Epispadias and Exstrophy

How is bladder exstrophy/epispadias treated?

Bladder exstrophy is managed surgically. One technique is to close it in stages. First the bladder and bladder neck are closed, the bones of the pelvis are brought together, and the urethra is made. Secondary surgeries are required in the first year of life to reconstruct the penis and to manage inguinal hernias. In some instances the entire reconstruction including bladder, bladder neck, pelvic bones, and urethra are closed all in one surgery. Both these techniques require an experienced surgeon.

Both techniques will require the child to go to the intensive care unit (ICU) immediately after surgery for a few days. The child is then followed for a few more days in the regular (non ICU) part of the pediatric hospital before the child is ready for discharge. Hernia repairs will need to be performed later and often the child has vesicoureteral reflux, which may need to be corrected. Depending on the initial size of the bladder continence can be achieved up to 70% of the time. However, often these children require further surgeries to manage the bladder neck and treat incontinence. Often these children need to catheterize.

Epispadias occurs in males and females. It occurs in bladder exstrophy and without bladder exstrophy. In males it occurs when the penis does not properly form a tube out to the tip of the penis and the opening is along the shaft of the penis. It can occur from the tip of the penis all the way to the bladder and depending on the position of the opening it can be associated with urinary incontinence (urine leakage) and retrograde ejaculation (ejaculate going backward toward the bladder instead out the urethra). In girls it occurs when the urethra does not form a tube properly and is almost always associated with urinary incontinence that will require surgery to repair.
What happens after treatment of bladder exstrophy/epispadias?

Ongoing medical management is important for children born with bladder exstrophy/epispadias. Children with bladder exstrophy/epispadias can have normal lives with normal life expectancy.

Important Links:

Association for the Bladder Exstrophy Community


Write:
Association for the Bladder Exstrophy Community
2901 W. KK River Parkway, Ste. 311
Milwaukee, WI 53215
Voice: 1-866-300-2222 or 414-385-7100
Website: http://www.bladderexstrophy.com
E-mail: admin@bladderexstrophy.com
Verified: 8/24/2012

See the next page for contact information.
Contact Information:

Laurence S. Baskin, MD
lbaskin@urology.ucsf.edu

Hillary Copp, MD, MS
http://www.urology.ucsf.edu/faculty/contact?fid=505

Michael DiSandro, MD
http://www.urology.ucsf.edu/faculty/contact?fid=509

Appointments & Location
UCSF Medical Center, Parnassus Campus
400 Parnassus Avenue, Suite A-610
San Francisco, CA 94143-0330
Phone 415/353-2200
Fax 415/353-2480

Children’s Hospital & Research Center Oakland
747 52nd Street Ambulatory Care 4th
Oakland, CA 94609
Phone 510/428-3402

PEDiatric Nurse Practitioners
Anne Arnhym, CPNP
Certified Pediatric Nurse Practitioner
Pager: 415/443-0541
anne.arnhym@ucsfmedctr.org

Angelique Champeau, CPNP
Certified Pediatric Nurse Practitioner
Pager: 415/443-5632
Angelique.Champeau@ucsfmedctr.org

Christine Kennedy, CPNP
Certified Pediatric Nurse Practitioner
Pager: 415-443-0703
KennedyCE@urology.ucsf.edu