Cystectomy is the gold standard treatment for patients with bladder cancer. Urinary diversion with ileal conduit and uretero-ileal anastomoses, as described by Bricker, is the most widely used surgical therapy because of the lower risk of postoperative complications in elderly patients and in those with co-morbidities. The Bricker technique involves the use of a segment of the ileum as a conduit to the skin, with a successive uretero-ileal-cutaneous anastomosis for each ureter [1]. The endoscopic approach to construction of the ileal conduit for urological obstruction is rarely reported [2]. We present the case of a patient who underwent cystectomy with a Bricker uretero-ileal-cutaneous anastomosis, who developed a fistula between the ileal conduit and an ileal handle.

In May 2015, the patient underwent cystectomy with a Bricker uretero-ileal-cutaneous anastomosis because of bladder transitional cell carcinoma. In October 2016, stool appeared in the drainage. The patient underwent radiological examination with contrast medium at another hospital, which revealed a fistula between the ileal conduit and an ileal handle. The patient was referred to our unit and an ileal conduit endoscopy \( \text{Fig. 1} \) was performed using a gastroscope, which showed stool leakage from an orifice between the two ureteral anastomoses \( \text{Fig. 2} \). An 11/6 traumatic-teeth over-the-scope clip (OTSC), 9 mm in diameter, was placed to close the leak \( \text{Video 1} \), using an OTSC anchor to grasp the fistula \( \text{Fig. 3} \). Stool no longer appeared in the drainage 24 hours after OTSC placement. No adverse events occurred, and the patient was discharged 3 days after the procedure.

There are no reports in the literature of the endoscopic closure of a fistula between the ileal conduit and an ileal handle. The current case demonstrates successful closure using an OTSC, which avoided damage to the uretero-ileal anastomoses. The OTSC is an excellent endoscopic therapeutic and conservative option in this particular and rare adverse event.

\textbf{Competing interests}

None

\begin{figure}[h]
\centering
\includegraphics[width=0.8\textwidth]{image1}
\caption{Endoscopic view of the ileal conduit.}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=0.8\textwidth]{image2}
\caption{Endoscopic view of the fistula (c) between the right (a) and left (b) uretero-ileal anastomoses.}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=0.8\textwidth]{image3}
\caption{An over-the-scope clip was deployed to close the leak.}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=0.8\textwidth]{image4}
\caption{Video 1: Placement of an over-the-scope clip to seal the fistula between the ileal conduit and an ileal handle, which was located between the two ureteral anastomoses.}
\end{figure}
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