Memorial Sloan Kettering
Cancer Center

PATIENT & CAREGIVER EDUCATION

What Type of Urinary Diversion Is Right for Me?

During your bladder removal surgery, your surgeon will make a new way for your urine (pee) to leave your body. This is called a urinary diversion.

There are a few types of urinary diversions. This information can help you learn about your options so you can talk about them with your surgeon.

This resource has a lot of information. We suggest reading it once before your surgery, so you know what to expect. Then, you can come back to the sections you find most helpful when you need them.

What is a urinary diversion?

Urinary diversion is a surgery to make a new way for urine to leave your body after your bladder was removed. Your surgeon will use a part of your intestine to make a new way for urine to come out.

Words you may hear

About your anatomy

Intestine: A long tube inside your body that helps digest food and get rid of waste. It moves food and nutrients from your stomach throughout your body.

Your intestine has 2 parts:

- Your **small intestine** absorbs nutrients from food.
- Your **large intestine** absorbs water and helps form solid waste (stool or poop) before it leaves your body.

Bowel: Another name for your intestine. The phrase “bowel movement” means passing stool.

Ureters: The 2 tubes that carry urine from your kidneys to your bladder or to your urinary diversion.

Urethra: A small tube that carries urine out of your body from your bladder or neobladder (a type of urinary diversion). In males, the urethra goes through your penis. In females, the urethra is shorter and opens just above your vagina.

Urinary sphincter: The muscle that helps control when you urinate (pee). It acts like a valve, keeping urine in your bladder until you release it.

Bladder neck: The area where your bladder connects to your prostate (in males) or urethra (in females).

Pelvic floor: A group of muscles at the bottom of your belly that act like a hammock or a sling. These muscles support important parts inside your body, like your bladder, uterus (in women), and bowels. They help you control when you go to the bathroom. They also play a role when you cough, sneeze, or lift something heavy.

About urinary diversions

Urinary incontinence: When you can’t control when you pee. There are a few types and causes of incontinence, and it can happen sometimes or often.

Urethral stricture: A narrowing or blockage of your urethra. This narrowing can make it harder to pee. It can cause a weak urine stream, pain, or other problems.

Ureteral stricture: A narrowing or blockage of your ureter. This can make it hard for urine to flow from your kidney to your bladder. It can cause pain, swollen kidneys, infections, and kidney damage.

Urinary catheter: A flexible tube used to drain urine from inside your body. It’s often just called a catheter.

There are 2 main types of urinary catheters:

- An intermittent catheter stays in place for only as long as it takes to empty your bladder or urinary diversion. You can put this catheter in and take it out by yourself.
- An indwelling catheter, also called a foley catheter, stays in place for days or weeks. A small balloon inside your bladder holds it in place.

Ureteral stent: A soft tube your surgeon may put in your ureter during surgery. Most stents are removed after a few days or weeks.

Stoma: A small opening on the outside of your body made during surgery. It is permanent, for all of your life. The opening connects your new urinary diversion to your skin and lets your urine leave your body.

Reservoir: A sac inside your body that’s made from part of your bowel. It stores or collect urine. A reservoir is sometimes called a pouch.

Catheterizable channel: A tube that’s made from a piece of your intestine or appendix. It connects a urinary reservoir to your stoma. A catheter goes into the channel to drain urine.

Urostomy pouch: Also called a urostomy bag or appliance. This is a special waterproof pouch you wear on your belly over your stoma. It collects the urine that comes from your stoma. You wear the pouch all the time. You must empty it a few times a day and change the pouch every 3 to 4 days. This is different for each person.

The pouch has a few parts:

- A sticky part (called a flange or wafer). This helps the pouch stay on your belly and stops leaks.
- A bag. This sticks to the wafer and stores urine.
- A valve at the bottom of the bag. This makes it easy to empty the urine when the pouch gets full.

Surgical drain: A soft tube that lets your care team check and collect the liquid in your abdomen (belly). Your surgeon may place this tube during your surgery. It comes out through your skin and connects to a small bag or bulb that collects the liquid.

