

Contact Us

Urgent Questions or Concerns

Telehealth Nursing
651-229-3890

Other Questions About Your Care

St. Paul Clinic patients:
Nurse Call Line
651-578-5000

Patients at Other Locations:
Contact a member of your
Gillette health care team.

Appointments 651-290-8707

Important to Know

Follow your doctor's orders
first and use this
information as a guide
when needed.

Books, DVDs and More

Find materials about
disabilities, medical conditions
and support for caregivers.

Health Resources and Education

St. Paul campus, near
fourth-floor skyway

651-229-3938

hre@gillettechildrens.com

After Bladder Augmentation with Mitrofanoff Procedure

patient education
DIS030

Key Points

- A catheter will drain urine from the bladder for at least three weeks after surgery.
- It is important to drink plenty of fluids every day.

This information is a reference guide to help you and your family after bladder augmentation with Mitrofanoff Procedure. The orders received from your doctor should be followed first.

After Surgery

After 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.

A catheter will continuously drain urine from the bladder for at least three weeks after surgery. (Note: your urine may be red or pink with a few blood clots and mucous shreds.)

You'll have a cystogram three weeks after surgery to make sure the bladder does not leak. If there are no leaks, the drainage catheter will be removed and you'll start intermittent catheterization to drain the bladder.

Draining the Bladder

A doctor or nurse practitioner will help you with your first catheterization. It's important to empty the bladder every two to three hours so it doesn't stretch too much while it heals. After a few weeks, the bladder can be emptied less frequently.

To drain the bladder, you'll need:

- A non-latex catheter
- Soap and water or wipes
- A urine collection container
- A 60cc catheter-tip syringe
- A water-soluble lubricant (Note: never use Vaseline or petroleum jelly.)

To drain the bladder:

1. Wash your hands with soap and water.
2. Clean the stoma with soap and water or a wipe.
3. Apply lubricant to the catheter tip.
4. Place the catheter into the stoma and slide it downward until urine flows. (Note: You may feel resistance as you push the catheter into the bladder. Gently push the catheter in until you pass the resistance and urine flows.)
5. Let urine flow into the collection container or toilet until it stops. Then advance the catheter an additional one-half to one inch until no urine flows.
6. Once the bladder is completely empty, remove the catheter and wash it thoroughly.

Continued on next page.

Irrigating the Bladder

If your procedure involved the use of colon tissue, your bladder will secrete mucous. To help prevent mucous build-up, irrigate (flush out) your bladder with normal saline at least two times a day for the first two to three months following surgery. After that, irrigate the bladder at least once a day for the rest of your life.

To irrigate the bladder:

- Place 60cc of normal saline in a 60cc syringe. Insert the syringe into the catheter and gently push the plunger until all of the saline is in the bladder.
- Without removing the syringe, gently pull back on the plunger to empty the fluid into the syringe. Continue this step, emptying the syringe when full, until no fluid is present and the bladder feels empty. (Note: do not pull back on the plunger if you meet resistance.)

Normal saline recipe:

- Mix one gallon of distilled water plus eight teaspoons of table salt. Shake until the salt dissolves.
- OR
- Boil two quarts of water for ten minutes. Add four teaspoons of table salt to the water. After the mixture cools, pour it into the plastic bottle that held the saline you received from the hospital.

Incisional Care

Your abdominal dressing may be removed on day ten following surgery. Or you may leave it on until it falls off on its own (this usually takes two to three weeks).

Watch for signs and symptoms of infection:

- Increased pain
- Increased body temperature
- Swelling at the incision site
- Draining from the incision site
- Redness at the incision site
- Change in the smell of urine

If you notice any of these signs, notify your physician immediately.

Diet and Fluids

It's important to drink plenty of fluids every day. Consuming large quantities of dairy products will increase mucous production in the bladder. Eliminate caffeine from your diet to decrease the risk of constipation.

Daily Activities

You may return to school or work when you feel well enough to do so, or when your physician says it's OK. You shouldn't participate in gym, recess, swimming, climbing toys, wrestling or riding bikes for at least three weeks after surgery or until your catheters are removed.

Medical Identification

In case of emergency, it's important that you wear some form of medical identification indicating that you have an augmented bladder and need to be catheterized through the Mitrofanoff site.