

Ileal Conduit

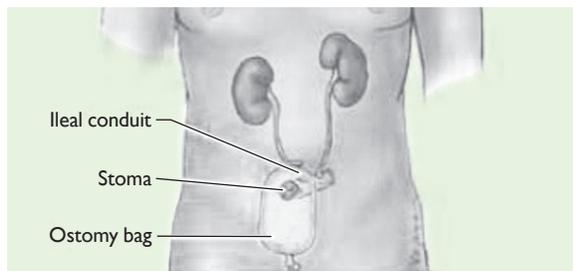
► What is an *Ileal Conduit*?

An ileal conduit (IC) is the most common *urinary diversion* performed by *urologists*. It is a simple form of urinary tract reconstruction that uses the *ileum* as an alternative pathway for urine to exit the body. The IC does not store urine. It is a way to remove urine from the body.

► How is an Ileal Conduit created?

After a *radical cystectomy*, a urinary diversion allows urine to leave your body. To create an ileal conduit:

- One end of a short segment of the small intestine (which has been removed from the rest of the intestine) is connected to a *stoma* that is created in the abdomen. Since a stoma does not contain any nerve endings, it is not painful.
- The *ureters*, which normally carry urine from the kidneys to the bladder, are attached to the other end of the segment of intestine.
- Urine travels from the ureters into the newly formed ileal conduit, through the stoma and out of the body.
- An *ostomy* appliance is placed over the stoma. This appliance consists of an adhesive skin barrier (wafer), which sticks to the skin surrounding the stoma and a pouch or bag that attaches to the skin barrier. This bag collects the urine and is worn outside the body. There is a twist valve at the bottom of the bag to conveniently drain urine as the appliance fills.



ASK YOUR HEALTHCARE TEAM

- » *Why is getting an ileal conduit a good option for me?*
 - *What are the benefits and risks of the ileal conduit?*
 - *Where will you put the opening for the bag (the stoma)?*
- » *What is your experience with ileal conduit urinary diversion?*
- » *What should I expect after my surgery?*
 - *What symptoms or side effects should I look out for?*
 - *How do I choose what supplies to use? Where can I buy supplies?*
 - *How will the bag affect my lifestyle? Is there anything I will not be able to do?*

*Always consider
a 2nd Opinion*



TERMS TO KNOW

- **Chemotherapy:** The treatment of cancer disease by the use of chemical substances.
- **Ileum:** A small piece of the small intestine.
- **Ostomy appliance:** A plastic appliance placed over a surgically created hole that lets waste leave the body.
- **Ostomy nurse:** Specializes in helping patients with ostomies.
- **Radical cystectomy :** Removal of the bladder.
- **Stoma:** A surgically created opening on the body to remove urine.
- **Ureter:** The tube that carries urine from the kidney to the bladder.
- **Urinary diversion:** A new way for urine to go from the kidneys out of the body created using a part of the intestine.
- **Urologist:** A doctor who specializes in diseases of the urinary organs in females and the urinary and sex organs in males.

WHAT YOU SHOULD KNOW: Advice from bladder cancer patients who are living with an ileal conduit

BEFORE YOUR ILEAL CONDUIT SURGERY



- A portion of your intestines will be used to create the urinary diversion. Your surgeon will provide you specific instructions to prepare your intestine for your cystectomy.
- Ask your doctor about any special preparations you should follow before your surgery. These can include:
 - Medication or herbal supplements you should avoid or stop taking
 - Food and drink limitations
- Talk to your *ostomy nurse*. He or she can:
 - Help you decide where you want the stoma to be. When you decide where you want your stoma to be, think about how it will affect what you can wear.
 - Teach you how to change the bag and clean the skin around it.
 - Give you advice on what ostomy supplies you might want to try.

AFTER YOUR ILEAL CONDUIT SURGERY



The ileal conduit urinary diversion takes the least amount of time in surgery and uses the least amount of small intestine. Many patients have a faster recovery than with other diversion options.

» *With care, you can avoid a lot of problems.*

- Surgery can cause swelling, so the size of your stoma will shrink as you recover after the surgery. As you recover, make sure your ostomy supplies still fit.
- Make sure your clothing is comfortable. After you heal, most people are able to wear the same clothing they wore before their surgery.
- Leaks will still happen sometimes. Keep extra supplies in your car, at work, and when you travel, in case you need to change your bag.
- Once your stoma heals, if you notice bulging that is uncomfortable or makes it difficult to secure your ostomy appliance, speak to your urologists.
- Talk to your ostomy nurse if you have issues with leakage or irritation with your bag.
- Maintaining your ileal conduit will become a routine part of your everyday life.
- A urinary tract infection (UTI) can occur. Watch for stronger smelling, cloudy, darker urine or blood in your urine. A UTI may also cause lower back pain. Contact your urologist if you suspect you have a UTI.

SUPPORT IS IMPORTANT

- Talk to your family and friends about the bag. Do not hesitate to ask them for help when you need it.
- You can find more information about ostomies by visiting the United Ostomy Associations of America website, www.ostomy.org or calling (800) 826-0826.
- Ostomy companies will send you samples of supplies so that you can try them out and see which ones you like best. They also have ostomy nurses who can answer your questions.

NEXT STEPS:

- You will need occasional blood tests to check your body salts and kidney function.
- You will also need occasional abdominal imaging to confirm the cancer has not returned.
- You will still need regular checkups to make sure the cancer has not spread.
- Your doctor may recommend *chemotherapy* to help prevent the cancer from spreading.
- It can be helpful to talk to someone who has experience with an ileal conduit. Call the BCAN Survivor 2 Survivor program to connect with a volunteer who knows about having an ileal conduit. Dial 888-901-BCAN.

The Bladder Cancer Advocacy Network (BCAN)

BCAN's mission is to increase public awareness about bladder cancer, advance bladder cancer research, and provide educational and support services for the bladder cancer community.



www.bcan.org



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