Contracting: The process of tightening or getting smaller. For example, muscles contract when they tighten to help you move.

Irrigating: The process of gently putting a special liquid into a reservoir or neobladder and then gently suctioning (sucking) it out. Irrigating helps keep the reservoir or neobladder clean and helps prevent infections.

Voiding: The process of emptying your bladder or urinary diversion to get urine out of your body. It's another word for peeing or urinating.

Timed voiding: The process of peeing on a regular schedule, even if you don't feel like you have to go.

3 common types of urinary diversions

Surgeons may have more experience with some types of urinary diversion than others. Talk with your surgeon about your options and which one may be best for you.

Even after careful testing, during surgery your surgeon sometimes may learn new information. If they need to change your plan, they'll choose the safest option for you.

Ileal conduit

Your surgeon will use a small piece of your intestine to make the ileal conduit. They'll connect one end to your ureters. They'll connect the other end to a stoma. Your urine will collect in a urostomy pouch you wear over the stoma.

Neobladder

Your surgeon will use a piece of your intestine to make the neobladder. They'll connect one end to your ureters. They'll connect the other end to your urethra. Your urine will collect in the neobladder, and you'll urinate through your urethra.

Continent cutaneous reservoir

Your surgeon will use a piece of your small and large intestine to make the continent cutaneous reservoir. They'll connect your ureters to the reservoir. They'll link the end of the reservoir to a catheterizable channel that connects to a stoma.

Your urine will collect in the reservoir. You'll use an intermittent catheter to drain your urine through the catheterizable channel.

There are different types of continent cutaneous reservoirs. An Indiana pouch, Kock pouch, and Mainz pouch are some common types.

Things to think about when making your choice

There are lots of things to think about when choosing your urinary diversion. Here are some examples.

Health issues

Having a urinary diversion is a big change for your body. It will need time and strength to heal. Your overall health plays a big role in choosing which urinary diversions are best for you. Your care team will think about many things as they decide what type of urinary diversion may be right for you. Here are some examples.

If you have cancer in your urethra (males and females) or bladder neck area (females)

Is an ileal conduit an option?	Is a neobladder an option?	Is a continent cutaneous reservoir an option?
Yes	No	Yes

If you have urinary incontinence, a urethral stricture, or had pelvic radiation therapy

Is an ileal conduit an option?	Is a neobladder an option?	Is a continent cutaneous reservoir an option?
Yes	Talk with your surgeon	Yes

If you have Crohn’s disease, ulcerative colitis, other digestive problems, or had complex bowel surgery

Is an ileal conduit an option?	Is a neobladder an option?	Is a continent cutaneous reservoir an option?
Yes	Talk with your surgeon	Talk with your surgeon

If a healthcare provider told you your kidneys don't work as well as they should

Is an ileal conduit an option?	Is a neobladder an option?	Is a continent cutaneous reservoir an option?
Yes	Talk with your surgeon	Talk with your surgeon

If a healthcare provider told you your liver doesn't work as well as it should

Is an ileal conduit an option?	Is a neobladder an option?	Is a continent cutaneous reservoir an option?
Yes	Talk with your surgeon	Talk with your surgeon

If a healthcare provider told you your heart or lungs don't work as well as they should

Is an ileal conduit an option?	Is a neobladder an option?	Is a continent cutaneous reservoir an option?
Yes	Talk with your surgeon	Talk with your surgeon

If you need help bathing, dressing, using the toilet, moving from one place to another, or eating

Is an ileal conduit an option?	Is a neobladder an option?	Is a continent cutaneous reservoir an option?
Yes	No	No

Your lifestyle

Some people can choose between more than 1 type of urinary diversion. Think about your daily life and what's important for you. Here are a few things you may want to think about to make your decision.

Recovery time after surgery (varies by person)

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
6 weeks to 3 months	6 weeks to 3 months. It takes up to 1 year to adjust to a neobladder.	6 weeks to 3 months. It takes up to 1 year to adjust to a reservoir.

