



### Side-effects

- Rarely blood loss requiring blood transfusion.
- Infection, Peritonitis.
- Faecal leak from small bowel anastomosis
- Prolonged hospital stay.
- Urine leak requiring prolonged catheterisation,.
- NB! Each person is unique and for this reason symptoms vary!

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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

***BLADDER  
AUGMENTATION  
(ILEO-CYSTOPLASTY)***

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Patient well-being is my first priority!

## Bladder Augmentation

### Why is it done?

- This procedure is seldomly used today, with the more frequent use of Sacro-neuro-modulation and Intravesical BOTOX
- This procedure is done to enlarge a bladder, especially in the spinal patient with a small contracted overactive bladder.
- It can also be done as last resort in small overactive bladder after all other medical options have failed.

### Pre-requirements

- An informed consent is required from the patient .
- Female patients should confirm that they are not pregnant.
- Patients may not eat or drink from midnight the previous evening
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this to theatre staff and to Dr Schoeman.**
- Patients with cardiac illnesses require a Cardiologist/ Physician's report.
- A chest X-ray is required for patients with lung disease.
- Where required, Pre-Op blood tests are required 4 days before the procedure
- This is a day surgery procedure, unless more involved pathology is suspected or found during the procedure.



### How is it done?

- A General anaesthetic will be given
- You would have had bowel preparation for 3 days prior to surgery.
- A sterile surgical field is prepared
- Prophylactic antibiotics are given.
- An indwelling catheter is inserted and the bladder is then distended with fluid (saline).
- A lower abdominal incision is made, splitting the linea alba.
- A 15-20cm segment of the terminal ileum is isolated and removed from the rest of the intestinal tract on its vascular pedicle.
- A watertight anastomosis of the bowel ends are done, and tested.
- The bladder is then bi-valved.
- The 15cm of ileum is opened on the anti-mesenteric edge and the bowel is cleaned.
- The ileum-segment is then sewn on to the bi-valved bladder.
- A 3-way catheter is placed
- A drain is left.
- The abdomen and skin is closed
- A catheter will be left for 2 weeks

### What next?

- You will spend up to 5-7 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.
- 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 to 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!**

