What is a Mitrofanoff?
- A continent vesiculostomy formed by connecting the appendix or small intestine to the bladder to form a catheterizable stoma on the abdomen.
- Often bladder augmentation or Monti procedure is also done at the same time to increase capacity. Bladder augmentation is done by attaching a portion of the terminal ileum to the native bladder.

Indications
- This procedure is recommended for patients with:
  - Blockage of normal urinary flow (i.e. cancer, prune belly, or other birth defects)
  - Neurogenic bladder (i.e. spinal cord injuries, patients with spina bifida, myelodysplasia)
  - Any condition that requires frequent catheterization

Complications
- Most common side effects are stoma incontinence/leakage and stoma stenosis
- If bladder neck is closed off, patients are at risk for high bladder pressures if they do not catheterize regularly
- External pressure can lead to incontinence including: obesity, worsening scoliosis, constipation
- Internal bladder changes can lead to incontinence: changes in detrusor activity, etc

Daily Care
- Most patients need to catheterize every 3 to 4 hours. It can be difficult to insert a catheter into the stoma after the bladder is full; therefore it is important to have a strict catheterization schedule.
- The patient will need catheter supplies: catheters, lubricant, clean wash cloths. Reusable catheters should be sterilized once a day. Most patients use a new packaged sterile catheter each time.
- If patients have a bladder augmentation, they need to flush their bladder with 60-120 cc of normal saline or sterile water at least 1-2 times daily. Normal saline and syringes will be needed as additional supplies.
- Patients with bladder augmentation and/or mitrofanoffs should have at least annual follow up with a urologist.

Special precautions
- Patients can bathe and swim.
- Patients should seek medical care if they have trouble emptying their bladder after flushing, difficulty with catheter placement into the stoma, leaking of fluid around the catheter site, bleeding or any signs of infection (i.e. cloudy urine, smelly urine, fever, etc.)
- In limited studies, patients with augmentation have had an increased incidence of early onset bladder cancer (median age 35). Can consider cystoscopy screening 10 yrs post-augmentation. Should have cystoscopy for persistent hematuria despite UTI treatment.