Wearing a urostomy pouch

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
Yes	No	Very rarely

Putting in a catheter to drain urine

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
No	Only if you cannot empty your neobladder on your own	Always

Following a schedule to empty your urine

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
Empty the urostomy pouch every 2 to 4 hours or when half full	At first: Void every 2 hours, day and night. Later: Void every 4 hours during the day and every 1 to 2 hours at night.	At first: Catheterize every 2 hours, day and night. Later: Catheterize every 4 hours during the day and every 1 to 2 hours at night.

Needing to wear pads or diapers

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir

No	Yes, early on. Leakage gets better sooner during the day than leakage at night. Sometimes, it’s permanent.	No

Sleep schedule

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
You’ll connect the urostomy pouch to an overnight bag and do not need to wake to empty it	You’ll void overnight. You’ll void every 2 to 3 hours at first, then 1 to 2 times at night once the neobladder stretches.	You’ll catheterize overnight. You’ll catheterize every 2 to 3 hours at first, then 1 to 2 times at night once the reservoir stretches.

When you travel

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
Always carry urostomy supplies. When flying, maybe tell TSA so they can speed screening.	You may need to carry pads or catheters	Always carry catheters and irrigation supplies

When you have sex

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
Empty the pouch before sex. You can use an ostomy wrap or a stoma guard.	Empty the neobladder before sex. You may have urinary leakage with arousal or climax.	Empty the reservoir before sex. You can cover the stoma with a dressing.

Read the sections “What to expect during each stage of recovery” and “Common questions” for more detailed information about each of these issues.

Risks and complications

It’s common to have a complication (problem related to surgery) after bladder removal surgery. It happens to about 70 out of every 100 people during the first 90 days after surgery. Most of these problems are lower risk and easily managed.

About 20 out of every 100 people have a more serious (very bad) problem after bladder removal surgery.

Here are some examples of what can happen.

Common complications **More than 20 out of every 100 people who have this surgery may have this problem.**	• Wound infections. • Urinary tract infections (UTI). • Sexual problems (such as erectile dysfunction or a shortened vaginal canal). • Readmission (return) to the hospital.
Occasional complications **Between 4 and 20 out of every 100 people who have this surgery may have this problem.**	• Ileus (slow return of bowel function). • Anastomotic stricture. This is scar tissue where your ureters connect to your urinary diversion, or where your neobladder connects to your urethra. • Blood clots in the blood vessels of your legs or lungs. • Low vitamin B12 levels over time. • Changes in bowel habits (such as needing to go more often, diarrhea, or constipation).
Rare complications **3 or fewer out of every 100 people who have this surgery may have this problem.**	• Bowel obstruction (a blockage in your intestine) or a leak where your surgeon connected your bowel back together. • Urine leaks from where your ureters connect to your intestine or from the connections in your urinary diversion. • Surgery wound separates. • Incisional hernia. This is when part of your intestine or other tissue pushes through your abdominal muscles near the surgical cut. • Death. Chances are higher the older you are.

This is not a complete list of complications. Talk with your surgeon about your risks.

Complications by diversion type

This section lists which complications are common, occasional, and rare based on diversion type.

- Common: Between 20 and 100 out of every 100 people may have this problem after surgery.
- Occasional: Between 4 and 20 out of every 100 people may have this problem after surgery.
- Rare: 3 or fewer out of every 100 people may have this problem after surgery.

Problems with the stoma

Your ostomy nurse and care team will help you with these problems.

Ileal conduit	Neobladder	Continent catheterizable reservoir
Parastomal hernia (a bulge next to the stoma from muscle weakness): **Common** **Stoma dermatitis** (irritated skin around the stoma): **Common** **Stomal stenosis** (when the stoma narrows, making it hard for urine to drain): **Occasional**	No stoma	**Parastomal hernia** (a bulge next to the stoma from muscle weakness): **Occasional** **Stoma dermatitis** (irritated skin around the stoma): **Rare** **Stomal stenosis** (when the stoma narrows, making it hard for urine to drain): **Common**

Urinary leakage

You may need more testing and treatment if this does not stop.

