

For the majority of patients with muscle invasive bladder cancer, treatment involves a radical cystectomy – a major surgery to remove the bladder and create a new way for urine to exit the body. This alternative method is known as a “urinary diversion.” In Canada, the three most common types of urinary diversions are the ileal conduit, neobladder, and Indiana pouch.

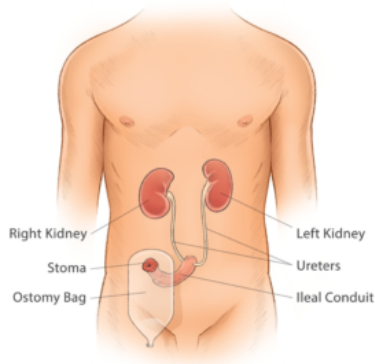
Understanding Urinary Diversions

The three most common urinary diversions – the ileal conduit, neobladder, and Indiana pouch – each come with distinct characteristics. The most suitable option depends on factors such as a patient’s overall health, lifestyle, and risk tolerance. Deciding on the right diversion is a highly personalized choice, often made in consultation with a healthcare provider who will help weigh the pros and cons of each method.

Diversion Options after Bladder Removal

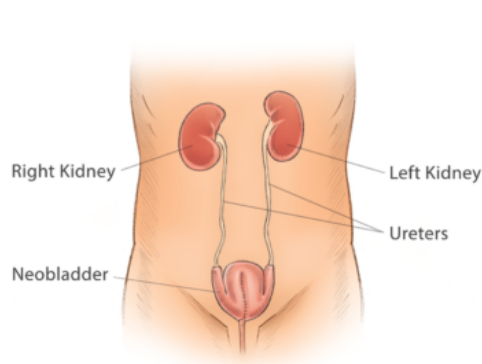
Ileal Conduit (Ostomy)

Short segment of ileum creates channel for urine to pass through.



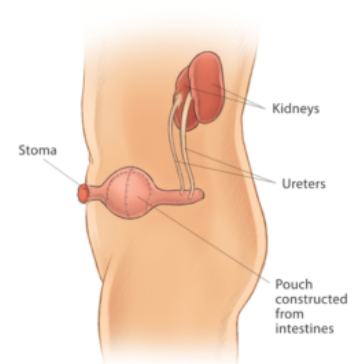
Orthotopic Neobladder

“New” bladder in same place from segment of small intestine.



Indiana Pouch

Segment of large intestine and ileum to create internal pouch for urine.



We provide a **detailed explanation of these three diversions**, including their advantages and disadvantages, [here](#).

Bladder Cancer Canada has also developed a [Radical Cystectomy Guidebook](#), written by patients, for patients, which offers clear and accessible information about this procedure.

Additionally, we hosted an **informative webinar** that explores the different urinary diversions, featuring insights from individuals who live with each option. You can [watch the full webinar here](#).

Canadian Urinary Diversions Position Statement

This [position statement](#) outlines best clinical practices for the pre- and postoperative care of patients undergoing a urinary diversion. Developed in collaboration with the **Canadian Urological Association, Nurses Specialized in Wound, Ostomy and Continence Canada**, and the **Urology Nurses of Canada**, it provides comprehensive guidance on managing patients through this process.

Pages 7-8 include a useful chart that compares the different diversions, outlining key considerations for selection and common complications.

Table 1 Quick reference guide to the five urinary diversions

	CONTINENT/ INCONTINENT	OSTOMY	PREOP SITE MARKING	REQUIRES CIC	PATIENT SELECTION CONSIDERATIONS	COMMON COMPLICATIONS
Ileal conduit	Incontinent	Yes	Yes	No	<ul style="list-style-type: none"> most common diversion some dexterity needed by patient or significant other may need ongoing assistance if patient has cognitive deficiencies or severe hand arthritis or impaired eyesight wearing a medical alert ID required 	<ul style="list-style-type: none"> parastomal hernia stomal and peristomal complications ureteral ileal anastomotic stricture UTI
Orthotopic neobladder	Continent	No	Yes (for placement site of temporary suprapubic catheter or if intraoperative decision to proceed with an ileal conduit)	Depends	<ul style="list-style-type: none"> common diversion esthetic preference dexterity for CIC is necessary no cognitive impairment commitment to follow irrigation and catheterization schedule ability to problem solve no history of drug or alcohol misuse need good renal function fewer complications in men wearing a medical alert ID required 	<ul style="list-style-type: none"> some incontinence may be experienced during the first 6 months stress incontinence common nocturnal incontinence may need ongoing CIC/irrigation stone formation in neobladder ureteral ileal anastomotic stricture UTI
Indiana pouch	Continent	Yes	Yes	Yes	<ul style="list-style-type: none"> dexterity for CIC necessary no cognitive impairment commitment to follow irrigation and catheterization schedule no history of drug or alcohol misuse need good renal function wearing a medical alert ID required 	<ul style="list-style-type: none"> stone formation in pouch incontinence (incontinent valve) difficult catheterization of the channel ureteral ileal anastomotic stricture parastomal hernia stomal stenosis UTI
Mitrofanoff	Continent	Yes	Yes	Yes	<ul style="list-style-type: none"> must be compliant with catheterization commitment to follow irrigation and catheterization schedule if done in conjunction with augmentation cystoplasty wearing a medical alert ID required 	<ul style="list-style-type: none"> stomal prolapse Mitrofanoff channel stricturing stomal leakage stomal stenosis stone formation in augmented bladder UTI
Cutaneous ureterostomy	Incontinent	No Stents present	Yes	No	<ul style="list-style-type: none"> least common less invasive elderly & palliative paediatrics as a temporizing manoeuvre palliate the non-curative patient consider when bowel can't be used during surgery wearing a medical alert ID required 	<ul style="list-style-type: none"> skin breakdown difficult pouching ureteral stenosis ureteral obstruction with chronic double J stent changes UTI

Note: CIC=clean intermittent catheterization, UTI=urinary tract infection

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Support Before and After Surgery

No matter which urinary diversion method you choose, adjusting to life after a radical cystectomy can be a significant transition. Patients may face both physical and emotional challenges, but there are many resources to help you along the way:

- **Radical Cystectomy Guidebook:** This guidebook covers everything you need to know before, during, and after surgery, including detailed explanations of

the urinary diversion options.

- **[One2One Peer Support Program](#)**: Connect with trained volunteers who have firsthand experience with different diversions. They can provide guidance and answer any questions you may have.
- **[Support Groups](#)**: Join our support groups—whether in--person or online—to connect with others, share experiences, and ask questions in a welcoming, non-judgmental environment.
- **[Online Discussion Forum](#)**: Our secure, confidential forum allows you to engage with the bladder cancer community at any time. Whether you prefer to browse existing posts or actively participate, the option to remain anonymous is available.
- **[Disability Tax Credit](#)**: The Disability Tax Credit (DTC) is a non-refundable tax credit that helps people with disabilities, or their supporting family member, reduce the amount of income tax they may have to pay to offset some of the costs related to their condition. We created a helpful guide, the [Disability Tax Credit \(DTC\) for Medical Professionals](#), which provides guidance on how to complete “Part B: Medical Practitioner’s Section” of the DTC Certificate.

Facing a radical cystectomy can feel overwhelming, but understanding your options and accessing the right resources can make the transition smoother. From choosing a urinary diversion to adjusting to life after surgery, each patient’s journey is unique.

Bladder Cancer Canada is here to support you every step of the way. If you have questions or need further assistance, do not hesitate to contact us at info@bladdercancerCanada.org or 1-866-674-8889. We’re here to help!