Introduction and objective: We reviewed the long-term outcome of children managed with a Mitrofanoff channel in a developing world context.

Methods: We retrospectively audited the records of 22/28 patients managed between 1999 and 2009 (10 years) who underwent surgery to create a continent catheterisable stoma.

Results: The mean patient age was 7 years (range 3-13) with a male-to-female ratio 2:1. The main congenital and acquired abnormalities were exstrophy-epispadias complex in 9, posterior urethral valves in 2, neuropathic bladder in 4, following trauma in 2, other 5. Augmentation cystoplasty was performed using various bowel segments in 9/20. The Mitrofanoff channel was made using appendix in all cases. A stoma was created in the right iliac fossa or at the umbilicus using a V-flap. Complications included bladder calculus in 2 patients, UTI's were common, stomal stenosis was seen in 2 patients who are managed with dilatation alone. Compliance was observed in most patients at a mean follow-up of 7 years.

Conclusions: In a developing world setting continence can be achieved with intermittent catheterisation via a Mitrofanoff channel with acceptable complication rate over the long-term. Team involvement of a stomatherapist, urodynamic technician and paediatric urologist is vital to successful training and surveillance.