Ileal conduit	Neobladder	Continent catheterizable reservoir

Urostomy bag leaks - Right after surgery: **Common** - As you get used to the urostomy bag: **Rare**	**Urinary leakage during the day that makes you need a pad or diaper** - Right after surgery: **Common** - 1 year after surgery: **Occasional** **Urinary leakage at night that makes you need a diaper: Common**	**Urinary leakage from the stoma: Occasional**

Urinary retention

You must use a catheter to empty the diversion.

Ileal conduit	Neobladder	Continent catheterizable reservoir
Rare	Male: **Occasional** Female: **Common**	**Always.** This is not a complication.

Electrolyte or metabolic problems

Medicine can help with this.

Ileal conduit	Neobladder	Continent catheterizable reservoir
Occasional	**Occasional**	**Common**

Stone buildup in your urinary system

You can help prevent this: Drink enough water, use timed voiding, and irrigate the diversion. Follow your care team’s instructions.

Medicine and surgery can treat this.

Ileal conduit	Neobladder	Continent catheterizable reservoir

Occasional	Rare	Common

What to expect during each stage of recovery

Your recovery after surgery will depend on which urinary diversion you have. Things get easier with time. It can help to know what to expect at each stage of your recovery.

There are many resources about how to take care of your urinary diversion. Your care team, ostomy nurse, and others will also support you.

Right after surgery

Tubes you will wake up with

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
• Stents, if needed • A tube in your stoma, if needed • A urostomy pouch • A surgical drain	• Stents, if needed • 1 or more catheters in your neobladder • A surgical drain	• Stents, if needed • 1 or more catheters in your reservoir • A surgical drain

During your hospital stay

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
An ostomy nurse or your care team will teach you and your caregiver how to empty and change your urostomy pouch.	Your care team will teach you and your caregiver about irrigating the catheter in your neobladder. You must do this a few times a day while you have the catheter.	Your care team will teach you and your caregiver about irrigating the catheter in your reservoir. You must do this a few times a day while you have the catheter.

Tubes you will go home with

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir

- You'll go home with the urostomy pouch. - You may also go home with other tubes, based on what your surgeon thinks is best for you.	- You'll go home with a urinary catheter in your neobladder. It lets your neobladder heal. - You may also go home with other tubes, based on what your surgeon thinks is best for you.	- You'll go home with catheters in your reservoir. They let the reservoir heal. - You may also go home with other tubes, based on what your surgeon thinks is best for you.

When you go home after surgery

Tip: Getting used to a urinary diversion is a big change for your body and your daily life. It can really help to have family or friends with you when you first go home. Some people also stay at a rehab center after surgery to build strength and get extra support.

Imaging and follow-up

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
- Most people do not need imaging scans right after surgery.	- You'll go to your surgeon's office to take out the urinary catheter. - You may have a cystogram (X-ray of your neobladder). This checks how the neobladder is healing before they take out the catheter. - Your care team most often will give you antibiotics before they remove your catheter.	- You'll go to your surgeon's office to take out the urinary catheters. - You may have a pouch-o-gram (X-ray of your reservoir). This checks how the reservoir is healing before they take out the catheters. - Your care team most often will give you antibiotics before they remove your catheters.

Taking care of your urinary diversion

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir

• You and your caregiver will keep getting better at changing your urostomy pouch. Your care team and ostomy nurse will support you. • You must learn to care for the skin around your stoma.	• Your care team will teach you how to empty your neobladder. First, you’ll relax your pelvic floor. Then, you’ll squeeze your abdominal wall muscles to void through your urethra. It’s just like how you poop or let out gas. This is a method called strain voiding. • You must void on a schedule during the day and night. At first, this will be about every 2 hours. You’ll void less often as your neobladder stretches and can hold more urine. • Your care team will teach you how to strengthen your urinary sphincter muscle to control urinary leakage. Leakage often gets better over time. You’ll need pads or adult diapers until it gets better. Most people notice their bladder control gets better during the day before at night. Seeing a pelvic floor physical therapist may help. • If you cannot empty your neobladder, your care team will teach you how to drain your urine on a schedule using a catheter.	• Your care team will teach you how to drain your urine using an intermittent catheter. They’ll also teach you how to irrigate your continent cutaneous reservoir. • You must empty your reservoir on a schedule during the day and night. At first, this will be about every 2 to 3 hours. You’ll need to catheterize less often as your reservoir stretches and can hold more urine. • In some cases, urine may leak from your stoma. • You may have trouble getting the catheter into your reservoir. If so, try catheterizing in a different position (like sitting, standing, or lying down). Stay relaxed. You can also try using plenty of lubricant on the catheter. Also try a smaller or different type of catheter. If you still have trouble, contact your care team right away so they can help you.

