



## **Catheterization Procedure Through Mitrofanoff in Patients with Bladder Augmentation**

1. Wash hands
2. Assemble supplies —baby wipe or wash cloth, catheter, water soluble lubricant, 60 ml catheter tip syringe, normal saline, drainage container if not using toilet to drain into.
3. Clean inside belly button (mitrofanoff stoma) with a baby wipe or washcloth.
4. Apply lubricant to catheter if not using a pre-lubricated catheter.
5. Put drainage end of catheter into drainage container or over toilet.
6. Pass catheter through mitrofanoff and into bladder.
7. Drain urine from bladder.
8. If patient has a bladder augmentation and it is time to irrigate. Using a 60ml catheter tip syringe, fill bladder with normal saline. Using the piston technique, draw back the normal saline with syringe and discard. **REPEAT** this process with fresh normal saline until returns are essentially clear.
9. Pull catheter out of mitrofanoff with a twisting motion, stopping if urine starts to drain.

### **Normal Saline Recipe**

1 gallon of distilled water  
8 teaspoons of table salt  
Shake until salt dissolved

### **Normal saline is good for:**

7 days if left out in room temperature  
30 days if stored in the refrigerator (bring to room temperature before using)

All patients with augmented bladders should irrigate their bladder with normal saline at least once a day for the rest of their lives to help prevent urinary tract infections and bladder stones. **The volume of normal saline should be equal to the average amount of urine that is drained during catheterization.** As the bladder increases in size after surgery, the volume of normal saline used for irrigation should also increase. Example: One month after augmentation an average catheterization =150 ml, so you should irrigate with 2 full syringes of normal saline. Four months after augmentation an average catheterization = 300ml, so you should irrigate with 2-3 full syringes of normal saline. Put all saline in at once.



### Tips and Tricks:

1. If minimal urine out with catheterization or bladder still feels full after catheterization, connect empty 60ml syringe to end of catheter and aspirate (pull back on plunger) bladder contents until empty.
2. If bladder is augmented, **ALWAYS** catheterize prior to gym class, recess, or participation in sporting events.
3. If difficult to pass a catheter through the mitrofanoff stoma, place “L” stent in stoma between catheterizations or at a minimum overnight. If area of cathing difficulty is further in the mitrofanoff, a Foley catheter may need to be placed for 5-7 days. Call our office for instructions.
4. If your child develops symptoms of a bladder infection; cloudy or foul-smelling urine, urinary leakage in between catheterizations, increase the number of times you are irrigating your child’s bladder. If fever is associated with these symptoms, call your child’s primary care physician, a urine analysis and culture may be needed.
5. If bladder has been augmented and you are unable to catheterize through the mitrofanoff, catheterize through the urethra and call our office. If unable to catheterize through the urethra, undergarments are dry, lower abdomen is distended, or any complaints of pain, it is a medical emergency, and you need to go to the nearest emergency room.

### Questions?

This information is not specific to your child but provides general information. If you have any questions, please call our clinic at 612-813-8000.