

FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form.

Vesicostomy

What is a Vesicostomy?

- It is an opening created between the bladder and the abdominal wall
- This opening on the outside of your child's body is located in the abdomen (belly) just below the umbilicus (belly button)
- The opening looks like a small slit surrounded by reddish/ pink tissue
- Urine drains continuously from this opening, so urine doesn't get trapped inside the bladder. Trapped urine can reflux ('back up') into the kidneys & cause damage. Trapped urine can also cause infections.
- The procedure is performed in the operating room under a general anaesthetic.

Who needs a Vesicostomy?

- Infants and toddlers whose bladders do not empty properly and who cannot be managed with regular clean intermittent catheterisation.
- This may occur in children who have been diagnosed with posterior urethral valves, vesicoureteric reflux or spina bifida and other genito-rectal abnormalities.
- The main purpose of the procedure is to prevent urinary tract infections and prevent urine from going back into the kidneys and causing damage.

Following surgery, your child:

- May require an overnight hospital stay.
- May have an intravenous (IV) line/ drip for fluid replacement and pain management. This will be removed as soon as your child is drinking well and oral medication is tolerated.
- May have blood-stained urine draining from the vesicostomy in the first few days following the operation. This is normal and usually settles as soon as your child is drinking normally.
- May have a small amount of bleeding at the place where the cut was made.
- May have a catheter (a small tube) in the new opening (vesicostomy) May have urine draining from the vesicostomy directly into your child's nappy or continence brief. If the vesicostomy is still needed when your child is older (from about 2 years of age), a urine collection system/ bag may be used to contain the urine and keep the child's clothing dry.
- You will need to pay special attention to the child's skin.
- Nappies/continence briefs should be checked regularly and changed when wet to prevent skin irritation
- If this happens, change the nappy more frequently and keep the skin protected with barrier creams. Your doctor may advise a medication or ointment.
- Once you are home your child can have a bath or shower as usual
- After ten days, they can also go swimming in a pool or the ocean (as long as they are supervised).

How do I care for my child's Vesicostomy at home?

Accessing/Dilating the stoma-

The new opening on your child's belly is called the vesicostomy or 'stoma'.

It sometimes needs to be dilated (stretched) each day. This makes sure that it stays open enough for urine to drain out.

Dilations are done with a catheter.

- If your child needs this then you will be taught how to do the dilations and informed how often they need to be done.
- Your doctor will instruct you on any specific vesicostomy management.

Call your doctor if:

- Urine does not drain from the vesicostomy for more than 2 hours
- Urine coming from the vesicostomy changes in smell or looks unusual
- There is blood in the urine
- Your child develops a high temperature greater than 38.5⁰ C
- The skin around the vesicostomy looks red or irritated
- The stoma tissue bulges out more than usual and looks different
- You are unable to pass the catheter
- Your child experiences pain.