Supplies to keep with you

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
You'll need to carry urostomy pouch supplies when you go to your doctor's office, have procedures, or travel.	You may need to carry pads, adult diapers, or catheters.	You must always carry catheters with you and bring irrigation supplies when you travel.

1 to 3 months after surgery

Taking care of your urinary diversion

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir

• You and your caregiver will keep getting better at changing your urostomy pouch. Your care team and ostomy nurse will support you. • You must learn to care for the skin around your stoma.	• You'll get more comfortable with relaxing your pelvic floor and tightening your abdominal muscles to pee through your urethra. • You'll leak urine during the first part of your recovery. This should slowly get better over time. Most people notice it gets better during the day before at night. You must wear pads or diapers while your body heals. Pelvic floor exercises can help you regain control and reduce leakage. • You must follow a schedule for going to the bathroom, even at night. This is called timed voiding. It prevents your neobladder from getting too full or stretched out. Follow the schedule your care team gives you. • The time between bathroom trips will get longer as your neobladder gets used to holding more urine and stretches. • You may not be able to empty your neobladder well by strain voiding. If so, your care team will teach you how to place an intermittent catheter through your urethra to drain the urine. Follow the catheterization schedule they give you.	• You'll use a catheter to drain your urine every 4 hours. • You may need to irrigate your reservoir a few times a week to clear out mucus. Follow your care team's instructions. • If you cannot get the catheter into your reservoir, try troubleshooting. If you still have trouble, contact your care team right away so they can help you.

Supplies to keep with you

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
You must carry urostomy pouch supplies when you go to your doctor’s office, have procedures, or travel.	You may need to carry pads, adult diapers, or catheters.	You must carry catheters with you and bring irrigation supplies when you travel.

About 1 year after surgery

Taking care of your urinary diversion

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir

• You and your caregiver will be more comfortable changing your urostomy pouch. • You must keep caring for the skin around your stoma. • If you lose or gain weight, you'll work with an ostomy nurse to change the type of urostomy pouch you use.	• You'll be more comfortable using the strain voiding method. Timed voiding is part of your daily routine. Aim to void about every 4 hours during the day and 1 to 2 times at night. • Most people notice they have better control during both day and night and leak less urine. Control during the day often returns before control at night. • You may still have urinary incontinence during the day or night. If so, your care team may recommend that you see a pelvic floor physical therapist or a reconstructive urologist. They can help you improve your bladder control. • If you cannot fully empty your neobladder on your own, you may need to keep using a catheter to help. Your care team will tell you if this is needed.	• You'll be comfortable using a catheter to drain your urine. Aim to catheterize about every 4 hours during the day and 1 to 2 times at night. • You'll be comfortable irrigating your reservoir as often as needed to clear out mucus. Follow your care team's instructions. • If you cannot get the catheter into your reservoir, try troubleshooting. If you still have trouble, contact your care team right away so they can help you.

Supplies to keep with you

With an ileal conduit	With a neobladder	With a continent cutaneous reservoir
You must carry urostomy pouch supplies when you go to your doctor's office, have procedures, or travel.	You may need to carry pads, adult diapers, or catheters.	You must carry catheters with you at all times and irrigation supplies when you travel.

Which diversion seems right?

There's no perfect urinary diversion. Over time, people are just as happy with each option. The goal is to choose the option with challenges that best fit your life.

