

Urinary Diversion — Comparing Your Options

Patient Information · Three ways to drain urine when the bladder is removed or no longer works

WARWIKI

When the bladder is removed or no longer works, urine needs a new way to leave the body — this is called urinary diversion. There are three main types. They use a piece of your own bowel and differ most in **how you empty urine day to day**: a bag on the belly, urinating through the urethra, or emptying with a catheter. This sheet compares them; each also has its own detailed handout.

The Three Options

WEARS A BAG

Ileal Conduit

A short piece of bowel carries urine to a small opening (a **stoma**) on the belly, where it drains constantly into a lightweight **bag** you empty and change. Simplest and most common; nothing to control or catheterize.

URINATES THROUGH THE URETHRA · NO BAG

Orthotopic Neobladder

A new pouch made from bowel is connected to your **urethra**, so you urinate the natural way with no bag. You learn to empty on a **schedule** (day and night), may need to use a catheter at times, and leakage is common at first.

EMPTIES WITH A CATHETER · NO BAG

Continent Cutaneous (Indiana Pouch)

An internal pouch from bowel stores urine, with a small leak-proof opening (often in the **navel**). No bag — you pass a **catheter** through the opening to empty it several times a day.

LEARN THE TERMS

Urinary diversion

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

Stoma

A small opening on the skin, made from bowel, that urine passes through.

Conduit

A short piece of bowel that carries urine to a stoma (it does not store urine).

Neobladder

A new bladder built from bowel and joined to the urethra.

Continent

Stays leak-proof — you control when it empties.

Incontinent diversion

Drains all the time into a bag (the ileal conduit).

Catheterize

To pass a thin tube to drain urine.

Mucus

Slippery fluid the bowel makes; seeing strands of it in urine is normal after any diversion.

WHICH IS RIGHT FOR ME? The best choice depends on your anatomy, kidney function, other health conditions, and your hand strength and eyesight (needed for catheterizing) — as well as your lifestyle and what matters most to you. Not everyone is a candidate for every type. Your surgeon will tell you which options are safe for you.

How They Compare

	Ileal Conduit	Neobladder	Continent (Indiana)
How you empty	Drains on its own	Urinate via urethra	Catheter via stoma
Wear a bag?	Yes	No	No
Catheter needed?	No	Sometimes	Always, every 4–6 h
Surgery size	Smallest	Larger	Larger
Daily effort	Empty & change bag	Timed voiding, day & night	Catheterize & flush

Questions to Ask Your Surgeon

- Which options am I a **candidate** for, and which do you recommend for me?
- What will **daily life** and self-care look like with each?
- How will it affect **work, exercise, sleep, and intimacy**?
- What are the main **risks** and the chance I'd need another procedure later?

The Same for All Three

- A piece of your **own bowel** is used, so the gut needs a few days to recover after surgery.
- **Mucus** in the urine is normal — bowel makes it.
- You'll need **lifelong follow-up**, including **vitamin B12** checks (the bowel segment can lower B12 over years).
- **Drink plenty of fluids** to keep things flushed.

THREE THINGS TO REMEMBER

1. There are three ways to divert urine — a **bag** (ileal conduit), urinating through the **urethra** (neobladder), or emptying with a **catheter** through a small opening (Indiana pouch).
2. They are most different in **daily care**. The best fit depends on your health and what matters to you — and not everyone can have every type.
3. All three use bowel, so all share mucus in the urine, a few days for the gut to recover, and lifelong follow-up. Read the detailed handout for the option you choose.