

BLADDER AUGMENTATION / BLADDER NECK REPAIR - INFORMATION FOR PARENTS

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COMING INTO HOSPITAL

- You have been told your child needs a bladder augmentation (bladder made bigger using a piece of bowel) / bladder neck repair.
- This is to try to help your child become dry and to preserve adequate function of the kidneys.
- Your child will be in hospital approximately 10 – 14 days.
- He/she will come into hospital 2 days before the operation and will need to drink Klean Prep / Picolax to clean the bowel. It is very important that the bowel is clean before the operation – if your child is unable to drink the Klean Prep / Picolax a small tube may have to be put down the nose into the stomach and it will be given by this route.
- During these 2 days he/she will only be allowed light diet, clear diet, then clear fluids only on the day prior to surgery.
- Please bring catheters, if used.
- Please bring nappies, if used.

AFTER THE OPERATION

- There will be 2 catheters into the bladder – one into the bladder through the tummy (suprapubic) and one through the normal route (the urethra).
- There will also be a small drain – this will be removed a few days after the operation when there is very little fluid draining from it.
- Your child will also have a tube down the nose into the stomach and there will be a drip which will be removed when your child is eating and drinking.
- Pain relief will be given through the drip / epidural at first and then by mouth when your child is drinking and tolerating fluids.

GOING HOME AFTER SURGERY

Your child will be allowed home approximately 10 – 14 after the operation and will still have the 2 catheters into the bladder – one through the tummy (suprapubic) and one through the normal route (the urethra).

One of the outreach nurse will contact you on the following day after discharge home to ensure there are no problems and to answer any questions you may have.

A home visit can be arranged if indicated either by the hospital outreach nurse or a nurse in your locality if geographically you do not live within the boundaries covered by the hospital team.

Approximately one week later you will return to the ward to be seen by the consultant and to have the urethral catheter removed. This usually only involves a few hours stay on the ward.

IT IS IMPORTANT THAT:

- Bladder washouts are performed morning and night as instructed. You will be taught how to do this before you leave hospital.
- If the catheter is not draining do a bladder washout – if it still does not drain contact your nurse, consultant or the ward.
- We recommend your child has one glass of cranberry juice (this can be cranberry & orange or cranberry & blackcurrant or whichever your child prefers) or cranberry tablets daily. This helps to thin the mucus and reduce the risk of infections.
- If your child has tummy pain, fever or feels unwell you must contact your nurse, consultant, ward or GP.
- You return to the ward at the time stated by the nurse / consultant to have the urethral catheter removed.

AFTER THE URETHRAL CATHETER HAS BEEN REMOVED

- You will be given an appointment to return to the ward about one week after this. At this visit, the urine drainage bag from the suprapubic catheter will be taken off during the day. We will teach you how to clamp and release the catheter at set intervals. This is usually hourly to begin with proceeding to 2 hourly and eventually 3 hourly as tolerated. A drainage bag will still be used overnight at this stage. You will be asked to record all urine volumes so that we can decide when the overnight drainage bag is no longer needed.
- Next, we will make an appointment for you to return to the hospital again about another week later to commence intermittent catheterisation. Prepare to be at the hospital for a few hours. The frequency of catheterisation at this point will be discussed with you as each child is different at this stage. Eventually we would hope that it could be performed 3-4 hourly.
- If everything continues to go well the catheter in the tummy will be removed – usually about a week after starting intermittent catheterisation. This will be done on the ward at an arranged time. A urethral catheter will be inserted to drain for a few days until the suprapubic site has completely healed.
- Once dry the urethral catheter will be removed on the ward and intermittent self catheterisation re-established.

COMPLICATIONS

- The piece of bowel which has been used to enlarge the bladder will produce mucus.
- The child can develop stones in the bladder probably due to the mucus.
- The bowel normally absorbs water and this may still happen to the piece of bowel on the bladder.
- Perforation of the bladder can occur if the bladder gets too full of urine.



- Further surgery may still be needed to get your child dry.

AFTER CARE

- One of the outreach team will telephone / visit as appropriate.
- All hospital appointments should be attended. This enables checks to be made on your child's condition e.g. bloods may need to be taken and x-rays of kidneys will be needed at regular intervals.
- Continue with one glass of cranberry juice per day.
- Continue with regular catheterisation at the times stated by your nurse specialist / consultant.
- Bladder washouts x 2 daily initially, then as necessary.
- If your child has any tummy pain, fever or feels unwell inform your nurse / consultant or GP.
- Continue to encourage your child to have a small drink at each time of catheterisation.
- If your child is at school, we will liaise with the school to ensure provisions are made to meet your child's needs.

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