In the broadest sense the goal of any form of urinary diversion should be the preservation of renal function in a manner that is psychologically and socially acceptable to the patient. The ideal form of urinary diversion would approximate normal bladder function and provide continent non refluxing low pressure storage of sterile urine and allow complete and convenient empting. ***Sagalowsky 1987.***

Even today the construction of a safe and simple continence mechanism remains difficult, and so it is not surprising that the pioneers of urinary diversion initially attempted to use a natural sphincter, to achieve urinary continence. ***Wammack et al 1996.***

In the early 1950 the results of ureterosigmoidostomy were discouraged. However in late 1960s and 1970s, the improved surgical technique and the availability of a wide of antimicrobial agent revived the use of ureteroisgmoidostomy. Nevertheless, the incidence of delayed complications remains significant ***Zinke & Sugra 1975.***

Several procedures were developed in an attempt to circumvent these complications. In 1993 Fisch and his colleagues introduced the Mainz pouch II procedure in which the rectosigmoid was folded once and the ureters were implanted in a submucosal tunnel. In 1997 **El Mekresh et al** introduce a new

technique involving two principles 1) double folding of the rectosigmoid segment to improve continence and 2) ureteral implantation by ***Abol Enein and Ghonieum 1994*** new concept for antireflux uretero intestinal anastomosis, the extramural serous lined method.

The aim of the work is evaluation of two surgical techniques, ureterosigmoidostomy and sigma rectum pouch in selected patients after radical cystoprostatectomy and comparative study between this two techniques in two groups of patients.