Ileal conduit **If you agree with these statements, an ileal conduit may be a good choice for you.**	**Neobladder** **If you agree with these statements, a neobladder may be a good choice for you.**	**Continent cutaneous reservoir** **If you agree with these statements, a continent cutaneous reservoir may be a good choice for you.**
I will work with an ostomy nurse and my care team to learn how to care for my urostomy pouch	I have the time, effort, and patience to learn how my new bladder works and how to take care of it. I know the time I spend learning now will help me adjust to my new normal in the long run.	I have the time, effort, and patience to learn how my reservoir works and how to take care of it. I know the time I spend learning now will help me adjust to my new normal in the long run.
I'll empty my urostomy pouch at regular times each day. I'll change the urostomy pouch every few days. I'll work with my care team to address any concerns about skin or hernias.	I understand I must learn a new way of voiding. I will void on a schedule to empty my neobladder, day and night. At first, I will need to go more often. Over time, I can wait longer between voids. I know I may leak urine from my urethra after surgery. I'll need pads or diapers. I know this can happen during recovery, and sometimes it can be long-term. I also know that leakage at night takes longer to get better than leakage during the day.	I'm willing to catheterize my reservoir on a schedule, day and night, for the rest of my life. I will irrigate the reservoir to clear out mucus. I know if I have trouble putting a catheter into my reservoir, I must troubleshoot this. I will contact my care team right away if I still have trouble.
I'm not willing or able to put a catheter in my body to empty my urine.	I'm willing to learn how to use the strain voiding technique to empty my neobladder. If I can't empty it fully, I'll use a catheter to help.	I will catheterize on a regular schedule for the rest of my life. I know I must always carry catheter supplies with me.

I'm ready to follow hydration (drinking) guidelines.	I will follow hydration (drinking) guidelines, void at scheduled times. I'll learn a new way to empty my bladder.	I'll follow hydration (drinking) guidelines, catheterize at scheduled times. I'll irrigate my reservoir to clear out mucus.
I feel comfortable adapting to wearing a bag on my body as part of my diversion.	It's important to me to have my body look the same way it does now. This will guide how I make a decision.	It's important to me to have my body look the same way it does now. This will guide how I make a decision.

Common questions

What is the average recovery time?

Recovery times are not the same for everyone. In general:

- With an ileal conduit: It takes about 6 to 12 weeks (3 months) to get back to most of your usual activities.
- With a neobladder or continent cutaneous reservoir: It takes about 6 weeks to 12 months for a full recovery and to adjust.

Some people may feel better sooner. But it often takes time to build strength and get used to lifestyle changes. Getting used to a urinary diversion is a big physical, mental, and emotional change. It's OK to ask for support for this new way of life.

Can I sleep through the night?

This depends on the type of diversion you have and your stage of recovery.

With an ileal conduit: You can connect your urostomy pouch to an overnight drainage bag. You may need to change your sleeping position to use the overnight bag.

With a neobladder or continent cutaneous reservoir: You should empty your diversion at regular times each night. You'll empty it more often at the start. You'll empty it less often once your neobladder or reservoir stretches over time.

With a neobladder: Leakage at night often takes longer to get better than leakage during the day. You may need to wear adult diapers or pads at night to stay dry. Some males with neobladders use a condom-catheter overnight.

To sleep better:

- Empty your neobladder or reservoir right before you go to bed.
- Stop drinking for 4 hours before bedtime.
- Avoid caffeine after lunch.
- Get treatment for health problems such as sleep apnea. People with sleep apnea can make more urine while they sleep.

Can I still do my regular activities?

Most people can go back to the normal activities once they fully recover after surgery. This is true no matter what type of diversion you have.

It’s important to stay active. But remember you may have a higher chance of getting hernias after an abdominal surgery. Be careful with heavy lifting or strenuous activities (activities that take lots of energy or effort). Some people use a hernia belt.

Will this affect having sex?

Recovery is not the same for everyone.

