



ILEAL CONDUIT

Why do I need this done?

If your doctor has arranged for you to have this procedure, this leaflet gives you the basic facts on what is going to happen to you and your body, in an easy to understand way. An ileal conduit (also known as a 'urostomy') formation is the creation of a channel for urine to drain from the body via an opening on the abdominal wall called a stoma. The channel is created from a short section of bowel (the ileum). This allows urine to flow directly into a stoma bag which sits on the skin on your abdomen. This procedure is usually performed in the same operation as a radical cystectomy (removal of bladder).

What will happen during surgery?

A short section of small bowel (the 'conduit' channel) is disconnected from the rest of your bowel, along with its normal blood supply. One end of this conduit is sewn up to make a blind-ending tube. The ureters which were disconnected from the bladder, are re-connected to the conduit. The open end of the conduit is brought up to the skin of your abdomen to create a stoma. Small plastic tubing (stents) are placed at the end of the operation to protect the new joins between the ureters and the conduit. These will be removed a few weeks after your surgery by a doctor or a nurse.

What to expect after surgery

It might take some time to learn how to take care of your stoma after surgery, as it is a completely new experience for most patients. A stoma nurse will choose the best position for a stoma before your operation. After the operation, a stoma nurse will teach you how to manage for your stoma. They will continue to monitor your progress with the stoma until you are comfortable managing it on your own.

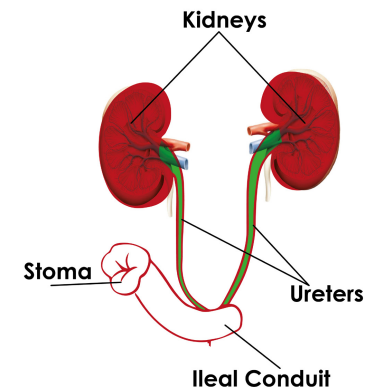
What are the risks?

Because ileal conduit is often performed in the same operation as a radical cystectomy, the risks are shared.

After undergoing a radical cystectomy with ileal conduit, specific care is required for your new urination procedure. After surgery, your stoma nurse will provide education about how to care for your stoma. You will quickly learn, how to change stoma bags at home on your own or with help you have at home. You will learn to be aware of what to look out for and what to do if there are issues with your stoma. You will be followed up in clinic a few weeks after leaving hospital, by both your doctors and the stoma nurses, to ensure you are well after returning home and everything is functioning normally. Although ileal conduits can be initially challenging to manage, most people are able to independently manage stomas at home. A stoma nurse or your doctor should be the first point of call if you have any issues with your stoma.

You might also experience:

COMMON	OCCASIONAL	RARE
Inability to ejaculate in all men Trouble with erections in men Sexual dysfunction in women Blood transfusion Bowels slow to start working	Anaesthetic risks Infections (wound, urine, abdomen) Poor nutrition requiring supplements Gradual decrease in kidney function Conversion from keyhole to larger open cut	Injury to other organs (such as rectum) Needing further operation for bleeding, bowel injury, or urine leakage Later: hernia from the incision site Later: scarring of the bowel or ureters requiring more surgery



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