

Bladder augmentation

What is a bladder augmentation?

Bladder augmentation is surgery to enlarge the bladder so it can hold larger amounts of urine at low pressure. It is done to prevent reflux (urine backing up toward the kidneys) or to keep the child dry.

The surgeon usually uses a portion of the intestine for this procedure. After surgery, the bladder will need to be emptied with a catheter (a small tube). (See the education sheet “Catheterizing a boy” or “Catheterizing a girl.”)

The piece of intestine that is used to enlarge the bladder will continue to make mucus, so your child’s urine will have mucus in it. Every day for the rest of your child’s life, the augmented bladder will need to be cleaned, or “irrigated,” with normal saline (salt water). Your nurse will teach you how to irrigate the bladder with the catheter.

What can I expect before surgery?

Children are usually admitted the day before surgery to clean out the bowel or you will be instructed to do a home bowel clean out. A salt solution will be given for about 6 hours to flush the stool from the bowel. It can be drunk or given by a tube that is inserted through the nose into the stomach. Nothing else can be eaten or drunk while the salt solution is being given. (See the education sheet “Bowel preparation in the hospital before surgery.”)

When the salt solution is finished, antibiotics are given by mouth to clear bacteria from the bowel.

Blood tests will be done on the day of admission.

An IV (intravenous line) may be started to help your child get enough fluids. IV antibiotics may also be given.

What can I expect after surgery?

The anesthesiologist and surgeon will prescribe and explain the medicine that will be used to keep your child comfortable. (See the education sheets “Pain in children and adolescents” and “Epidural analgesia” or “Patient-controlled analgesia (PCA).”)

Your child will have an IV to provide fluids, pain medicines, and antibiotics.

A pulse oximeter will be used to monitor oxygen saturation while on IV, epidural or PCA pain medicines.

One or more catheters (tubes) may be used to keep the bladder empty and allow healing. The urine will be red or pink because it has blood clots and mucus shreds. The color will gradually clear, but mucus shreds will always be present if the intestine was used in surgery. Two types of catheters used are:

- foley catheter: a tube inserted through the urethra (the place where your child normally urinates) into the opening at the bottom of the bladder
- suprapubic catheter: a tube inserted into the top of the bladder through a small opening in the lower abdomen made during surgery

A nasogastric (NG) tube will be put into the stomach through the nose during surgery to keep the stomach empty until the bowel starts working again. After surgery your child will not be able to eat or drink anything by mouth.

When the bowel begins working (within a few days), the NG tube will be taken out. Your child will progress slowly from drinking clear liquids to full liquids and then eating soft foods. This varies from 3 days to over a week in some cases.

Quiet activity such as sitting in a chair or walking is encouraged the first few days after surgery.

How can I care for my child?

(See the education sheet, “Wound Care”.)

At discharge you will receive more information on cares and activities at home. It is important for your child to drink plenty of fluids to prevent the catheter from plugging with mucus.

A nutritious diet will promote healing.

Your child will go home with one, or maybe two, catheters in place. One may be clamped; the other will drain into a bag. You will need to learn how to care for and irrigate the catheter (flush it to keep it flowing). You will be given education sheets and instructed before your child goes home. (See the education sheets “Urinary catheter: Care at home” and “Urinary catheter irrigation.”)

About 3 to 6 weeks after going home, your child will have a cystogram (X-ray of the bladder) to see if the bladder leaks when filled. If there are no leaks, one catheter will be removed, and you will be taught how to empty the bladder with a catheter. If this goes well, the other catheter will be

removed. (See the education sheet “Catheterizing a boy” or “Catheterizing a girl.”)

When should I call the surgeon?

- urine output drops and does not increase after irrigation is done
- catheter is hard to irrigate
- urine smells different than normal
- incision looks red or swollen, or is draining
- pain increases
- temperature higher than 101.5° F (38.6° C) by mouth

Questions?

This sheet is not specific to your child but provides general information. If you have any questions, please call the clinic.

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our Web site: www.childrensmn.org.

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