If you have a penis: How surgery affects your erectile function (your ability to get an erection) depends on a few things:

- Your erectile function before surgery.
- If you can have nerve-sparing surgery. Ask your surgeon whether nerve-sparing surgery is an option for you.

There are treatments to help with erectile dysfunction (trouble getting an erection). Treatments can include medicine, surgery, or both.

If you have a vagina: Your surgeon will try not to remove your vagina. This depends on the cancer’s location. If they remove part of your vagina, it may be shorter. This can affect penetration (putting something into your vagina). In most cases, the clitoris stays in place. Vaginal dilators and hormonal therapy may help make penetration more comfortable.

Please talk to your surgeon about your options.

Must I stay near my home if I have a continent cutaneous reservoir or need to catheterize a neobladder?

No, you do not need to stay close to home. With the right supplies, you can use a catheter wherever you are. You can travel anywhere with any of these diversions. Once you get used to it, most people can catheterize in less than 10 minutes each time.

Can I go swimming with a urinary diversion?

Yes, you can go swimming with all diversion types. It’s helpful to empty the urostomy pouch, catheterize, or void before you go swimming. Some people use a special urostomy bag for swimming with an ileal conduit. It’s up to you if you want to try one.

How do I get supplies for my urostomy or catheters?

A medical supply company will ship your supplies to your home every month. An ostomy nurse or your care team will set this up for you. It’s often covered by insurance.

With an ileal conduit, you can buy special clothes for swimming, sexual activity, and hiding the pouch.

Can I change the type of diversion I have?

It’s very rare to change your diversion type. In some cases, your surgeon may offer it, but you would need a more complex surgery. Your surgeon may need to use more of your bowel. This is something we try very hard to avoid.

Why can’t I get a bladder transplant?

Bladder transplants are still being researched. We don’t know yet how well they work in the short or long term. Also, people often must be free of cancer for at least 5 years before they can get any organ transplant. That’s because the medicines needed after a transplant weaken the immune system and could make the cancer grow faster.

What should I be aware of for each urinary diversion as I age?

There may come a time when your age makes it harder to manage anymore. You may be in a nursing home. At some homes, the staff, home health nurses, and aides know how to care for urostomy pouches and reservoir catheters. It’s a good idea to check the nursing home's staff training and policies.

The staff may not be comfortable putting a catheter into a continent reservoir. But you can no longer do this yourself. If so, a catheter can be left in place. This type of catheter must be irrigated a few times a day.

If you have a neobladder, you may have new urinary leakage as you get older. Or, you may not be able to fully empty it. You should tell your care team about these changes.

You may want to wear a medical alert bracelet so emergency workers know you have a urinary diversion.

You'll know more about your diversion than some healthcare workers. It's important to speak up and be your own advocate.

How do I manage UTIs?

The diversion is made from bowel. That's why urine from a urinary diversion always has some bacteria in it. This can cause a urinary tract infection UTI).

If you do not have any UTI symptoms, your care team often will not recommend antibiotics. However, UTIs with a urinary diversion can be very bad. To help prevent infections, it's important to:

- Drink plenty of liquids.
- Empty your urine regularly.
- Flush out mucus with irrigation.

If you keep getting UTIs, your care team may give you medicine or do tests to help prevent them.

What does catheterization feel like?

You may feel some discomfort while you're learning to self-catheterize. This gets better over time. Work with your care team to find a way to self-catheterize that works best for you.

If you have a continent cutaneous reservoir: Your catheterizable channel has no nerve endings and catheterization often causes no pain. Your care team will teach you how to self-catheterize. They'll fix any problems.

If you have a neobladder: It will not feel like your original bladder because it's made from intestine. This can make it easier to self-catheterize, if you need to.

What is my follow-up plan for my care?

The follow-up plan for your care depends on the cancer you had. It also depends on your type of urinary diversion. It's important to talk with your surgeon about these things to get guidance that's right for you.

It's important to get regular check-ups over the long term for all diversion types. This helps you and your care team watch out for any problems that may come up later.

Can I talk with other people who have a urinary diversion?

