

Bladder Augmentation

What Is Bladder Augmentation?

Bladder augmentation is a surgical procedure to enlarge the bladder so that it can hold more urine. Surgeons usually use pieces of intestine or stomach tissue to enlarge the bladder.

Indications

At Gillette, this operation is performed most often on patients who have spina bifida or spinal-cord injuries, conditions that prevent good bladder and bowel control.

Bladders can have walls that are too stiff and don't stretch. When this happens, the pressure in the bladder gets too high and can cause kidney damage and urine leakage.

Sometimes the muscles and nerves that hold and release urine don't work, causing incontinence (wetness).

What to Expect

Before Surgery:

After a day or two of home bowel preparation, you'll be admitted to the hospital the day before surgery to continue cleaning your bowel. A tiny tube called a nasogastric tube (NG) will be placed through the nose and into the stomach. The tube is used to give medicine that will clean out your intestine.

Blood tests are done on the day of admission. An IV may be started to make sure that you get enough fluids. Antibiotics may be given through your IV as well. You may drink clear liquid the day before surgery.

During Surgery:

Surgery can last many hours if more than one procedure is done.

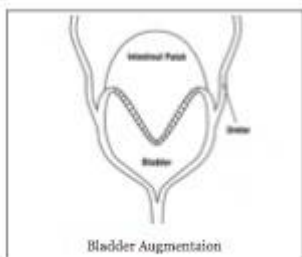


Illustration provided by Mentor

After Surgery:

Following surgery, one or more catheters may be in place to keep the bladder empty and allow it to heal:

- **Foley catheter:** a tube that's inserted through the urethra (the place where you normally urinate) into the opening of the bottom of the bladder.
- **Suprapubic catheter:** a tube inserted into the top of the bladder through the lower abdomen. You'll have an IV to give you medicine, fluids and nutrition. Your incision will be covered.

After surgery, you won't be able to eat or drink anything by mouth. Within a few days, when bowel activity resumes, the NG tube will be pulled, and your diet will advance slowly from clear liquids to full liquids to soft foods. This transition usually takes anywhere from three days to a week. You'll need to drink plenty of fluids. A nutritious diet promotes healing.

You'll be discharged when you can tolerate a regular diet, are using oral pain medicines, have no fever, and have resumed normal activity.

After Recovery:

About two weeks after discharge, you'll have a test called a cystogram. Contrast (colored) fluid will be put into the catheter to fill the bladder. If all the contrast fluid stays in the bladder and there are no leaks, then one or all catheters may be removed. The doctor will decide.

[Make An Appointment](#) [651-290-8707](tel:651-290-8707)

This information is for educational purposes only. It is not intended to replace the advice of your health care providers. If you have any questions, talk with your doctor or others on your health care team.

If you are a Gillette patient with urgent questions or concerns, please contact Telehealth Nursing at [651-229-3890](tel:651-229-3890).