

# Augmentation Enterocystoplasty with Continent Ileal Conduit. Surgical Technique and Outcomes

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## Hypothesis / aims of study

The purpose of this paper is to describe an augmentation enterocystoplasty with continent ileal conduit surgical technique and its outcomes.

## Study design, materials and methods

Between May 2008 and May 2011, 16 patients underwent augmentation enterocystoplasties with continent ileal conduit.

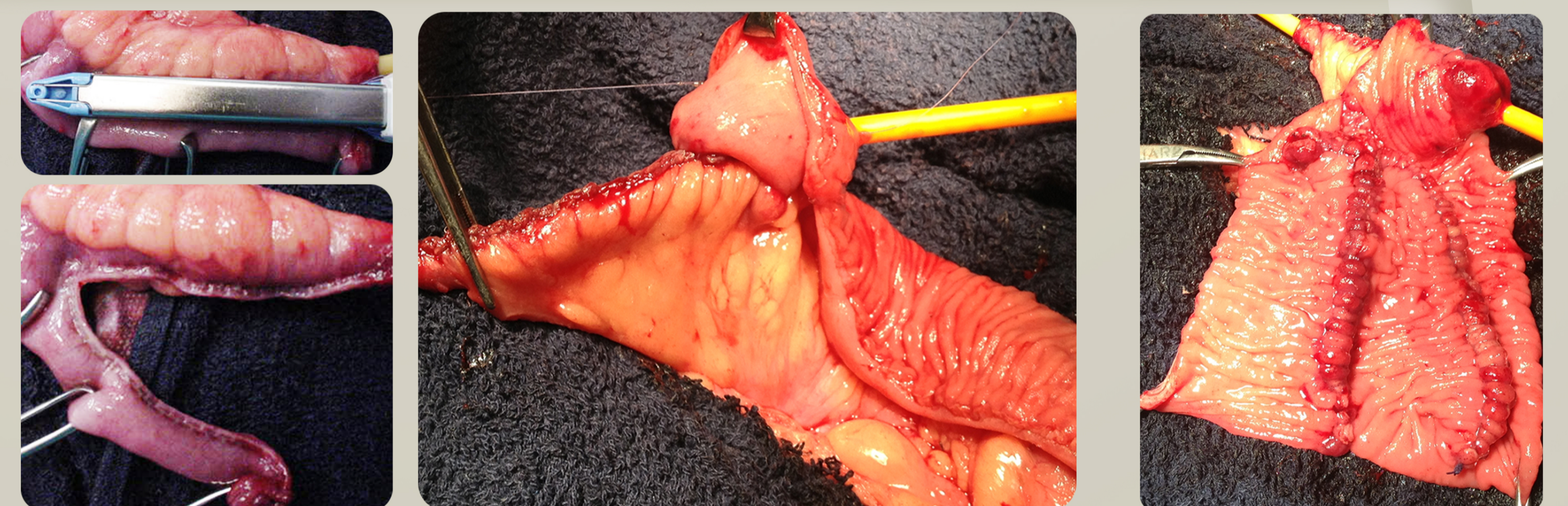
All patients mentioned urinary incontinence (UI) and urinary tract infection as the reason for consultation, 5 (31.25%) of them also had renal failure with aggregate uronephrosis and 4 (25%) used in-dwelling urinary catheter.

Causes of bladder dysfunction	n	%
Spinal Cord Injury	6	37.5
Microbladder due to myelomeningocele	4	25
Microbladder due to radiotherapy	4	25
Tuberculous microbladder	1	6.25
Idiopathic	1	6.25

## Surgical technique:



Section of 45 cm of vascularized ileum, 15 cm from the ileocecal valve, detubularizing 30 cm of the proximal portion and respecting 15 cm of distal ileum that will form the ileal conduit.



The open intestinal portion is folded in a "U" shape, joining the adjacent edges. Refinement and intussusception of the ileal conduit, forming an anti-reflux valve.



The bladder is opened in the sagittal plane, the intestinal patch and bladder edges are sutured together. Umbilical resection and umbilical duct externalization.

## Results

The mean follow-up was 30.18 months (13-48). Mean age was 37 years old (23-71). Intermittent catheterization was performed from postoperative day 21.

Complications					
Immediate	n	%	Late	n	%
Urinary fistula	1	6.25	Urinary tract infection	4	25
Ileus Paralyticus	2	12.5	Urinary incontinence	4	25
Urosepsis	2	12.5	Bladder stones	2	12.5

Bladder Capacity (average)	
Preoperative	40-230 cc (112.5 cc)
Postoperative (1 year after)	250-660 cc (426.25)

Bladder Pressures (mean)	
Preoperative	87 cm of H <sub>2</sub> O
Postoperative	17 cm of H <sub>2</sub> O

## Concluding message

The surgical technique for augmentation enterocystoplasty with continent ileal conduit is a feasible and safe approach for the management of urinary incontinence and renal failure in patients with neurogenic bladder and/or microbladder refractory to other treatments.