

Child health information factsheet

The Mitrofanoff procedure

This operation is for patients who have a problem emptying their bladder (going for a wee).

Your surgeon has suggested that a Mitrofanoff procedure may be a suitable treatment option for you. This leaflet will explain the surgical details of the procedure, how it works and how to care for a person with a Mitrofanoff.

The surgical procedure

To create a Mitrofanoff channel and stoma you will need an operation using a general anaesthetic (medicine given to make you go to sleep). The surgeon will remove your appendix from its normal position and tunnel one end into your bladder and connect the other end to the wall of your abdomen (tummy), making a small opening called a Mitrofanoff stoma. (If your appendix is missing, a tiny segment of small bowel can be used.)



The Mitrofanoff stoma can be placed low down below the level of most underwear or sometimes it can be put where your tummy button is. The stoma is the entrance to the Mitrofanoff channel and a catheter (tube) is passed along the channel into the bladder to empty it of urine. The Mitrofanoff channel is placed into the bladder in a way which means it should not leak urine. Some people also have their bladder made bigger at the same time as having a Mitrofanoff stoma made (see separate information sheet on bladder augmentation).

Before surgery

You may be admitted to hospital a day or two before surgery, this is to make sure you are well enough to have the operation. Sometimes it is necessary to empty the bowel and make sure it is clean before the operation takes place, especially if you are having your bladder made bigger. It is cleaned by changing what you eat and giving you medicine to empty the bowel (see bowel preparation leaflet).

After surgery

You will not be able to eat and drink straight away but you should be eating your normal food after a few days. Your stay in hospital will usually be for three to five days. After the operation a catheter will stay in the bladder through the stoma for four to six weeks. A bag will be attached to the catheter so the bladder is empty of urine all of the time. This is called being on free drainage.

Four to six weeks after the operation you will need to come back into hospital for one or two days. You will be taught to pass a catheter into the bladder through the Mitrofanoff stoma. This is called catheterisation. The specialist nurse will help with the first catheterisation. We understand that you may feel worried about doing this for the first time but catheterising is not usually painful and is quick and easy to perform. Like any new skill it just takes practise. Most people catheterise every three to four hours throughout the day but do not need to catheterise during the night.

How to catheterise

Catheterisation via a Mitrofanoff is a clean procedure; you will need a clean or new catheter each time you catheterise.

This is how it should be performed

- Wash your hands with soap and water and prepare your catheter the way you have been shown
- Gently push the catheter into the stoma making sure you go far enough into the bladder to start the urine draining
- When the urine has stopped draining push the catheter in about a centimetre further to make sure your bladder is completely empty
- Then slowly remove the catheter, twisting it as you do so
- Some catheters can be rinsed and stored in a clean container and used again, others will need to be thrown away after one use
- Wash your hands again.

Mitrofanoff care

As with all types of surgery, there can sometimes be problems. A small number of patients may continue to experience some incontinence (urine leakage).

Sometimes the stoma can become difficult to catheterise. It may get tighter, this is called stenosis. Wearing a small stopper in the stoma for three months after surgery may stop this problem. If the stoma does get stenosed it is important for you to contact your doctor or specialist nurse immediately. This can be corrected fairly easily by leaving a catheter in for one to two weeks. If this doesn't work the stoma will need to be stretched in theatre under a general anaesthetic. Do not wait until you cannot pass the catheter at all, as this will make the need for the stretch using anaesthetic more likely.

Two other problems that can happen are difficulty in completely emptying the bladder and urine infections. You should let your doctor or specialist nurse know if you have:

- Blood in your urine
- Smelly urine
- A temperature causing you to shiver or sweat
- Difficulty draining any urine
- Urine leaking from your urethra or stoma that has not happened before
- Episodes of back or abdominal pain.

Never leave catheterisation for longer than four hours during the day. Your bladder may overfill and there is a real risk that your bladder could burst if you have also had surgery to close your bladder neck. It is recommended that you wear a medic alert disc to make medical professionals aware that you have a Mitrofanoff. The nurse specialist can tell you how you can buy one of these.

If you have any questions or concerns please contact

Urology nurse specialists: **023 8079 6344**

Mon to Fri 9am to 5pm Switchboard: **023 8077 7222** bleep **2615**

Out of hours: ward G4 nephrology: **023 80 798620**

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688 for help.