Continent Vesicostomy And Button Placement
WHY A URINARY DIVERSION?

To protect the upper tract
To become “dry”
Bladder Emptying
Urinary diversion:

- 1972: intermittent self-catheterisation (Lapides/J Urol)
- 1980: continent cystostomy / appendix (Mitrofanoff/J Chir)
- 1997: technical modification (Monti/Urol)
WHAT ARE THE ISSUES?

- The size of the bladder: too small
- The cervix still opened
- Impossible to empty the bladder
- Vesicostomy may be not continent
- Difficulties to catheterize the stoma
- Stenosis of the stoma
- Perforation of the channel
The button: just a device for the vesicostomy?

- 1996: Gastrostomy Button to make continent a classical vesicostomy (de Badiola / J Urol)
- 2003: the use of a button/to empty the bladder/ first evaluations (Bennet / J Urol)
- 2007: (Hitchkok / J Pediatr Urol)
- 2007: (Subramaniam / J Urol)
MIS is now required to treat a handicap
That’s why we suggest

1) Vesicostomy button placement under endoscopic control
2) The use of a MicKey button
Indications

- Need for a transitory and reversible cystostomy
- Intermittent self-catheterization impossible (infection, perforation):
  - sensitive urethra
  - obesity
  - Locomotor deficiency
Technical details

- Cystoscopy under general anesthesia
- To fill the bladder
- Two U-stitches (not mandatory)
- Percutaneous gastrostomy set according to Russel (Cook)
Complications ?

☐ No leakage
☐ No lithiiasis
☐ Protocole for meticulous care of the button and the skin.
☐ Milton solution for the probe
Complementary treatments

MIS, easily acceptable

it is easier to convince patients beginning a treatment with MIS procedures improving their status

- Botulinic injections into the detrusor
- Partial closure of the neck / Deflux
- Chait stomy for antegrade enemas
Boème

Monseigneur Becœur
Toujours dans la bonne humeur
Nous avons espéré
Avec le succès espéré
Je vous dois la vie
Et maintenant mon ventre est miné !