

應用盲腸或縮窄的迴腸段來做爲可禁式儲尿囊之自我導尿
肢

**The Use of The Appendix or Tapered Ileal
Segment as a Continent Catheterizable Efferent
Limb of Urinary Reservoir**

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摘要

背景與目的：5 位患有膀胱肌肉層侵犯之膀胱癌病患在接受全膀胱摘除手術之後以迴腸來重建代用膀胱，並應用改良式的 Mitrofanoff 步驟來建立禁尿機制。我們報告這 5 位病患對代用膀胱禁尿機制的使用滿意度及功能評估結果。方法：上述 5 位病患之術後追蹤期從 28 至 99 個月不等（平均 53 個月）。3 位病患使用修飾後的盲腸，而另兩位使用縮窄的迴腸段來建構可禁尿的自我導尿肢。1 位病患在術後 28 個月死於膀胱癌遠處轉移。結果：在 53 個月的平均追蹤期中，5 位病患皆滿意並能夠輕易地從肚臍造瘻口執行自我導尿，尿路動力學評估顯示低壓的代用膀胱和穩定的擴約肌張力，而且沒有漏尿現象。5 位病患皆無造瘻口狹窄或導尿肢穿孔的現象，隨著代用膀胱容積之逐漸增加，導尿間距從 3 小時延長至 5 小時。追蹤期中從影像學檢查上並無病患患有輸尿管膀胱交接處狹窄或尿液逆流之現象發生。結論：就建構一個可禁尿的自我導尿肢而言，盲腸或縮窄的迴腸段似乎是令人滿意的構造，而且將造瘻口安置於肚臍上具有增加美觀及增進病患生活品質之益處。

Abstract

Background and Purpose: We report our functional results of ileal continent reservoir, which utilized the modified Mitrofanoff procedure as the continence mechanism in 5 invasive bladder cancer patients post radical cystectomy. Methods: Five invasive bladder cancer patients accepted radical cystectomy with ileal continent reservoir formation and follow-up ranged from 28 to 99 months (mean 53). Three patients accepted modified appendix and two accepted the ileal segment tapering as the continent catheterizable efferent limb. One patient died of metastatic bladder cancer 28 months postoperatively. Results: During the mean follow-up of 53 months, all the 5 patients were satisfied with the ease of performing self-catheterization through the umbilical stoma. Urodynamic

evaluations revealed lowpressure reservoir and stable sphincter tonewithout urine leakage. None of patients had stoma stenosis or appendix perforation, catheterization interval increased from 3 to 5 hours as reservoir capacity developed. Conclusion: The appendix or tapered ileal segment seem to be the satisfactory structure for the creation of a continent catheterizable conduit and the placement of stoma in the umbilicus proves to be advantageous in enhancing the patient's body image and quality of life.