

Continent Cutaneous Diversion (Indiana Pouch)

Patient Information · An internal pouch you empty with a catheter — no bag

WARWIKI

A continent cutaneous diversion is an internal pouch made from your own bowel that stores urine inside your body, with a small, leak-proof opening (a stoma, often hidden in the navel). Instead of wearing a bag, you empty the pouch by passing a catheter through the opening several times a day. The Indiana pouch is the most common version.

About This Procedure

A piece of **large and small intestine** is reshaped into a low-pressure **reservoir** inside the belly; the ureters (tubes from the kidneys) drain into it. A short channel with a built-in **one-way valve** is brought to the skin — often the **belly button** — as a small, flat stoma that stays dry between catheterizations.

- You pass a catheter to drain the pouch about **every 4–6 hours**.
- You **flush (irrigate)** the pouch to clear mucus.
- **No bag** — just a small pad or bandage over the stoma.

It is a good choice for people who want no bag, are not candidates for (or prefer not to have) a neobladder, and can **reliably catheterize** — which needs steady hands and eyesight, or a caregiver who can help.

Is It Safe?

This is a well-established continent option. It is a larger, longer operation than a conduit, and it requires catheterizing for life. Risks include surgery risks (bleeding, infection, a leak), trouble passing the catheter or the stoma narrowing or leaking (sometimes needing a touch-up procedure), stones in the pouch, mucus, urine infections, and long-term salt/vitamin/kidney changes watched at follow-up.

LEARN THE TERMS

Continent diversion

A urine system that stays leak-proof — you control when it empties.

Indiana pouch

The most common continent pouch, built from right colon and small bowel.

Reservoir (pouch)

The internal sac, made from bowel, that holds urine.

Stoma

The small skin opening (often the navel) you pass the catheter through.

Catheterize

To pass a thin tube through the stoma to drain the pouch.

Irrigate

To flush the pouch with water to clear mucus.

Ureters

The tubes that carry urine from the kidneys; they drain into the pouch.

Mucus

Slippery fluid the bowel makes; clearing it is part of routine care.

WILL IT HURT? The surgery is done under general anesthesia, so you feel nothing during it. Afterward, expect belly soreness, and the bowel takes a few days to “wake up.” You wake up with a tube in the pouch (plus soft stents) that stays about 3–4 weeks while it heals — you flush it to clear mucus. Most people stay in the hospital about 5–8 days.

How to Get Ready (Before Surgery)

- Done under **general anesthesia** — follow all surgery instructions (fasting, hold blood thinners as told). You may have a **bowel prep**.
- Your team plans the **stoma site** (often the navel) and confirms that you — or a caregiver — can manage **catheterizing for life**.
- **Do not smoke**, and arrange help at home afterward.

Tell your team ahead of time if you:

- Take a **blood thinner**, or have a current infection
- Have **bowel disease**, kidney problems, or any **hand or vision** difficulty that affects catheterizing

What Happens During Surgery

- 1 You are asleep under anesthesia and antibiotics are given.
- 2 A piece of bowel is set aside and the rest of the bowel is reconnected.
- 3 The bowel is reshaped into a pouch, and a catheterizable channel with a one-way valve is brought to the skin as a stoma.
- 4 The ureters are connected; a pouch tube and soft stents are placed while it heals.

After Surgery

- You go home in about **5–8 days** with the **pouch tube for ~3–4 weeks**; flush it regularly to clear mucus.
- After it is removed and the pouch heals, you **catheterize the stoma every 4–6 hours** and irrigate to clear mucus.
- The stoma stays **dry** — a small pad or bandage covers it (no bag).
- Mucus is normal; drink fluids; lifelong follow-up (vitamin B12, pouch checks). **Avoid heavy lifting ~6 weeks.**

Call your team or seek care right away if you:

- **Cannot pass the catheter or get no urine out** — the pouch can over-fill and must be drained urgently
- Have a fever or chills
- Have severe belly pain, vomiting, or **no gas or stool**
- Have heavy bleeding or clots blocking the catheter, or wound redness or drainage

THREE THINGS TO REMEMBER

1. A continent cutaneous (Indiana) pouch stores urine inside you, with a small leak-proof opening you empty by catheter — no bag.
2. You will catheterize the stoma every 4–6 hours and flush it to clear mucus, for life — so steady hands and eyesight (or a helper) matter.
3. Prepare with fasting and bowel prep, don't smoke, and arrange help. Seek care urgently if you ever cannot pass the catheter or get no urine out.