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# Urologist



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**PATIENT  
INFORMATION  
BROCHURE**

***BLADDER  
DIVERTICULECTOMY***

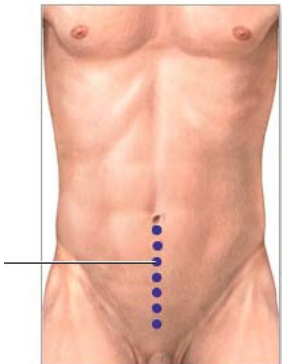
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Patient well-being is my first priority!

# Bladder Diverticulectomy

## Why is it done?

- This procedure is performed when all other treatment options are exhausted with recurrent symptoms
- Symptoms include: a weak stream, nightly urination, frequent urination, inability to urinate, sudden cut-off of stream, (LUTS), recurrent bladder infections, recurrent bladder calculi (stones).
- Medication such as Flomaxtra, Xatral Minipress etc. should always be given as a first resort.
- Step-up therapy should have been used for prostates larger than 35-50cc with either Duodart, Avodart or Proscar and can be used as a **first line in these huge prostates**
- A TURP may have been performed to dis-obstruct a huge prostate.
- Neurogenic causes of bladder dysfunction should be excluded by means of a Urodynamic study.
- Patient **informed decision** is vital
- It provides a quicker solution with more marked side-effects and risks



Controversial procedure for the excision of a bladder diverticulum .

## 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 opened anteriorly in the midline.
- A Foleys catheter is placed in the diverticulum.
- The bladder incision is extended to the diverticulum. Diverticulum is excised.
- Special care is required for divericulae close to the ureters. Placement of ureteric catheters are done to prevent ureteric injury.
- Bladder is closed in 2 layers over a 3 way irrigation catheter
- A drain is left for a couple of days
- You may have continuous Antibiotics over the next few days.

## 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!**
- ### Side-effects

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