Urinary Diversion (Comparing Your Options)

Patient Information · Three new ways for urine to leave the body

WARWIKI

When the bladder is removed or no longer works, urine needs a new way to leave the body. This is called urinary diversion. There are three main types. Each uses a piece of your own bowel. They differ most in how you empty urine each day: into a bag on the belly, through the urethra, or with a catheter. Each type also has its own handout.

The Three Options

WEARS A BAG

Ileal Conduit

A short piece of bowel carries urine to a small opening (a **stoma**) on the belly. Urine drains all the time into a light **bag** that you empty and change. It is the simplest and most common type. There is nothing to catheterize.

URINATES THROUGH THE URETHRA · NO BAG

Orthotopic Neobladder

A new pouch made from bowel is joined to your **urethra**, so you urinate the usual way with no bag. You learn to empty on a **schedule**, day and night. Some people need a catheter to empty it. Leaks, mostly at night, are common at first.

EMPTIES WITH A CATHETER · NO BAG

Continent Cutaneous (Indiana Pouch)

A pouch made from bowel stores urine inside you. A small opening on the belly stays closed between uses. There is no bag. You pass a **catheter** through the opening to empty it several times a day.

For some people who should not have bowel surgery, a simpler option joins the ureters straight to the skin (a cutaneous ureterostomy).

If surgery is for bladder pain: removing or bypassing the bladder is considered only after other treatments have failed. It helps many people, but not all. In studies, about **1 in 4** did not get better, and pain can continue even after the bladder is removed.

Learn the Terms

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

Stoma
A small opening on the skin that urine passes through.

Conduit
A short piece of bowel that carries urine to a stoma. It does not store urine.

Neobladder
A new bladder built from bowel and joined to the urethra.

Continent
Made to hold urine between emptying times. Leakage can still happen.

Ureters
The tubes that carry urine from the kidneys.

Catheterize
To pass a thin tube to drain urine.

Mucus
Slippery fluid the bowel makes. Strands in the urine are normal after any of these.

Which is right for me? No one type is best for everyone. The choice depends on your kidney and liver function, your bowel, your other health problems, and whether you can catheterize (this takes steady hands and good eyesight). Not everyone can have every type. For a neobladder after cancer surgery, the cut edge of the urethra must be free of cancer. Your surgeon will tell you which are safe for you.

In the hospital
Walk early. Eat again slowly. Learn the care for your type.

First weeks
Tubes come out as you heal. 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 check-ups.

How They Compare

	Ileal Conduit	Neobladder	Continent (Indiana)
How you empty	Drains on its own	Urinate through the urethra	Catheter through the stoma
Wear a bag?	Yes	No	No
Catheter needed?	No	Sometimes	Always, on a schedule
Surgery size	Smallest	Larger	Larger
Daily effort	Empty and change the bag	Timed voiding, day and night	Catheterize and rinse

The Same for All Three

- A piece of your **own bowel** is used, so the bowel needs a few days to start working again after surgery.
- **Mucus** in the urine is normal and lasts for life.
- Problems can show up years later, sometimes with no symptoms. So you need **check-ups for life**: blood tests (kidney function, acid level, vitamin B12) and kidney scans.
- **Drink plenty of fluids**.

Questions to Ask Your Surgeon

- Which types can I have, and which do you suggest for me?
- What will **daily life** and self-care look like with each?
- How will each affect **work, exercise, sleep and sex**?
- What are the main **risks**, and how likely am I to need another procedure later?

After surgery, call the office that did it if you have:

- A temperature of **100.4 °F (38 °C)** or higher, or chills
- New pain in your side or back
- Redness, swelling or fluid leaking from the cut
- A stoma that turns dark or purple

Go to an emergency department if:

- Little or no urine comes out of the bag, pouch or catheter for several hours
- Bad belly pain, a swollen belly, 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. There are three main types: a **bag** (ileal conduit), urinating through the **urethra** (neobladder), or a **catheter** through a small opening (Indiana pouch).
2. They differ most in **daily care**. The best fit depends on your health and what matters to you.
3. Every type needs check-ups for life. Read the handout for the type you choose.