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AUGMENTATION ENTEROCYSTOPLASTY WITH A CONTINENT CATHETERIZABLE MONTIE CONDUIT

Hypothesis / aims of study
We are presenting our experience with the technique of augmentation enterocystoplasty with a continent catheterizable stoma using the Montie principal.

Study design, materials and methods
Between April 2003 and December 2005, 14 patients were treated by augmentation enterocystoplasty and CCC (continent catheterizable conduit). The indications for augmentation enterocystoplasty were contracted bladders due to non neurogenic causes {6 patients} and overactive neurogenic bladder {8 patients}. A suitable ileal segment was selected and folded in an inverted **"S"** shaped fashion. The proximal halves of the medial limbs of the inverted **"S"** are fashioned as an extramural subserous tunnel. A separate 3 cm ileal segment is fashioned as a Montie tube and applied to the subserous tunnel. This acted as the CCC. Augmentation cystoplasty was completed as usual.

Results
No significant perioperative complication was encountered. After a mean follow up of 20 months (12 – 38 months), 13 patients were available. Eleven patients were completely continent. One patient is incontinent and is living with an indwelling collection bag and one patient has occasional incontinence that necessitates SIC (self intermittent catheterization) every two hours to avoid leakage. Neither metal stenosis nor conduit stricture was encountered in any of our patients. No patient reported notable difficulty in SIC. The stoma was completely concealed in 11 patients, minimally everted in 1 and significantly everted in 1. This patient had to cover the soma with a pad to avoid friction injury.

Interpretation of results

Concluding message
A continent cutaneous stoma could be the best alternative in some urinary pathologic conditions. Using the extramural subserous tunnel as a continence mechanism and the Montie tube as a conduit appears to be an excellent choice whenever continent cutaneous diversion is indicated particularly if the appendix is absent or non utilizable. Studies on larger number of patients are needed.

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What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Ain shams urology ethical committee**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**