

ILEAL CONDUIT

Why do I need this done?

If your doctor has arranged for you to have this procedure, this brochure 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. This 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 the 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 nurses 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 between the two (please see information booklet for cystectomy for more details).

COMMON

Inability to ejaculate in all men
Trouble with erections in men
Sexual dysfunction in women
Blood transfusion
Bowels slow to start working

OCCASIONAL

Anaesthetic risks
Infections (wound, urine, abdomen)
Poor nutrition requiring supplements
Gradual decrease in kidney function
Conversion from keyhole to larger open cut

RARE

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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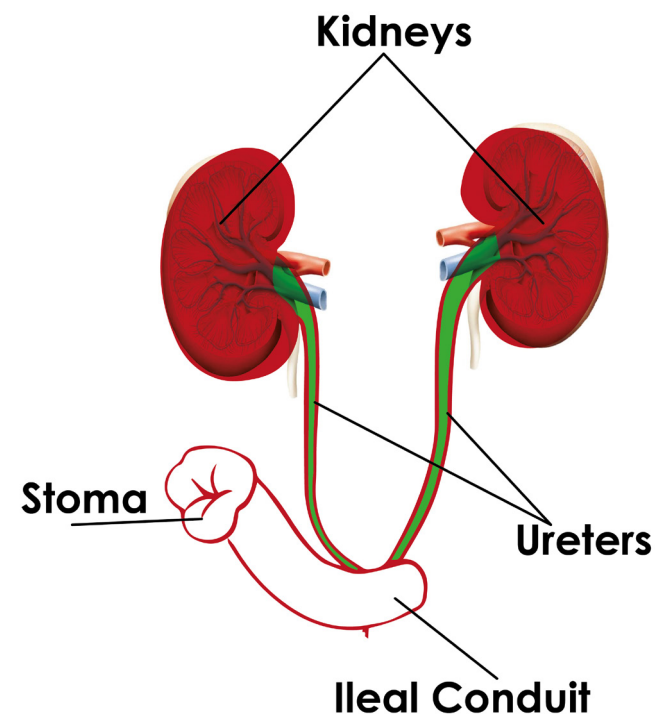
In addition to the explained tips after undergoing a cystectomy, specific care is required for an ileal conduit. The main points to show that you are ready to go home with an ileal conduit are:

After surgery, your stoma nurse has provided education about how to care for your stoma. You have learnt, and will be able to change stoma bags at home on your own or with help you have at home.

You are 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.

Next steps

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.



Disclaimer: The information in this publication is of a general, non-specific nature. It is not intended, and should not be used as a substitute for the advice of qualified medical professionals.



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