

Mitrofanoff

What is a Mitrofanoff and why might my child need one?

The Mitrofanoff procedure makes a channel or tube from the outside abdomen into the bladder using the Appendix. A catheter (thin, plastic tube) goes through the channel and is used to drain the bladder of pee, instead of peeing through the urethra (the normal way). This channel looks like an extra belly button and is called a 'Mitrofanoff' or an APV, and is made during an operation under general anesthesia. Sometimes, your child's bladder may be enlarged during this surgery as well.

Children who have trouble draining their bladder may benefit from this surgery. The Mitrofanoff procedure is often used for children with bladder problems due to spina bifida, bladder exstrophy or bladder blockage. It lets the bladder be emptied many times a day, reducing the chance of the bladder leaking pee by using a catheter. A catheter is placed into the Mitrofanoff rather than the urethra. It can be psychologically easier and less uncomfortable to put a catheter into the Mitrofanoff rather than the urethra. It can also let older children have a more normal life.

What happens before the operation?

- Before the surgery date you will get instructions by phone and by mail on how to prepare your child for this surgery.
- Your child should not have anything to eat or drink before the surgery. You'll be told when they have to stop eating and drinking.
- **It is important to follow these instructions - if not, your child's surgery may need to be delayed or even cancelled.**

The doctors will explain the surgery in more detail, talk about any worries you may have and ask your permission for the operation by having you sign a consent form. If your child has any medical problems, particularly allergies and constipation (trouble pooping), please tell the doctors about these. Please also bring in any medicines your child is currently taking.

Your child may need to have their bowel prepared for surgery, meaning, it will need to be empty of poop. Your child may need to take some medicine (or have an enema if he or she has an existing bowel problem) before the surgery. During this bowel clean out, your child won't be able to eat any solid food and can only drink clear liquids. If this is necessary, your surgeon will discuss this with you.

What does the operation involve?

If your child has already had his or her appendix taken out, the surgeon may need to use a piece of the small intestine to make the channel. The surgeon will disconnect your child's appendix from its normal place on the large intestine and open it up to form a channel. They will then connect one end to a small cut in your child's bladder and the other end to another small cut in your child's belly. The surgeon will also make a 'valve' where the tube joins the bladder, which squeezes shut as the bladder fills with pee. This will lower the chance of pee leaking from the Mitrofanoff.

The surgery will take about three hours, but it can take longer if they are having another procedure at the same time. Your child will stay in the hospital for 5-7 days.

Are there any risks?

All surgeries have some risk, but this must be balanced against the quality of life without surgery. All surgery carries a risk of bleeding during or after the operation. There are always risks when your child has surgery under anesthesia. After anesthesia some children may feel sick and throw up. They may have a headache, sore throat or feel dizzy. These side effects usually don't last long and aren't severe.

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Later on, there is a chance the Mitrofanoff could be hard to catheterize (put a tube in to empty pee). The opening may get too narrow or the valve too tight. This affects about a quarter of all children with a Mitrofanoff but it is normally easy to fix.

Are there any other choices for my child?

Your child could catheterize using the urethra, which some children find to be hard. Another choice is to do nothing, and let your child stay wet and leak pee.

What happens afterwards?

- Your child will be admitted to the hospital for 5-7 days. For the first day or two, they will have intravenous fluids and medicines, until the bowel starts to get better. The IV will be taken out when your child starts eating and drinking again.
- The surgeon will have put a catheter into the Mitrofanoff to keep it open. This should stay in place for three to four weeks after the surgery.
- Your child may also have a suprapubic catheter for a while after the operation, to allow the bladder and Mitrofanoff to heal. During this time, the catheter will be connected to a collection bag, so pee can drain freely from the bladder.
- It is common for children to have bladder spasms after this type of surgery, and also to leak a small amount of pee, which may have some blood in it. You will know if the pain is from bladder spasms because it will come on quickly. This is normal, and we will give you medicine to deal with the bladder spasms, called Ditropan, before you go home.
- A few days after the surgery, Tylenol or ibuprofen will be enough to take care of any pain your child is still having.
- You and your child will come back for a follow up appointment in 3-4 weeks so that you can start catheterizing.

When to call the doctor:

- Your child is in a lot of pain and pain relief does not seem to help.
- The wound site looks red, inflamed and feels hotter than the surrounding skin.
- There is a lot of oozing from the wound.
- Your child has a lot of blood in his or her pee.
- Your child is not passing any pee or poop.
- If you are having trouble catheterizing.

Monday through Friday, 7 AM – 5:30 PM:

720-777-2705

After hours call the urology resident through the hospital operator:

720-777-1234

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