

LONG-TERM OUTCOMES IN ADULTS HAVING MITROFANOFF CONTINENT URINARY DIVERSION

Hypothesis / aims of study

To report long-term outcomes of patients undergoing Mitrofanoff continent urinary diversion as regards complications and revision rates.

Study design, materials and methods

All patients who underwent Mitrofanoff diversion in a single tertiary referral unit between 1990 and 2014 were identified. Continence, urinary tract infection (UTI), calculus formation and need for re-intervention were captured by retrospective record review.

Results

We identified 54 patients (29 females, 25 males) with a median age of 43 (17-79) years. Indications for Mitrofanoff diversion included neurogenic bladder dysfunction in 48% of cases with the remainder being idiopathic bladder dysfunction. The median follow-up was 112 months (4-190). Overall 74% reported full continence. There was no significant difference between pre-op and most recent creatinine (mean 98.9 μ mol/L vs 90.7 μ mol/L respectively). Recurrent UTIs were experienced by 46%. Urinary tract calculi developed in 14 patients. 48% developed stomal stenosis requiring re-intervention. The average rate of re-intervention (dilatations/revision of reservoir) was 0.36 per patient per year. 22% required eventual conversion to ileal conduit after a median time of 80 months (the commonest reasons were intractable incontinence and recurrent need for reservoir revision).

Interpretation of results

In most cases (74%) Mitrofanoff urinary diversions were successful in achieving continence for patients. However there was a high complication rate with 22% requiring conversion to ileal conduits this mainly because of intractable incontinence and the need for multiple revisions of the reservoir/channel.

Concluding message

Mitrofanoff urinary diversion is effective in offering internal urinary storage and continence but has a high rate of adverse effects. The commonest complications are UTI and stomal stenosis. Patients need to be aware of the potential for multiple re-interventions and a significant proportion require conversion to ileal conduit in the long-term.

Key words: Incontinence, voiding dysfunction, surgery

Disclosures

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