

Bladder Augmentation



You may have had bladder augmentation mentioned to you by your urologist as an option for managing your continence. You may be offered this operation because you need to pass urine very often, or feel an urgent need to pass urine. You may have recurrent infections, and your urologist may be concerned about your kidney function. The operation is offered after other, less invasive treatments haven't worked.

The nerves which supply the bladder and bowel come from the sacrum. As this is usually below the level of the Spina Bifida lesion, most people with Spina Bifida will have bladder and bowel problems (Neuropathic bladder/bowel).

For some people, especially those with lumbar-sacral lesions, the abnormality in the nerves to the bladder may cause it to contract and twitch before it has been filled with much urine, and the urine will be stored at pressures too high to be safe. It will result in frequency of passing urine, and feelings of needing to pass urine urgently.

Furthermore the contractions of the bladder may also not coordinate with the sphincter (the muscles around the bladder neck which keep the urine in the bladder, and open to let it pass out of the bladder). If the bladder muscle contracts against a closed sphincter, the urine in the bladder may be forced back up the ureters (tubes which drain the urine from the kidneys to the bladder) towards the kidneys, causing pressure damage to the kidneys. The bladder may also not empty fully if the emptying is uncoordinated; this will lead to recurrent urine infections, or bladder stone formation, putting the kidneys at greater risk.

An operation, bladder augmentation, has been used for a number of years now to improve the situation for people with this type of bladder problem (hyperreflexic bladder). By adding a piece of clean small intestine, the bladder capacity can be increased and the tightness of the bladder muscle can be reduced.

A bladder augmentation operation is major surgery with a hospital stay of around 10 days. The recovery period is long too; expect not to feel fully well for around three months. During the operation, your surgeon will make a cut along the top of your bladder, to form an opening like a clam shell (it is referred to as a clam cystoplasty). Into this space, a length of your small bowel, which has been cleaned, will be sewn to form a large patch, so the bladder will be larger and able to hold more urine. The contractions of this altered bladder will also be reduced, so the high pressures within the bladder, which can harm the kidneys, will be prevented.

After this surgery you will need to self-catheterise, even if you didn't need to before, as the bladder will now not be able to contract strongly enough to empty. You may find a Mitrofanoff (a tube opening the bladder on to the abdomen which you catheterise)

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better; if you have had problems catheterising in the past, because it is too uncomfortable, or you can't reach easily, talk to your surgeon before your augmentation. Your surgeon may tighten up the bladder neck to prevent leaking if you have a Mitrofanoff as well. This will mean you need to remember to catheterise yourself regularly; if you are worried about forgetting to do this, talk to your surgeon before the surgery. Talk to your SBHI Family Support Worker who can put you in touch with our continence advisor as there are aids such as vibrating wristwatches which can help.

Other complications?

You may find that your augmented bladder produces some mucus; this can be improved by bladder washouts – your urology team will guide you through this.

There is a known but small risk of developing cancer in the bladder after this operation. It will be important for you to have check cystoscopies (telescopic examination of your bladder) at some stage to make sure everything is alright.

Remember, bladder augmentation is major surgery – expect a hospital stay of 7-10 days. The recovery period is long too; expect not to feel fully well for around three months. As with all major operations, make sure you understand what's involved and whether this is the right surgery for you – your surgeon, SBHI Family Support Worker who can put you in touch with our continence advisor, are all there to help.