

An ileal conduit is a way to drain urine after the bladder is removed or no longer works. The surgeon uses a short piece of your own bowel to carry urine from the kidneys to a small opening on your belly (a stoma), where it drains into a lightweight bag you wear. It is the simplest and most common urinary diversion.

About This Procedure

A **6–8 inch piece of small intestine** is used as a **passageway** — it does not store urine. The ureters (the tubes from your kidneys) are connected to it, and one end is brought to the skin as a **stoma**, usually on the lower-right belly. Because urine drains **continuously**, you wear a lightweight pouch (an **ostomy bag**) over the stoma that you empty through the day and change every few days.

- There is **nothing to control and nothing to catheterize**.
- The rest of your bowel is **reconnected** so digestion continues normally.
- An **ostomy nurse** teaches you how to care for the stoma and bag.

Is It Safe?

The ileal conduit has been the standard incontinent diversion for over 70 years — it is the simplest, with the shortest operation. Like any major surgery it carries risk (bleeding, infection, a leak where the bowel or ureters are joined). Over time some people have stoma or skin issues, urine infections, or salt/vitamin changes — all watched for at follow-up.

LEARN THE TERMS

Urinary diversion

A new path for urine to leave the body when the bladder is gone or not working.

Ileal conduit

A short piece of small bowel that carries urine to a stoma.

Stoma

The small opening on your belly, made from bowel, where urine comes out.

Ostomy bag

The pouch (appliance) worn over the stoma to collect urine.

Ureters

The tubes that carry urine from the kidneys; they are joined to the conduit.

Ostomy nurse

A nurse who marks your stoma site and teaches stoma and bag care.

Mucus

Slippery fluid the bowel makes; strands in the urine are normal.

Peristomal skin

The skin around the stoma, which is kept clean and protected.

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 start with liquids and build up). The stoma itself has no feeling. Most people stay in the hospital about 5–7 days.

How to Get Ready (Before Surgery)

- Done under **general anesthesia** — follow all surgery instructions (fasting, and which medicines to hold, including blood thinners). You may have a **bowel prep**.
- Meet the **ostomy nurse**, who marks the best spot for your stoma while you sit, stand, and lie down — this is important for a comfortable, leak-free fit.
- **Do not smoke** — it slows healing — 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** (such as Crohn’s or colitis) or prior abdominal surgery or radiation

What Happens During Surgery

- 1 You are asleep under anesthesia and antibiotics are given.
- 2 A short piece of bowel is set aside and the rest of the bowel is reconnected.
- 3 The ureters are joined to the bowel segment.
- 4 One end is brought through the belly as a stoma; soft stents and a drain are placed while it heals.

After Surgery

- You go home in about **5–7 days**. The ostomy nurse teaches you to **empty the bag** (several times a day) and **change the appliance** (every few days).
- **Mucus** strands in the urine are normal — the bowel makes it.
- **Drink plenty of fluids**, and care for the skin around the stoma.
- **Avoid heavy lifting for about 6 weeks**. You’ll have lifelong check-ups (kidney function, vitamin B12).

Call your care team or seek care if you have:

- A fever or chills
- The stoma turns **dark, dusky, or pulls inward**
- **Little or no urine** in the bag for several hours
- Severe belly pain, vomiting, or **no gas or stool** (bowel not working)
- Heavy bleeding, or wound redness or drainage

THREE THINGS TO REMEMBER

1. An ileal conduit uses a short piece of bowel to drain urine to a stoma on your belly, into a bag — the simplest diversion, with nothing to catheterize.
2. To prepare: follow your fasting and bowel-prep instructions, meet the ostomy nurse for stoma marking, don’t smoke, and arrange help at home.
3. Mucus in the urine is normal, and the ostomy nurse will teach you bag and skin care. Call right away for fever, a dark stoma, no urine in the bag, or a belly that won’t pass gas or stool.