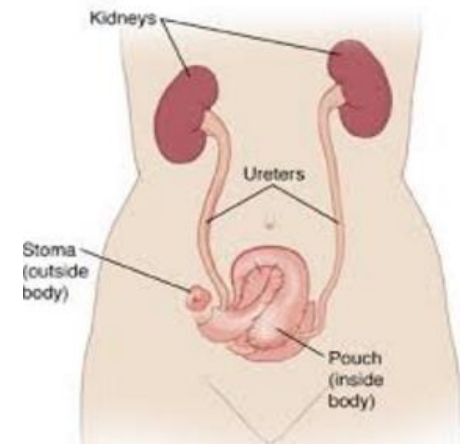
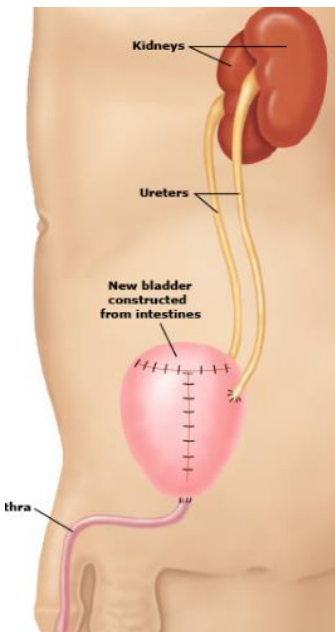
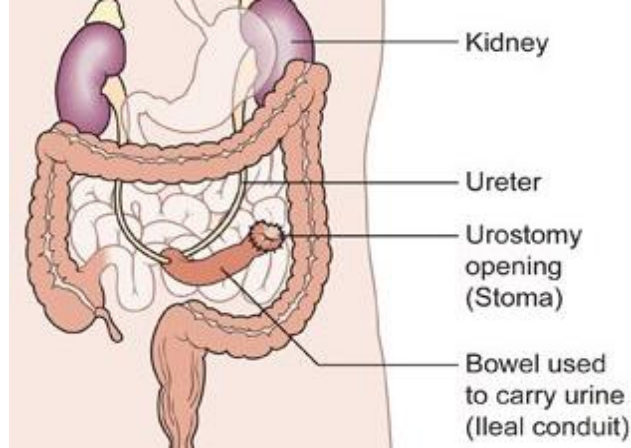
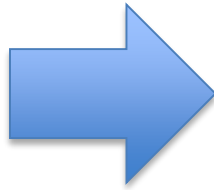


# Pros and cons of Neo bladder vs Ileal conduit

Stephen Mark  
Christchurch Urology



# Ileal Conduit



Siting conduit  
Everted stoma

**Indications:**  
Cystectomy  
Cancer  
Pain  
Contracture  
Bleeding  
Incontinence  
Congenital

## Majority

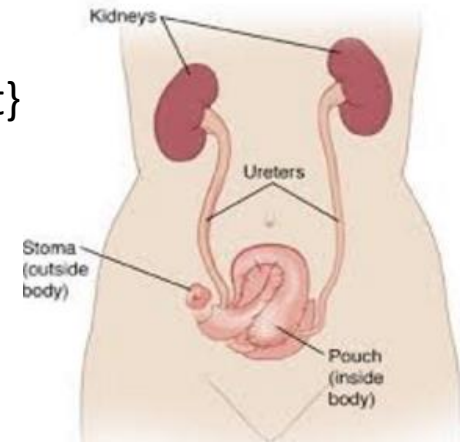
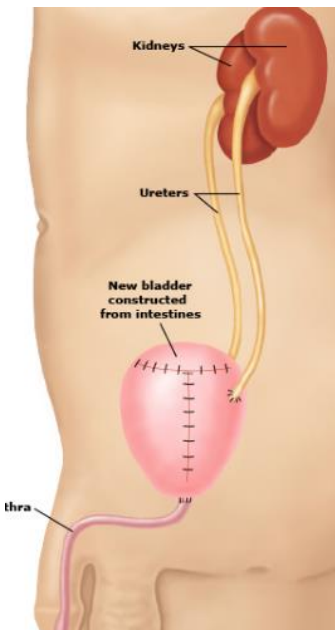
### **Complications:**

Early : General : Bowel, Urinary tract

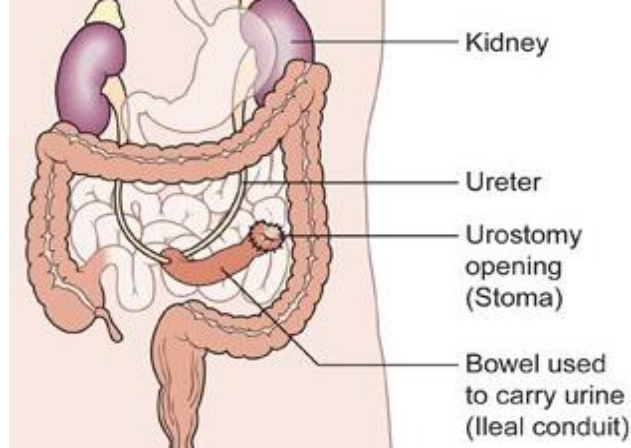
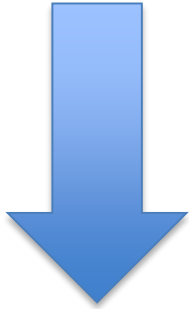
Late: Bowel, Urinary tract {renal, ureter, outlet}  
hernia, UTI and renal impairment

