

BLADDER NECK CLOSURE WITH SIGMOIDO-CYSTOPLASTY AND CONTINENT APPENDICOSTOMY

Introduction

To show the technique of continent reservoir creation by using demucosalized sigmoid segment with continent appendicostomy and bladder neck closure.

Design

The procedure was done in 24 patients after unsuccessful bladder exstrophy treatment. A 15 cm of demucosalized sigmoid segment is used. The bowel is folded in W-shape to get as big capacity as possible. The appendico-cutaneostomy is created according to Mitrofanoff and Y-V plasty is done to prevent obstruction of the stoma. After appendix implantation, the bladder is cut out of the urethra. The dissection is done in two steps and the urethra is closed.

Results

Early transurethral urine leakage was observed in 2 cases, treated with the catheter kept in reservoir for 10 days in one boy and surgical closure in second. Appendicostomy was dry and ease to catheterize in all cases. Increase in capacity was sufficient for emptying reservoir every 3 - 4 hours. Mucus secretion was low but every-day bladder washing was recommended to prevent stone formation.

Conclusion

Continent reservoir assures dryness but good patient's cooperation is necessary in regular CIC and bladder washing. Demucosalized sigmoid segment reduced mucus secretion. The bowel folded in W-shape allowed to obtain good capacity with relatively short bowel segment used for augmentation.

Disclosures

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