

Continent Urinary Stoma

Mitrofanoff or Monti

What is a continent urinary stoma?

A continent urinary stoma is a surgically made channel that connects the bladder to the skin on your abdomen. This allows a tube (called a catheter) to be inserted into the channel to empty the bladder of urine. The way the surgery is done, urine should only come out when a catheter is inserted.

There are 2 main types of Continent Urinary Stoma:

Mitrofanoff: Uses the *appendix* as the channel.

Monti: Uses a tube of *small bowel* as the channel.

Why is it done?

A continent urinary stoma makes a safe way for your child to empty their bladder if they cannot fully empty their bladder by their urethra (the hole wee comes out of naturally).

Extra procedures

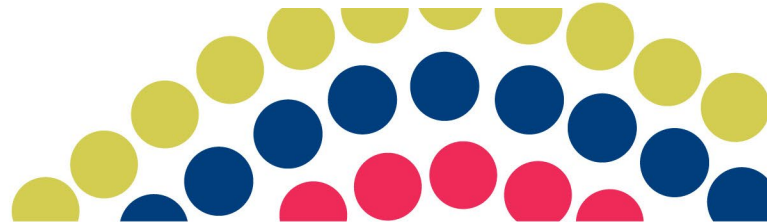
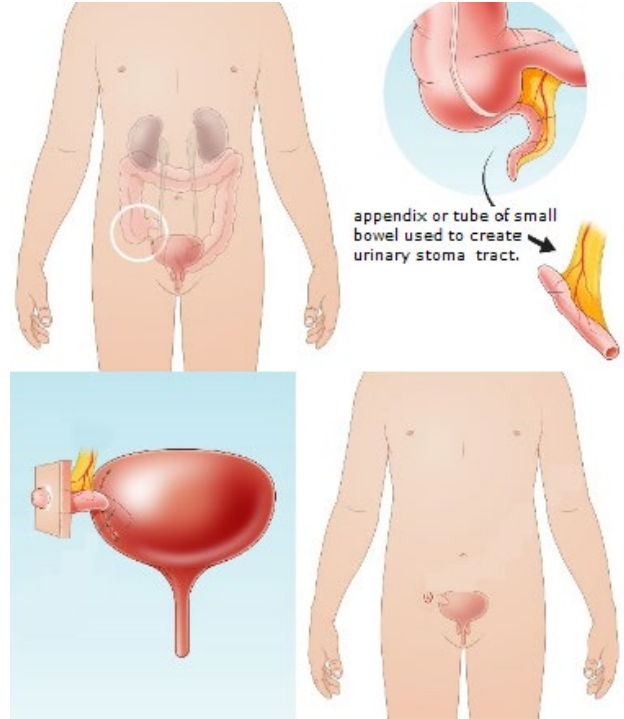
Extra procedures may be performed at the same time the continent urinary stoma is made. This will be talked about with your surgeon who will discuss with you if this is needed. Extra procedure may include:

- **A procedure to tighten the bladder neck** – This helps reduce how much urine may leak from the urethra.
- **Bladder augmentation** – A procedure that makes the bladder bigger so it can hold more urine.

What happens after the procedure?

Your child will go back to the ward with a catheter taped into the continent urinary stoma and urine will continuously drain into a bag. Your child may have additional urinary catheters. Your child will have fluids through a line in their vein (called an IV or jelco or cannula) to keep them hydrated, as well as pain relief to keep them comfortable. The doctors will guide when your child can go back to their normal diet.

Your child will be ready to go home five to ten days after the procedure. When they are ready to go home, they will have one or two catheters left in. Your stoma nurse will teach you how to look after the catheters and the continent urinary stoma. Your child will be able to bathe as normal.



For more information

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Interpreter



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Three to six weeks after surgery, your child will be brought back into the hospital to remove the final catheters. At this point, the stomal therapy nurses will teach you how to do clean intermittent catheterisation. Clean intermittent catheterisation is the process of passing a small tube (called a catheter) into the bladder to empty the urine/wee. Once the urine/wee is drained, the tube/catheter is removed.

Equipment

There is a government funded scheme that covers the cost of the supplies. Your stoma nurse will join you to this scheme and support you with ordering supplies.

How to do a clean intermittent catheterisation of the continent urinary stoma

1. Gather all the equipment you will need:
 - Urinary catheter
 - Lubricating jelly (if the catheter is not pre-lubricated)
 - Cleaning wipes
 - A suitable container to collect the urine or toilet.
2. Wash/sanitize your hands.
3. Remove stopper if using.
4. Clean stoma site with cleaning wipe.
5. Wash/sanitize your hands.
6. Sit or stand your child near the toilet.
7. Lubricate the end of the catheter if necessary.
8. Insert the catheter gently into the continent urinary stoma until you see urine start to flow. Sometimes children can feel an uncomfortable sensation in their genitals. If this happens, pull the catheter back slightly (1cm).
9. Allow urine to drain out of the catheter until urine stops flowing. It can help if your child coughs while doing this, as this will help drain the last of the urine.
10. Slowly take out the catheter, if urine drainage restarts, keep catheter in place until urine drainage stops again, then continue to take out.
11. Dispose of the catheter in general waste and wash hands.
12. Reinsert stopper if using.

What is a stopper?

A small silicone plug, called a stoma stopper, can be inserted into the continent urinary stoma and taped in place. This is a soft plug that stops the continent urinary stoma from getting too tight. Your stoma nurse will let you know if you need to use a stoma stopper. They will show you how to use it if needed.

For some children, overnight drainage is recommended. This means keeping the last catheter of the day taped in place and connecting it to an overnight urine drainage bag. Your stoma nurse will show you how to connect an overnight bag and how to clean the overnight bag if needed.



Troubleshooting?

You cannot insert the catheter into the continent urinary stoma	<ul style="list-style-type: none"> • Wait 15 minutes and retry catheter. • Attempt with smaller sized catheter. • Ensure catheter is lubricated. • Position child in different position, i.e if child sitting, ask to stand and if child standing, ask to sit. Attempt catheter in new position • If possible, ask your child to try and do a wee to empty their bladder. Reattempt catheterisation. • if this does not work, contact your Stoma Nurse in normal business hours. After hours present to PED.
Signs of urine infection (dark, smelly, cloudy urine, fever)	A mid-stream urine sample while catheterising may need to be collected and sent to analyse for infection. If urine infection present, antibiotics may be prescribed. Your GP can help with this.
Signs of local site infection (fever, pain or inflammation of urinary stoma at the skin)	<ul style="list-style-type: none"> • Clean the continent urinary stoma daily. • Contact your Stoma Nurse if concerned.
Urine leaking from continent urinary stoma.	<ul style="list-style-type: none"> • Catheterise the continent urinary stoma – it may be that the bladder is over full and needs emptying. • If persistent, contact your Stoma Nurse.

After going home from hospital:

If you have any concerns after going home, please telephone your treating medical team, GP or the Stomal Therapy Nurse Team at the Women's and Children's Hospital on (08) 8161 7000 and ask for pager #4099/4050 Monday-Friday 9-4am.

In an emergency situation, please call an ambulance on 000 or take your child to the nearest doctor or hospital.