Reoperation: 5 – 10%

QoL: Same as pre op



# Orthotopic neobladder



- Indications:
- Cystectomy
- Cancer
- Pain
- Contracture
- Bleeding
- Incontinence

Elected Male and younger

70-90% dry by day  
50-70% dry at night  
20% CIC

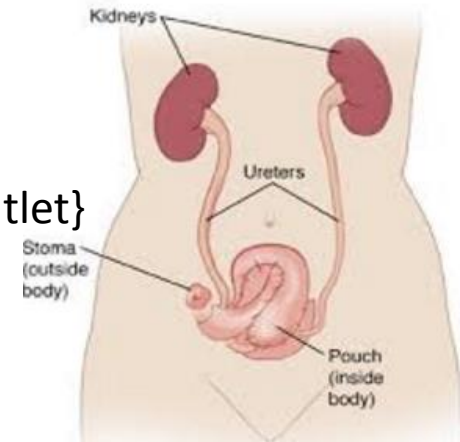
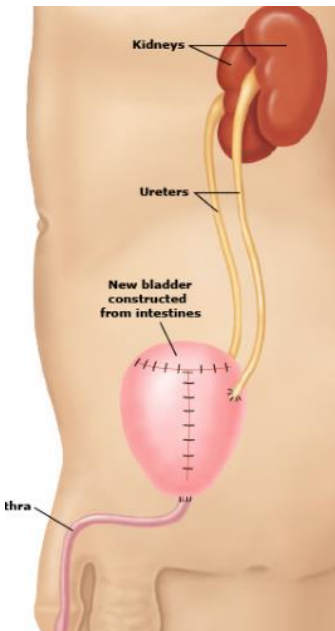
## Complications:

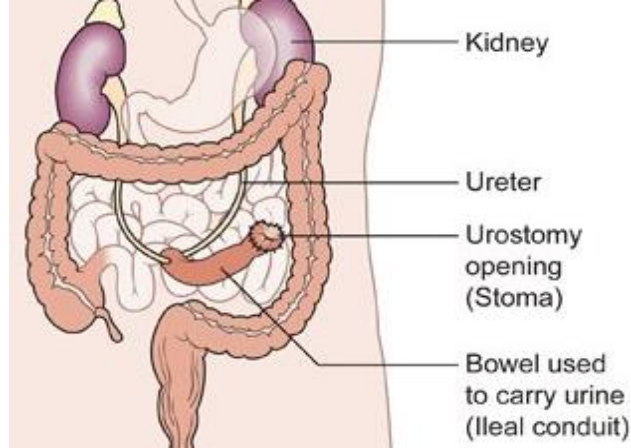
Early : General : Bowel, Urinary tract

Late: Bowel, Urinary tract {renal, ureter, outlet}  
hernia, UTI and renal impairment

Reoperation: 30%

QoL: Same as ileal conduit





**Indications:**

Cystectomy

Cancer

Pain

Contracture

Bleeding

Incontinence

90% continent

Elected : female and younger

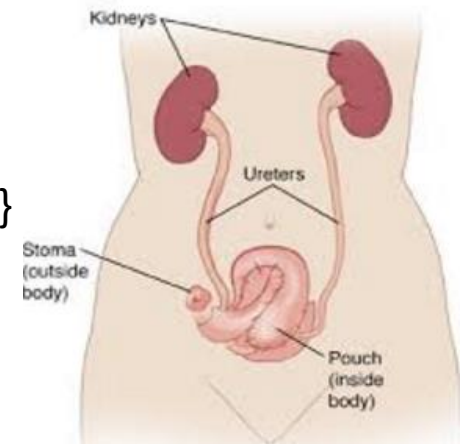
**Complications:**

Early : General : Bowel, Urinary tract

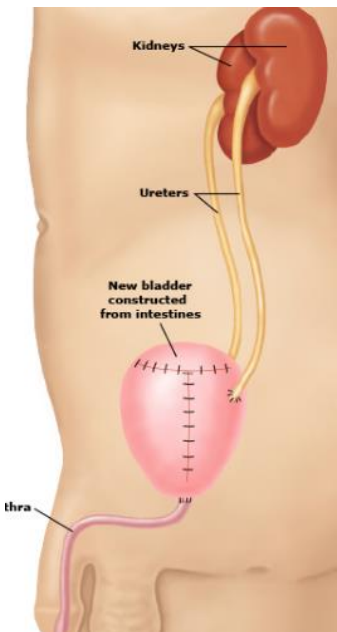
Late: Bowel, Urinary tract {renal, ureter, outlet}  
hernia, UTI and renal impairment, stones

