



Pediatric Surgical Associates, Ltd.

Patient & Family Education

Vesicostomy

What is a vesicostomy?

A vesicostomy is a stoma (opening) created between the bladder and the abdomen. This allows urine to drain freely, with low pressure, to help protect and prevent harm to the kidneys. It is a surgical procedure that typically involves an overnight stay in the hospital.

Why is a vesicostomy needed?

Usually, infants or children need a vesicostomy for the following reasons:

- recurrent (many) urinary tract infections
- significant vesicoureteral reflux
- children with high pressure bladders

Although most children who need a vesicostomy are young (under 5 years old), sometimes older children or teenagers need this surgery to help lower bladder pressure and protect the kidneys.

What happens during surgery?

Your child will receive general anesthetic to help them sleep and not feel pain during the surgery. A local block (numbing medicine around the surgical area) will be given. An opening is made from the bladder to the abdomen just below the belly button. The opening allows urine to drain out of the bladder. A catheter (small tube) may be placed to help the stoma heal.

Will my child be in pain?

Most children do well with the surgery. If your child is in pain, a pain medicine can help. Alternate Acetaminophen (Tylenol® or another brand) and Ibuprofen (such as Advil® or Motrin®). Do not give aspirin because it may cause bleeding.

What can I expect after the surgery?

Before your child is discharged you will be given written information about their care at home and any questions you have will be answered.



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- **Diet:** Resume regular diet as tolerated.
- **Activity:** Your child may return to school or daycare when pain is well controlled.
- **Wound Care:** Your child may have a catheter in place for a few days after surgery to help keep the stoma open during healing. The opening appears as a small slit surrounded by pink tissue. The urine will drain into a diaper, pull-up, incontinence pad or other absorbent products.
 - The skin around the vesicostomy may become red, irritated, and sore. If this happens, use a skin barrier ointment (Vaseline®, Aquaphor® or other skin product) to protect the skin.
 - Some providers will recommend daily use of a specific ointment or cream, you should always follow your provider's recommendations. It can be normal for a small amount of bleeding around the newly created stoma, especially in the initial post-op period. Urine should drain constantly from the stoma.
 - If you do not see urine draining from the stoma, give your child a warm bath, or place a warm (not hot) damp washcloth over the stoma to see if the stoma drains better. If urine is still not draining from the stoma, call your provider's office.
- **Bathing:** It is ok to take a bath 24 hours after procedure. Bathe (5-10 minutes) in plain water for the next week. A daily warm bath will help the healing and provide comfort.
- **Medicines:** If your child is in pain, a pain medicine can help. You may alternate Acetaminophen (Tylenol® or another brand) and Ibuprofen (such as Advil® or Motrin®). Do not give aspirin because it may cause bleeding.

Possible complications:

It is unusual to have complications with the vesicostomy. Two complications that may occur include:

- Narrowing of the vesicostomy stoma that does not allow urine to drain from the bladder. This will be evaluated by bladder ultrasound, and if urine is not draining well from the bladder, stoma dilation or stoma revision may be recommended.
- Prolapse of bladder tissue through the stoma. The bladder can sometimes "poke out" (prolapse) through the vesicostomy stoma. This can occur when your child is crying or straining to have a bowel movement. The prolapsed bladder tissue will usually resolve when your child is no longer crying or straining.

What to call the surgeon for:

- Fever associated with redness, swelling or drainage at the surgical area
- Tissue protrudes (sticks out) from the vesicostomy stoma
- Pain that does not improve with prescribed medications
- Blood in urine that does not clear

Call your primary care provider for any other concerns.



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What else do I need to know?

Your surgeon may recommend you dilate (widen) the stoma with a catheter 1-2 times a day. Do this at the same time each day, so it becomes a routine. If your surgeon recommends dilations, the urology nurses will instruct you on the procedure.

Dilating a Vesicostomy

- 1) Wash your hands with soap and water
- 2) Assemble supplies needed:
 - baby wipe or wash cloth
 - catheter
 - water-soluble lubricant
- 3) Clean the area around the vesicostomy with a baby wipe or washcloth, moving from the opening outward.
- 4) Apply a water-soluble lubricant to the tip of the catheter.
- 5) Insert the catheter $\frac{1}{2}$ to 1 inch into the opening of the vesicostomy.
- 6) Allow urine to drain.
- 7) Remove the catheter when urine stops draining and wipe area clean if needed.

Follow-up care: Follow-up with your child's surgeon as directed following the surgery. Call your surgeon's office to schedule an appointment.

Questions?

This information is not specific to your child but provides general information. If you have any questions, please call your clinic.