

Complications of the intestinal plastic of the Bladder

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Objective: to perform the analysis of long term results of intestinal plastic of the bladder (BI).

Material and Methods: We observed 46 (100%) patients with intestinal plastics of the BI in the early postoperative period and evaluated long term results of surgical treatment. This group of patients consisted of 27 (58,7%) patients with neurogenic BI, 15 (32,6%) patients with BI exstrophy, 3 (6,5%) with cloacal extrophy, one (2,2%) with total epispadias; 21 (45,7%) patients had appendikocistostomy, 6 (13%) - ileocistostomy, 19 (41,3 %) patients passed the catheter through urethra. The observation time was up to 17 years.

We had 12 complications in 11 (23,9%) patients. In 3 cases it was metabolic acidosis (MA), in 2 cases – the ligature stone of the bladder, revealed in 1 and 3 years after intestinal plastics, the 3 cases we had stenosis of the skin aperture of appendikostomy, in 2 cases perforation reservoir's wall with soft catheter took place, in one case appendix was perforated with metallic catheter and in one case we had acute intestinal obstruction (IO) 3 years after operation.

Results: MA was corrected with sodium bicarbonate. BI stone was destroyed and removed with the help of contact laser lithotripsy. IO and perforation were treated by laparotomy or laparoscopy. Among 5 patients with ileostomy 3 are able to hold the urine 2-5 hours. In 2 patients ileocistostomy was replaced with appendikostomy for 4 years after operation because of insufficient urine retention. At 2 cases of BI exstrophy urethral recanalization developed. In 3 cases with stenosis of appendix we performed stoma's reconstruction. All patients recovered. All operated children have good social adaptation, attend schools, perform intermittent catheterization by themselves.

Conclusion: with the ineffectiveness of conservative therapy insufficient BI volume, as well as pathological activity of neurogenic BI, you must apply the augmentation of its portion with the small intestine.