

Oral presentation

Open Access

The double dutch technique: split ileal graft and double Monti tube in ileocystoplasty

Pieter Dik*, Rafal Chrzan, Aart Klijn and Tom De Jong

Address: Wilhelmina Kinderziekenhuis Lundlaan 6 P.O. BOX 85090 3584 EA Utrecht KE.04.140.5, The Netherlands

Email: Pieter Dik* - P.Dik@umcutrecht.nl

* Corresponding author

from 53rd Annual Meeting of the Society for Research into Hydrocephalus and Spina Bifida
Belfast, UK. 24-27 June 2009

Published: 27 November 2009

Cerebrospinal Fluid Research 2009, **6**(Suppl 2):S33 doi:10.1186/1743-8454-6-S2-S33

This abstract is available from: <http://www.cerebrospinalfluidresearch.com/content/6/S2/S33>

© 2009 Dik et al; licensee BioMed Central Ltd.

Background

We introduce a modification of ileocystoplasty combined with double Monti tube. This modification prevents the dog ear of the ileum during detuberalisation and also the Monti tube is supported by the surrounding mesenterium of the ileal augment.

Materials and methods

In 5 patients that needed ileocystoplasty the new technique has been used. Four patients had a small neuro-pathic bladder, one patient had a small contracted bladder without neurological disorder.

The surgical technique is as follows: 30 or 40 cm ileum is isolated and plicated in a U shape and completely divided in the middle. A 16 mm wide strip of ileum is then cut from the top of the right ileal part, and a similar strip is cut from the bottom of the left ileal part. The strips are cut near the mesentery to form the Monti tubes. The small strips are tubularised and joined in the middle to form a catheterisable tube. The ileal segments are opened antimesenterially. These ileal flaps are closed over the Monti tube in the middle. The lower part of the Monti tube is implanted with a submucosal tunnel in the bladder wall and the ileal patch is then anastomosed with the bladder. The Monti tube is anastomosed to the umbilicus in an ordinary way without any traction.

Results

All patients have umbilical stomas without leakage or strictures. Intermittent catheterisation is very easy. It seems that the Monti tubes are strait and well supported by the surrounding tissues so that kinking is not possible. The augmented bladders show excellent volume and compliance.

Conclusion

Although we treated only a small number of patients we are convinced that this modification provides advantages during the procedure and produces better results in the future.