

Mitrofanoff

The Mitrofanoff stoma is a surgically formed catheterisable tunnel between your child's tummy wall and the bladder. A catheter is passed down through the Mitrofanoff stoma into the bladder to empty out the wee. The Mitrofanoff stoma was first described by Paul Mitrofanoff in 1980 using the appendix as a tunnel.

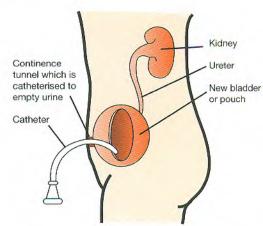
Formation

During the operation the child's appendix is separated from the bowel. One end is tunnelled into the bladder and the other end is brought out as a small hole, either into the belly button (umbilicus) or onto the tummy wall. If your child needs a Mitrofanoff stoma but does not have an appendix, (the appendix may have been removed or used for another operation) a channel can be made from a small piece of bowel. As the bladder fills, the tube is squeezed shut so urine does not leak out of the end of the channel on to the tummy wall. The bladder is emptied regularly by passing a catheter into the Mitrofanoff stoma. You will be advised how often this will need to be done.

Why have one?

Your child may be advised to have a Mitranoff stoma because:

- they have difficulty in passing a catheter into the uretha
- it is too painful to pass the catheter
- they want to be more independent and dry



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Assessment

The nurse specialist and surgeon will have carefully assessed the child. It is essential that your child and your family fully understand the implications of the surgery, the commitment needed and possible problems. Planning must be undertaken prior to admission to hospital, and if possible a meeting can be arranged with a child of similar age who has a Mitrofanoff stoma. Your child will need to be cooperative and motivated to carry out the catheterisation long term.

There are many tests that may be undertaken:

- X-rays
- Ultrasound
- Cystoscopy
- Urodynamics

In hospital

On admission to hospital, your child will be prepared for abdominal surgery. This may include bowel preparation and blood tests. Some children may require bladder augmentation (enlarging the bladder) and/or an ACE (Antegrade Colonic Enema) at the same time. The actual stay in hospital

will be 1-2 weeks. Post operatively, the Mitrofanoff stoma will have a catheter/stent in situ for 3-6 weeks. The child may also have other catheters. The management of these catheters will depend on the surgeon and type of surgery performed.

Using the Mitrofanoff

Regular catheterisation of the Mitrofanoff stoma is vital to the success of this surgery. Initially your child may feel daunted and frightened about catheterising through the Mitrofanoff stoma. However, with support and reassurance they will adapt and learn. Removal of the catheter/stent in the Mitrofanoff stoma is usually done at the hospital and you and your child will be taught how to catheterise the Mitrofanoff stoma.

A clean technique is essential when catheterising to reduce the risk of infection.

Different types of catheters can be used and you will be advised as to which is best for your child.

Problems following surgery may be:

Leaking from the Mitrofanoff stoma

This may require more frequent catheterisation and review of technique. If this persists seek medical advice, as it may need to be refashioned.

Difficulty passing the catheter Seek medical advice.

Wound infection

Seek medical advice, as antibiotics / prescribed topical cream may be needed.

Urinary tract infection

Collect a sample of urine and seek medical advice.

Mucous in bladder if it has been enlarged

Seek medical advice as if the catheter is blocked and you cannot clear it using bladder washouts (shown by your specialist nurse in hospital).

Bleeding from the bladder

This may be caused by trauma, and if it does not stop spontaneously, seek medical advice.

Close follow-up from your surgeon and nurse specialist is essential and may include on going care, regular ultrasound, blood tests, urodynamics and emotional support.

We strongly recommend that the child wears a Medic Alert bracelet in case of emergency.



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The equipment is available on prescription.

Make

Item

Size

Order Number



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