

# Enterocystoplasty in children with genitourinary abnormalities is safe and effective

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Enterocystoplasty is a good surgical option with a low rate of severe complications in the treatment of children who were born with developmental abnormalities of the genitourinary system, according to the new study conducted by a group of Portuguese urologists.

Enterocystoplasty is a surgical enlargement of the urinary [bladder](#) which is performed to improve [bladder function](#) as a low-pressure reservoir.

"This issue is very important because in [children](#) this surgical procedure is very aggressive and we must understand the major factors that can determine its long-term success in order to provide the best quality of life to the [patients](#)," according to Dr. Fábio A. Escórcio de Almeida, who presented the results of this study at the recent 2nd Joint meeting of ESFFU, ESGURS and ESOU (EAU Section of Functional Urology, EAU Section of Genitourinary Reconstructive Surgeons and the EAU Section of Oncological Urology).

"This research improves our knowledge on the best surgical techniques for selected patients. If we prove that this kind of technical variation will improve the functional long-term outcomes, then we could do this kind of procedure with a greater confidence of better results in the future," he explained.

In the course of the study, epidemiological and clinical data were

collected from our prospective database of all patients under 18 years old submitted to enterocystoplasty, between January of 1996 and December of 2011. Twenty five patients were submitted to enterocystoplasty (15 male). Twenty percent had a non neurogenic dysfunction (5 bladder exstrophy). Thirteen children (52 %) had vesicoureteral reflux (VUR) pre-operatively. Four patients had chronic renal failure in hemodialysis in pre-transplant preparation. Radiological and urodynamic investigation was performed preoperatively and postoperatively.

In evaluating the procedure within the framework of this study, which involved a median follow-up period of 8 years, the authors recorded several instances of complications. Four patients developed vesicocutaneous fistula that required open surgical management and one patient developed bladder lithiasis that was submitted to an endoscopic approach. At cut-off point, all patients were continent and 24 patients performed clean intermittent self-catheterisation.

"This research is the first step because in our effort to understand if this technical variation can improve the patients' outcomes. In the future, we have to compare this cohort of patients with another in which a different surgical technique was used," summed up the lead author of the study. "Currently, we are preparing data to initiate such a study."

**More information:** Reference: F.A. Escórcio De Almeida et al., Enterocystoplasty with mucosectomy in pediatric age: A single centre experience of 25 procedures. Abstract O7, 2nd Joint meeting of ESFFU, ESGURS and ESOU.

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