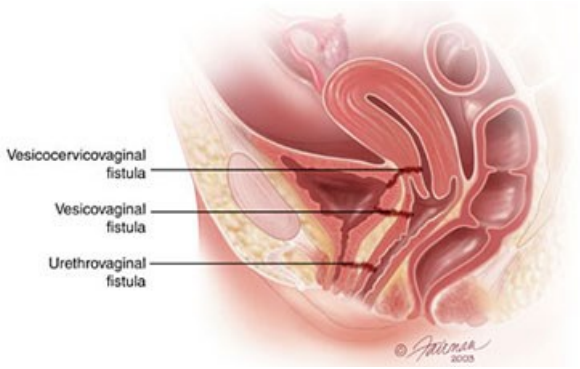

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Urologist

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PATIENT INFORMATION BROCHURE

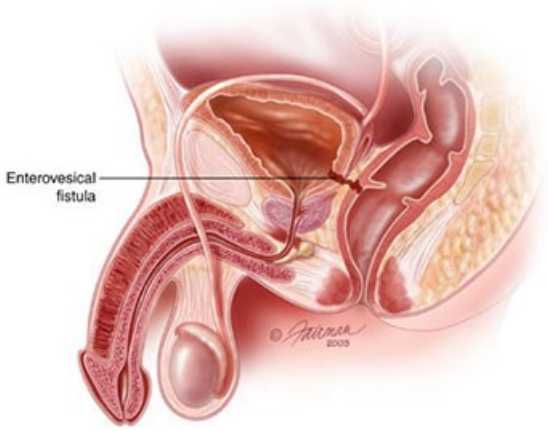
BLADDER FISTULECTOMY

VESICO-COLIC/ V-INTESTINAL/ V-VAGINAL FISTULA

See this live on:
vidscrip.com/urojo

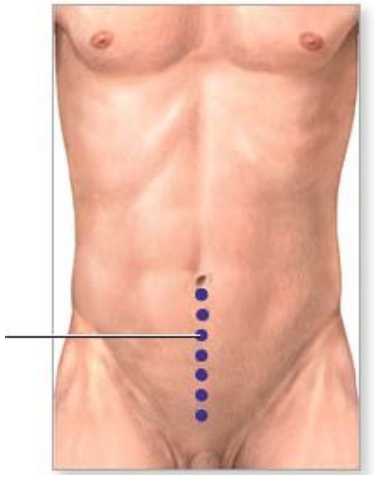
Patient well-being is my first priority!

Bladder fistulectomy



Why is it done?

- Bladder intestinal fistula is an abnormal communication between bladder and bowel.
- Many causes:
  - Previous surgery
  - Diverticular disease
  - Colonic cancers
  - Radiation
- This procedure is performed when all other treatment options are exhausted with recurrent symptoms and persistent pnematuria and fecaluria due to a colonic-vesical fistula
- Symptoms include: Pneumaturia (air in urine), Fecaluria (stool in Urine, recurrent bladder infections.
- This surgery is usually done with a Colo-rectal surgeon and may involve a partial bowel resection, possibly a temporary loop ileo/colostomy (diversion of bowel with an external bag)



How is it done?

- Patients will receive a general anaesthesia, unless contra-indicated.
- Prophylactic anti-biotics is given.
- An indwelling catheter is placed and the bladder is filled with saline.
- A lower midline incision is made.
- The retropubic space of Retzuis is entered
- The bladder is resected away from the bowel.
- The affected piece of bowel may be resected with either a temporary diversion of bowel to a bag, or a primary anastomosis depending on the colo-rectal surgeons findings
- The affected part of the bladder may be resected. Bladder is closed in 2 layers over a 3 way irrigation catheter
- Omentum will be placed between bladder and bowel where at all possible to limit recurrences
- A drain is left for a couple of days
- You may have continuous Antibiotics over the next few days.
- You have a few days stay in ICU or high care facility

What next?

- You will spend up to 5-10 nights in hospital.
- You will have a catheter for 14 days.
- A drain for 2-3 days.
- You will be discharged as soon as you are drain free, temperature free and have opened your bowels.
- Your colorectal Surgeon will advise from his perspective
- You may initially suffer from urge symptoms caused by the catheter.
- There may be some blood in your urine. You can remedy this by drinking plenty of fluids until it clears.
- A ward prescription will be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 2 weeks for a cystogram.
- Should the cystogram confirm no urine leaks, your catheter will be removed.
- A review appointment is scheduled 6 weeks later
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**

Side–effects

- Rarely blood loss requiring blood transfusion.
- Infection/ sepsis
- Prolonged hospital stay.
- Urine leak requiring prolonged catheterisation.
- Bowel leak etc
- NB! Each person is unique and for this reason symptoms vary!