Ileal Conduit

Patient Information · A urinary diversion that drains into a stoma bag

WARWIKI

An ileal conduit is a new way for urine to leave the body when the bladder is removed or no longer works. The surgeon uses a short piece of your own bowel to carry urine from the kidneys to a small opening on your belly (a stoma). The urine drains into a light bag you wear. It is the most common diversion after bladder removal for cancer.

About This Procedure

A piece of small bowel about **6 to 8 inches** long becomes a **passageway**. It does not store urine. The ureters (the tubes from your kidneys) are joined to it. One end is brought to the skin as a **stoma**, usually on the lower right belly. Urine drains all the time, so you wear a pouch (an **ostomy bag**) over the stoma. You empty it during the day and change it every few days.

- There is **nothing to squeeze and nothing to catheterize**.
- The rest of your bowel is **joined back together**. Using a piece of bowel can lower vitamin B12 over the years, so it is checked.
- An **ostomy nurse** teaches you how to care for the stoma and bag.

Is It Safe?

Surgeons have used this operation for more than 70 years. Like any major surgery, it has risks: bleeding, infection, blood clots, or a leak where the bowel or ureters are joined. Problems can also show up years later, so you will have check-ups for life.

Long-Term Risks in Numbers

15–24 in 100
have a stoma problem, such as narrowing or a bulge (hernia)

1 in 10
get scar narrowing where a ureter joins the bowel, which can block a kidney

9–15 in 100
form kidney or urine stones over the years

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

Learn the Terms

Urinary diversion
A new path for urine to leave the body when the bladder is gone or not working.

Ileal conduit
A short piece of small bowel that carries urine to a stoma.

Stoma
The small opening on your belly, made from bowel, where urine comes out.

Ostomy bag
The pouch worn over the stoma to collect urine.

Ureters
The tubes that carry urine from the kidneys. They are joined to the conduit.

Ostomy nurse
A nurse who marks your stoma site and teaches stoma and bag care.

Mucus
Slippery fluid the bowel makes. Strands in the urine are normal.

Stents
Thin, soft tubes that keep urine flowing while the joins heal.

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, so you start with liquids. The stoma itself has no feeling.

In the hospital
Walk early. Eat again slowly. Learn to empty and change the bag.

First weeks
Stents and drain come out. You may give yourself shots to prevent clots for about 4 weeks.

Recovery
Build up activity. Your team tells you when you can lift and drive.

For life
Blood tests, kidney scans and stoma checks.

How to Get Ready

- Follow your instructions about eating, drinking and which medicines to stop, including blood thinners. Many people no longer need a bowel prep; your team will tell you.
- Meet the **ostomy nurse**, who marks the best spot for your stoma while you sit, stand and lie down. A good spot helps the bag fit without leaks.
- **Stop smoking.** It slows healing. Arrange help at home for after you leave the hospital.

Tell your team ahead of time if you:

- Take a blood thinner, or have kidney or liver problems
- Have bowel disease (such as Crohn's disease) or past belly surgery or radiation

What Happens During Surgery

1. You are asleep and get antibiotics.
2. A short piece of bowel is set aside. The rest of the bowel is joined back together.
3. The ureters are joined to the bowel piece.
4. One end becomes the stoma. Stents and a drain are placed while it heals.

Living With It

- **Mucus** strands in the urine are normal.
- Drink plenty of fluids, and protect the skin around the stoma.
- Bacteria in a urine test are common with a conduit. They are treated only if you have symptoms.

Call the office that did your surgery if you have:

- A temperature of **100.4 °F (38 °C)** or higher, or chills
- A stoma that turns dark or purple, or pulls inward
- Redness, swelling or fluid leaking from the cut

Go to an emergency department if:

- Little or no urine comes into the bag for several hours
- Vomiting, a swollen belly, 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. An ileal conduit drains urine through a stoma into a bag. There is nothing to catheterize.
2. Meet the ostomy nurse before surgery to mark the best stoma spot.
3. Keep blood tests, including vitamin B12, and kidney checks for life, even when you feel well. Some problems cause no symptoms at first.