It can help to talk with others who went through this same experience. You can ask your surgeon's office for information on local peer support groups, or check social media.

You can also join the Bladder Cancer Advocacy Network (BCAN) support groups to connect with other patients and caregivers. Visit www.bcan.org/bladder-cancer-support-groups to learn more. It's program to connect survivors with other survivors (www.bcan.org/find-support/survivor-to-survivor) is highly rated.

References and resources

General

- Bladder Cancer Advocacy Network (BCAN)
- When the Bowel Becomes the Bladder: Changes in Metabolism After Urinary Diversion

Ileal conduit

- *About Your Bladder Surgery With an Ileal Conduit (Urostomy)* (www.mskcc.org/pe/bladder-surgery-urostomy)
- www.med.umich.edu/1libr/RogelCancerCenter/UrostomyBooklet.pdf
- www.med.unc.edu/urology/patientcare/procedures/cystectomy/postoperative…
- Radical Cystectomy and Ileal Conduit: A Patient's Guide

Neobladder

- *About Your Bladder Surgery With a Neobladder* (www.mskcc.org/pe/bladder-surgery-neobladder)
- *Caring for Your Ileal Neobladder* (www.mskcc.org/pe/caring-ileal-neobladder)
- A New Beginning…Orthotopic Neobladder Care

Training your pelvic floor muscles

- *Pelvic Floor Muscle (Kegel) Exercises for Males* (www.mskcc.org/pe/kegels-males)
- *Pelvic Floor Muscle (Kegel) Exercises for Females* (www.mskcc.org/pe/kegels-females)

Find local pelvic floor physical therapists

- American Physical Therapy Association (APTA): Pelvic health physical therapist (PT) locator

Virtual physical therapy

- Kins: Specialized pelvic health physical therapy
- Pelvic Gym

Sex educators

- American Association of Sexuality Educators, Counselors and Therapists (AASECT)
- Society for Sex Therapy & Research: Find a therapist

Virtual ostomy nursing

- United Ostomy Associations of America (UOAA)
- www.MePlusRecovery.com
- Wound, Ostomy, & Continence Nurses (WOCN) Society

Continent cutaneous reservoir

- *About Your Bladder Surgery With a Continent Cutaneous Diversion* (www.mskcc.org/pe/bladder-surgery-ccd)
- Bladder Cancer Advocacy Network (BCAN): Treatment Talk | Indiana Pouch

References

- Shabsigh, A., et al. (2009). “Defining Early Morbidity of Radical Cystectomy for Patients with Bladder Cancer Using a Standardized Reporting Methodology.” *European Urology* 55(1): 164-176.
- Catto, J. W. F., et al. (2022). “Effect of Robot-Assisted Radical Cystectomy With Intracorporeal Urinary Diversion vs Open Radical Cystectomy on 90-Day Morbidity and Mortality Among Patients With Bladder Cancer: A Randomized Clinical Trial.” *Jama* 327(21): 2092-2103.
- Clements, M. B., et al. (2022). “Health-related Quality of Life for Patients Undergoing Radical Cystectomy: Results of a Large Prospective Cohort.” *European Urology* 81(3): 294-304.

Quick summary

This table gives a summary of what to expect day-to-day with each type of diversion.

Ileal conduit **Urine drains from a stoma (an opening on your abdomen) into a pouch outside your body all the time**	**Neobladder** **A pouch (reservoir) inside your body is connected to your urethra, letting you pee**	**Continent cutaneous reservoir** **A pouch inside your body is drained on a schedule by putting a catheter into a stoma**
Will I wear a pouch outside my body? Yes, always	**Will I wear a pouch outside my body?** No	**Will I wear a pouch outside my body?** No (or very rarely)

Will I need to use a catheter? No	**Will I need to use a catheter?** Sometimes	**Will I need to use a catheter?** Yes, always
Will I need to wear a pad or diaper? No	**Will I need to wear a pad or diaper?** Maybe	**Will I need to wear a pad or diaper?** No

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you’re not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

What Type of Urinary Diversion Is Right for Me? - Last updated on April 22, 2026