

augmentation enterocystoplasty is required. This procedure is typically combined with the creation of a Mitrofanoff appendiceal stoma, because catheterization is difficult after reconstruction of the proximal urethra. Abnormalities of the genitalia are addressed to ensure optimal sexual function. In boys, the testes are typically cryptorchid, and bilateral orchiopexy is combined with reconstruction of the bifid scrotum to preserve testicular function. In girls, surgical enlargement of the vaginal introitus may be needed to permit intercourse. In both genders, plastic surgery to reduce scarring of the genital area or to create an umbilicus may significantly improve the child's body image and emerging sexual identity.

## **Nursing Care Management**

It is important to limit trauma to the exposed bladder mucosa, and the bladder is covered with a nonadherent film of plastic wrap or transparent dressing that will not stick to the bladder but can adhere to the surrounding skin. After bladder closure, the neonate is monitored for urinary output and for signs of urinary tract or wound infection. At the time of closure, the pelvic diastasis may be corrected with an osteotomy, but even if that is not performed, they typically require immobilization of the pelvis with traction for 2 to 4 weeks. A common form of traction for newborns is modified Bryant's traction, but spica casting and other alternatives are used. Monitoring of skin condition and circulation is critical as well as monitoring the incision for wound dehiscence. The focus of nursing care is pain management and maintenance of immobilization. Pain management may be achieved with continuous epidural therapy or patient/parent/nurse controlled intravenous analgesia (PCA) and may involve the acute pain service working with the bedside nurse to provide optimal pain control ([Kozlowski, 2008](#)). Postoperative nursing care also includes monitoring of hemodynamic stability, maintaining patency and stability of tubes and drains, provision of intravenous (IV) fluids and nutrition, and inclusion of the family in care.

Postoperative nursing care after bladder neck reconstruction and antireflux surgery (ureteral reimplantation) includes routine wound care and careful monitoring of urinary output from the bladder and ureteral drainage tubes. Care after a penile lengthening, chordee