Reoperation: 50%

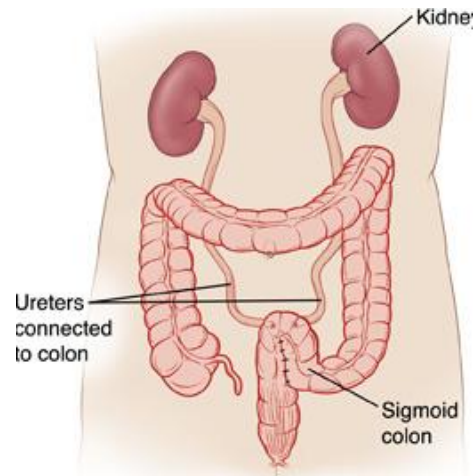
QoL: Same as ileal conduit



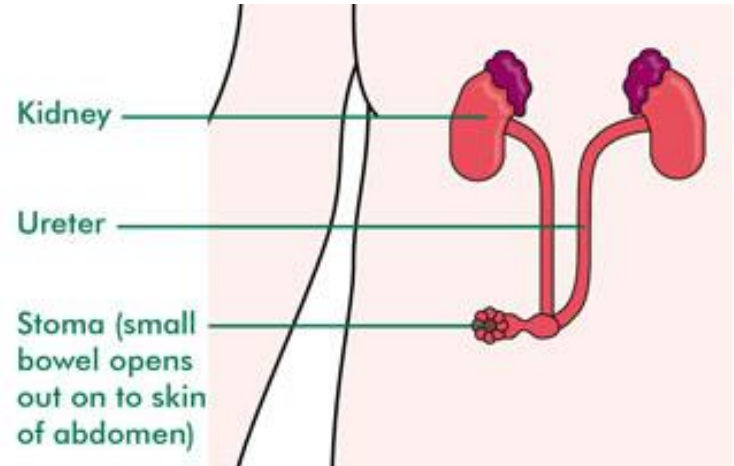
**Catheterisable diversion**



# Alternatives:

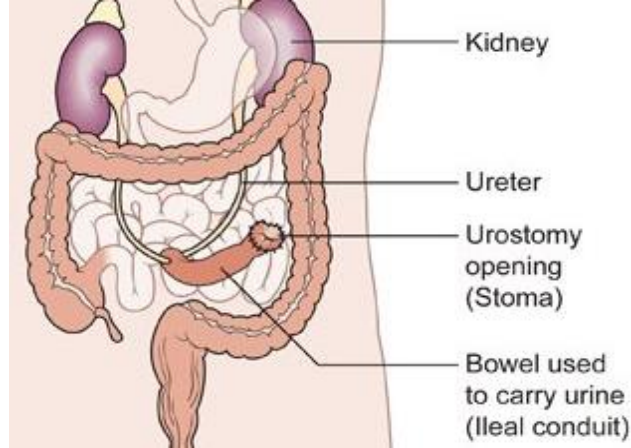


Ureterosigmoidostomy



Cutaneous ureterostomy

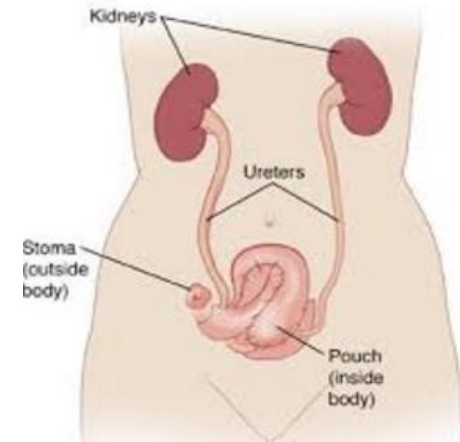
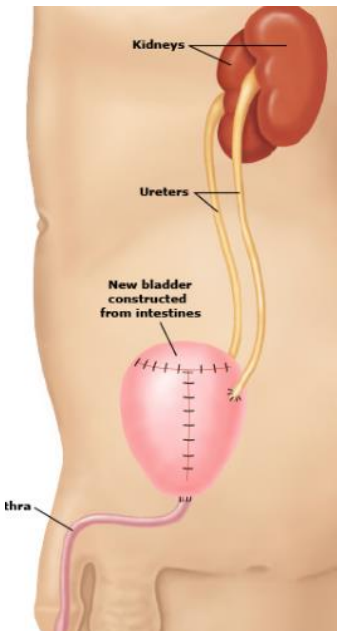
# Orthotopic neobladder



# Ileal conduit

## Decision making

- Patient factors
- Renal function
- Disease factors
- Surgeon expertise



# Catheterisable channel

