, the catheter in the Mitrofanoff channel can fall out. If this happens, you may need another small procedure to put it back in or fix the channel.
- There may be problems after the anaesthetic. This might be a stroke, chest infection or heart attack. This might need treatment in the Intensive Care Unit.

Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

What happens before you go home?

- The catheters that drain your pee will still be in when you leave hospital.
- The nurses will show you how to look after these tubes.
- You will get advice on how to recover at home.

What should you expect when you get home?

- You must keep the catheter in your Mitrofanoff channel. Keep it in even if no pee is coming out.
- You will go home with one or two catheters in your bladder.
- You should check every day that the catheters are working.
- If they get blocked, they need to be flushed right away.
- Your doctor or nurse may ask you to flush the catheters. This will help keep them working well.
- The nurses will teach you how to flush them.
- Your stitches or clips will be taken out about 10 days after your operation.
- The tubes will be removed after 2 to 3 weeks. You will need to come back to hospital for this.
- Sometimes a bladder X-ray is taken before the tubes are taken out. The doctor might put some X-ray dye (contrast) in your bladder. This will help them to see things better. They can check to make sure everything has healed.

- You may see blood in your pee for up to a month. Women may also see some blood from their vagina.
- You will need at least 6 weeks off work. If your job is hard on your body, you may need more time off.
- Do not have sex for 4 weeks. Do not lift heavy things for 6 weeks.
- Do not lift heavy things or strain your tummy for 6 weeks.

You will get a copy of your hospital discharge summary to take home. Your GP will also get a copy.

Any medicine you need will be given to you by the hospital pharmacy.

Once everything has healed, the catheter in your Mitrofanoff channel will be taken out. You will be taught how to gently pass a similar catheter in and out to empty your bladder. If you have any trouble doing this at home, you should contact your urology nurse or the hospital ward.

General information about your operation

Before your operation

- Tell your team if you have implants. These are things like:
 - a pacemaker
 - a joint replacement
- Tell your doctor if you take blood-thinning tablets.
- Tell your doctor if you are pregnant (if female).
- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant-CJD. This might be if you have had:
 - a corneal transplant
 - a neurosurgical dural transplant
 - human growth hormone treatment
- You can ask your doctor about their own results and experience with this operation.

Smoking and surgery

Smoking makes surgery riskier. Stopping before your operation helps. For help to stop smoking, call the NHS Smoke-Free Helpline: 0300 123 1044.

Driving after surgery

You must make sure that you are well enough before driving again. Talk to your doctor about this. If you cannot drive for more than 3 months, tell the DVLA. You should also check with your insurance company before driving again.

Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

Online access

You can see this leaflet on the internet.

Scan the special picture (QR code).



<https://rb.gy/0o35m7>

Feedback

We'd love to know what you think! You can share your thoughts by emailing us at admin@baus.org.uk
