



Urinary Diversion (Clinical Practice in Urology)

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Such an important subject as urinary diversion is unlikely to remain unchanged and unchallenged for long. The problem is to determine when is an appropriate time to examine current clinical practice of this major urological procedure. Historically, urinary diversion began with attempts to resolve the distressing problems associated with ectopia vesicae; later, urinary diversion was extended to help those patients with neurological problems of bladder function and with malignant diseases of the lower urinary tract. A significant landmark in the development and use of these procedures came with the introduction of a uretero-ileostomy (ileal conduit) by Bricker. With this diversion, faecal and urinary streams were separated and the incidence of metabolic and infective problems dramatically reduced. The procedure was received with great enthusiasm and indeed the pendulum soon swung so far in its favour that some urologists would scarcely admit to carrying out an occasional ureterosigmoidostomy. The impact of change in a surgical technique can be slow to determine especially when, numerically, it is an uncommon procedure and when the follow-up is hoped to match normal life expectancy. Thus the impact of ileal conduits has taken some years to evaluate and only during the past decade have the data been sufficient to show the advantages and disadvantages. This book is a landmark in the literature on this subject. The editor has selected eminent contributors who have described the main clinical groups where urinary diversion is an important aspect of management.

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