

Mitrofanoff Stoma Management

A Mitrofanoff (continent urinary stoma) is a channel using the appendix or a piece of small bowel to connect the bladder to the abdomen wall. This is called a stoma and is used to drain urine from the bladder.

When the surgeon makes the stoma, a 'valve' is made where the channel joins the bladder to reduce the chance of urine leaking out.

A special catheter (hollow tube) is put into the stoma at regular intervals throughout the day to drain the urine from the bladder (a usual routine is every 3 – 4 hours). This is called 'clean intermittent catheterisation' (CIC).

- Regular CIC will reduce the risk of infection and bladder stone formation by draining all the urine and mucous from the bladder

The Stomal Therapy Nurse (STN) will advise what size catheter to use and how often.

- Catheters are available through the Stoma Appliance Scheme from an Ostomy Association. The STN will help complete the paperwork to join the local Ostomy Association

The STN or Doctor will discuss your individual routine and it is important to follow this.

Putting a catheter into the stoma

- Gather equipment: cleaning wipes, Catheter (size _____), lubricant, container to collect urine in (if not using the toilet)
- Wash your hands – this is **very** important
- Sit / stand near the toilet or collection container
- Clean the stoma
- Apply lubricant to the end of the catheter
- Put the catheter gently into the stoma until urine starts to drain: there may be a small amount of resistance when putting in the catheter. If so, take a deep breath and breathe out slowly while pushing in the catheter (ensure the end of the catheter is pointed towards toilet or collection device)
- Let the urine drain freely
- Cough or press gently on the bladder to make sure it is completely empty
- When the urine flow has stopped, remove the catheter
- Wash your hands

***Important: If there is pain or a large amount of resistance is felt,
stop catheterisation, take a break and try again later***

Troubleshooting

- You can't insert the catheter – try a smaller sized catheter and then return to the usual size
- The stoma starts to leak urine in between catheterisations – speak to the STN or Doctor, as the CIC regime may need reviewed
- You notice blood in the catheter or in the urine – a small amount is alright but if a large amount is seen or if bleeding continues, please see the STN or Doctor
- The urine becomes very cloudy and smelly – this may be a sign of infection – see the Doctor
- You insert the catheter but no urine drains – the small holes in the catheter may be blocked with mucous. Flush the catheter as directed by the STN
- If the stoma looks different and you are concerned, seek advice from the STN or Doctor
- **If you are unable to empty the bladder, seek immediate medical advice**

Stoma review

You should see the Stomal Therapy Nurse for review of the stoma and the routine:

- Within 2 – 6 weeks after discharge from hospital
- At any time if problems occur
- At least every 1 – 2 years

References:

Cleveland clinic

<https://my.clevelandclinic.org/health/treatments/23535-mitrofanoff-procedure> Accessed 25/09/2024

Royal children's hospital

https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Mitrofanoff_stoma/ Accessed 25/09/2024

Australian Association of Stomal Therapy Nurses Inc. Education and Professional Development Committee. Developed March 2010. Last updated March 2025.

This information is a general guide. Any concerns should be discussed with your Stomal Therapy Nurse or doctor. For further information or help with any stoma questions, contact your Stomal Therapy Nurse or visit www.stomaltherapy.au and click on 'Find a Stoma Nurse'