



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 the 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 the patient has a bladder augmentation it is time to irrigate. Use a 60ml catheter tip syringe, fill bladder with the instructed amount of normal saline, then aspirate (pull out) contents. Repeat process until contents are clear.
If instructed to use the piston technique while irrigating, fill bladder with instructed amount of normal saline and then aspirate (pull out) 5-10ml of saline/urine contents, push back in and pull back out a few times quickly before drawing back the entire amount of bladder contents. Pushing and pulling 5-10mls of normal saline quickly will stir up the mucous in the bladder, making it easier to aspirate (pull out).
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 the area of catheterization 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 the 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.