Continent Cutaneous Diversion (Indiana Pouch)

Patient Information · An inside pouch you empty with a catheter, with no bag

WARWIKI

A continent cutaneous diversion is a pouch made from your own bowel. It stores urine inside your body. A small opening on your belly (a stoma) stays closed between uses. You do not wear a bag. Instead, you empty the pouch several times a day by passing a thin tube (a catheter) through the opening. The Indiana pouch is one well-known type.

About This Procedure

A piece of **large and small bowel** is reshaped into a soft **pouch** inside the belly. The ureters (the tubes from the kidneys) drain into it. A narrow channel with a **one-way valve** is brought to the skin as a small, flat stoma. It is sometimes placed in the belly button.

- You pass a catheter to drain the pouch on a **schedule** your team sets.
- You **rinse** the pouch to clear mucus. The bowel keeps making mucus for life.
- **No bag.** A small pad or bandage covers the stoma.

It suits people who want no bag, cannot have or do not want a neobladder, and can **catheterize for life**. That takes steady hands and good eyesight, or a helper.

Benefits and Risks in Numbers

about
9 in 10
stay dry between catheterizations

about
15 in 100
get a narrowed stoma that can make the catheter hard to pass

about
1 in 2
need another procedure over the years; many are small

Numbers are averages from published studies. Your own risk may differ; ask your team.

Learn the Terms

Continent diversion
A urine system made to stay dry between catheterizations. Leakage can still happen.

Indiana pouch
A continent pouch built from the right side of the large bowel and a bit of small bowel.

Pouch
The inside sac, made from bowel, that holds urine.

Stoma
The small skin opening you pass the catheter through.

Catheterize
To pass a thin tube through the stoma to drain the pouch.

Irrigate
To rinse the pouch with salt water to clear mucus.

Ureters
The tubes that carry urine from the kidneys to the pouch.

Mucus
Slippery fluid the bowel makes. Clearing it is part of daily care.

Will it hurt? You are asleep for the surgery, so you feel nothing. Afterward, your belly will be sore, and you get pain medicine. The bowel takes a few days to start working again. You wake up with a tube draining the pouch and thin stents in the ureters.

In the hospital
Walk early. Eat again slowly. Learn to rinse the pouch tube.

First weeks at home
The tube stays until the pouch heals. You may give yourself shots to prevent clots for about 4 weeks.

Tube out
Start catheterizing, often at first, then less often as your team advises.

For life
Catheterize, rinse, and keep your check-ups.

How to Get Ready

- Follow your instructions about eating, drinking and which medicines to stop. Your team will tell you if you need a bowel prep.
- Your team plans the **stoma spot** with you and makes sure you, or a helper, can **catheterize for life**.
- **Stop smoking**, and arrange help at home.

Tell your team ahead of time if you:

- Take a blood thinner, or have kidney or liver problems
- Have bowel disease, or trouble with your hands or eyesight

What Happens During Surgery

1. You are asleep and get antibiotics.
2. A piece of bowel is set aside. The rest of the bowel is joined back together.
3. The bowel is shaped into a pouch. A narrow channel with a valve is brought to the skin.
4. The ureters are joined to the pouch. A tube and stents stay in while it heals.

Your schedule: many people end up emptying about every 4–6 hours in the day and once at night. Yours depends on how much the pouch holds. **For life:** blood tests (kidney function, acid level, vitamin B12) and kidney scans.

Call the office that did your surgery if you have:

- A temperature of **100.4 °F (38 °C)** or higher, or chills
- A catheter that is getting harder to pass, or new leaking from the stoma
- Redness, swelling or fluid leaking from the cut

Go to an emergency department if:

- You cannot pass the catheter, or no urine comes out. A full pouch must be drained soon.
- Bad belly pain, vomiting, or no gas or stool
- Chest pain, trouble breathing, or heavy bleeding
- You cannot reach the office and are worried

Three Things to Remember

1. The pouch stores urine inside you. You empty it with a catheter, with no bag.
2. Empty on schedule and rinse out mucus as shown. If the catheter will not pass and the pouch will not drain, get urgent help.
3. Keep your check-ups for life, even when you feel well.