Urinary diversion after cystectomy

Mahmoud Hussien Metwaly

The ideal method for urinary diversion after cystectomy should provide:*Free drainage.*Minimal reabsorption of urine.*Free of infection.*Patient acceptance.However, current methods of urinary diversion are by no means totally satisfactory. Most investigator stress the importance of the quality of life after diversion. Cutaneous ureterostomy should be used in selected patients until the ideal form of vesical substitution is achieved ureterosigmoidostomy is followed by nymerous major complications, so many urologists no longer consider doing this form of diversion. Ileal ocnduit is the most popular type of cutaneous diversion since 1950, and it remains a tested reliable form of diversion. It is preferred when combined with cystectomy for the treatment of bladder cancer. It is of limited value in younger patients, however it is the method of choice in people with a short life expectancy.The use of jejunum as a conduit should be ’reserved for patients in whom no other bowel loop is a vailable colonic conduit is indicated in extensive lesions necess-itating anastomosis of the conduit to upper ureter or renal pelvis, and if the lower abdomen is the site of previous irradiation or multiple operations. The primary application of ileocaecal conduit is in patients with dilated upper tracts, particularly in those for whom secondary urinary tract reconstruction may be possible. The rectal bladder must be considered an important procedure for urinary diversion in patients who had undergone cystectomy inspite of occasional enuresis and handicap of a sigmoidcolostomy, the rectal bladder is becoming more popular because of its technical simplicity and less risk of renal damage. Continent urinary reservoir is a sound concept that offers a real alternative to the patients who requires cutaneous urinary diversion bladder replacement by ileo-cystoplasty (Camey procedure) should be reserved for patients who can be expected to have a good postoperative course and good functional results.No one variety of urinary diversion has received universal acceptance, and each has limitations that require the urologic surgeon to be familiar with several techniques.