



## **Consensus Report: Implications of established bowel disease or prior bowel symptoms on urinary tract reconstruction – a decision making tool**

**Outline:** Aim to generate a consensus statement on the implications of established bowel disease on urinary tract reconstruction.

**Aims and objectives:** Despite numerous indications for urinary diversion and reconstruction, there are no guidelines on the absolute contraindications for urinary diversion. The general consensus is that surgery should be avoided in those with pre-existing renal failure, hepatic dysfunction and intestinal disorders however the evidence is sparse.

Moreover, if urinary tract reconstruction was to be considered in patients with both benign and malignant conditions, there are a number of questions that remain unanswered; for example, whether or not it is safe to proceed if a patient is on steroids, what bowel segment would be safer to utilise etc.

We aim to generate a consensus statement addressing these questions to help tailor management appropriately in those being considered for urinary tract reconstruction using bowel segments. The consensus methodology will be based on nominal group technique to define the issues, and Delphi method to develop consensus. Research priorities will be identified.

**Target Disciplines:** ICS is interested in receiving applications from members with expertise in urology (with extensive experience of reconstructive surgery), oncological urologists, colorectal and gastroenterol.

**Timelines:** The working group should target to produce the report within 18 months, but with an absolute maximum of 3 years from commencement.