

Surgical treatment of bladder diverticula

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Congenital bladder diverticula should only be treated if symptomatic, or if there is concern regarding malignant transformation. Bladder outlet obstruction should be excluded by flow rate or urodynamic studies prior to any surgical intervention, and this should be treated prior to consideration of bladder diverticulectomy. Even large diverticula do not require treatment if the patient is asymptomatic with none of the above complicating factors. Surgical excision of a bladder diverticulum can be performed through an open approach (Pfannenstiel or low midline abdominal incision) or through minimally invasive (laparoscopic or robotic) techniques. Depending on the proximity of the neck of the diverticulum to the ureteric orifice patients should be counselled about the possible need for concurrent repair can be performed concomitant ureteric reimplantation. Either purely extravesically, or through a combined extravesical and intravesical approach (Figure 83.8). Summary box 83.1 Bladder diverticula

Figure 83.7 Bladder diverticulum seen cystoscopically. Can be congenital or acquired Complications include infection, stones, renal obstruction and rarely malignancy Bladder outlet obstruction should be identified and, if present, treated prior to bladder diverticulectomy

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