

Mitrofanoff

Discharge instructions

What is a mitrofanoff?

A mitrofanoff, also called a appendicovesicostomy, is a tube created inside the body to drain the bladder. During the surgery, the appendix is detached from the large intestine and relocated to the bladder and skin (usually at the umbilicus). This allows the bladder to be catheterized through the stoma.

If the appendix is not present or is unhealthy, an appendix-like tube can be created from a piece of intestine (a Monti tube or continent enterovesicostomy). This usually takes extra time in surgery and often requires a longer hospital stay.

The surgery allows most children to catheterize themselves. A child who uses a wheelchair will be able to empty the bladder without moving from the chair.

What can I expect before surgery?

Your doctor may want your child to follow a special diet before coming to the hospital.

In some cases your child may be admitted to the hospital the day before surgery to start a bowel clean-out, called a “bowel prep”, or they might be doing it at home. See the education sheet “Bowel prep in the hospital before surgery.” During the bowel prep your child cannot have anything to eat or drink. After the bowel prep, your child can only have clear liquids.

What should I expect after surgery?

The surgery will take 1 to 3 hours and is often done with other surgical procedures your child may need. After surgery, your child will go to the recovery room for a short time, and then back to his or her patient room.

Your child will have an intravenous line (IV) as well as two catheters, one in the mitrofanoff and one in the bladder. There may also be a nasogastric (NG) tube leading from the nose into the stomach to keep the stomach empty. The NG tube will stay in place for a few days, until the bowel has healed enough to start working again.

Your child’s vital signs (blood pressure, temperature, heart rate, and breathing rate) will be monitored and pain medicine will be given.

After the NG tube is taken out, your child will progress from drinking clear liquids to eating solid food as tolerated.

In certain circumstances, the procedure may be performed laparoscopically and only an overnight stay in the hospital may be necessary. Most often, your child will remain in the hospital for a few days until complete recovery of bowel function.

How should I care for my child?

When going home, your child will probably have one or two catheters. One runs from the stoma into the bladder. The other catheter is in the bladder either through the urethra or through the skin of the lower abdomen (belly). The catheters keep the bladder empty so everything can heal.

Secure the catheters well so they are not accidentally pulled out. Gently clean around the catheters every day with water and pat dry. Soap is not needed. If there is a bandage, change it daily.

If both catheters are draining into a collection bag, make sure they are draining well. You may need to irrigate them with normal saline (salt water solution) to keep the urine flowing. Your nurse will teach you how to irrigate your child's catheters. See the education sheets, "Urinary catheter (indwelling): Care at home" and "Urinary catheter irrigation."

What can my child eat?

At home, your child can eat as usual.

How active can my child be?

Your child may bathe or shower.

Because your child will have catheters, **limit activity**. Avoid any stress to your child's abdominal (belly) and pelvic areas. While the catheters are in, do not let your child play actively: no bike riding, swimming, digging in the sand, or recess play. No sports or gym class.

What else do I need to know?

The catheters will be taken out at a clinic appointment a few weeks after surgery.

The doctor or a nurse will teach you and your child how to pass the catheter into the stoma to empty the bladder. You will also be told how often your child will need to catheterize, usually 4 to 6 times a day.

You will be given a prescription for catheters to fit your child's stoma.

See your Patient Discharge Summary sheet for specific instructions about pain control and when to see the surgeon again.

When should I call the surgeon?

Call if:

- the catheters fall out
- temperature of 102° F or higher
- more than just a little bleeding at the stoma
- no urine draining from the catheters after irrigating

Questions?

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

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit www.childrensmn.org/A-Z.

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