

Information for Patients



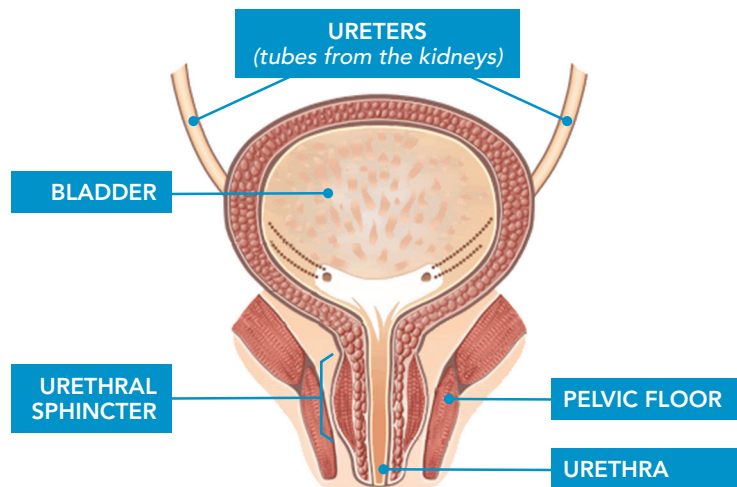
Cystectomy



What does the bladder do?

The bladder is a hollow, muscular organ in your pelvis situated behind the pubic bone. The function of the bladder is to collect, store and remove urine produced by the kidneys.

When the bladder is full, the nerves that supply it send a message to the brain that you need to pass urine. Under your control, the urethral sphincter relaxes and the bladder contracts until it is empty of urine (voiding). The exit tube from the bladder is called the urethra.



What is a total Cystectomy?

A total Cystectomy is the removal of the bladder and surrounding organs.

- In men, the bladder, prostate gland and seminal vesicles (small glands near the prostate) are removed.
- In women, the bladder, urethra, uterus and ovaries are removed and the vagina is shortened.

Another way must be found to collect urine and remove it from the body.

You may be offered either an ileal conduit or a neobladder. Both surgeries are described in this booklet.

Why do I need a total Cystectomy?

A total Cystectomy may be required for one of the following reasons:

- Cancer of the bladder
- Cancer of the uterus, vagina or bowel that involves the bladder
- Severe bladder pain or incontinence, not due to cancer

Cystectomy with Ileal Conduit?

With a total Cystectomy

In this scenario, the Ileal Conduit acts as a passage for the ureters to be attached to. This passage enables urine to move through the stoma, out of your body and into a urostomy bag.

Without a total Cystectomy

In some cases a decision is made to leave the bladder in place and divert urine away from it using an Ileal Conduit.

Another reason for an Ileal Conduit formation is to treat uncontrolled incontinence resulting from conditions such as multiple sclerosis.

Cystectomy with Neobladder?

The Neobladder replaces your bladder: it is a collection pouch for urine.

What happens before my operation?

10 days before your operation, blood and urine test need to be done.

You will be contacted by the hospital regarding your admission time and to confirm fasting instructions.

Complete all your hospital admission forms at least 5 days prior to your operation.

What happens during my Ileal Conduit operation?

An Ileal Conduit is a passage formed using a small portion of bowel. One end of the conduit is closed with stitches and the ureters are implanted into it while the other end is brought through to the surface of the skin. The open end is called a stoma and is similar in colour to the inside of the cheek. An external bag (urostomy bag) covers the stoma and collects the urine.

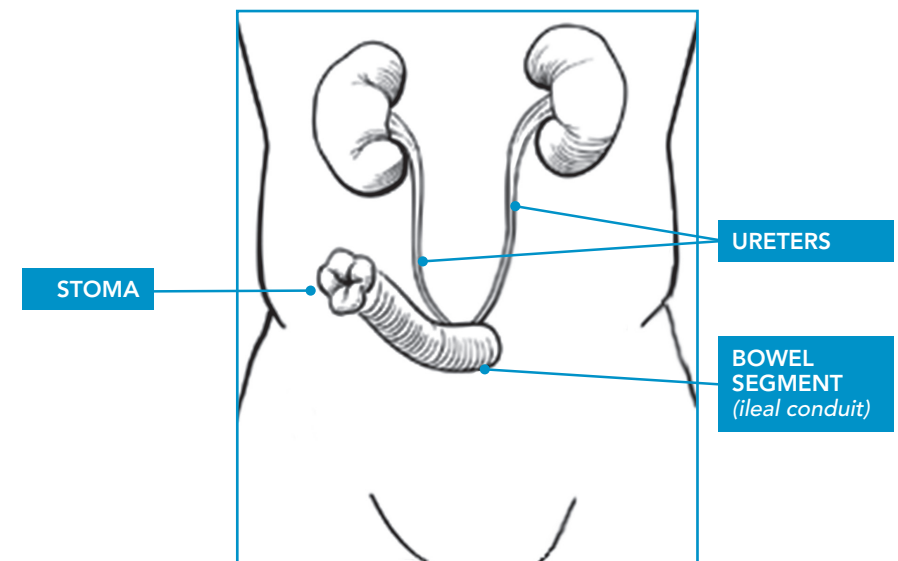
Stoma

When you wake up you will have a bag fitted onto your abdomen approximately where the Stoma Nurse has marked. Underneath the bag is your stoma or Ileal Conduit. The stoma is the new drainage system for your urine.

Initially a two piece stoma bag will be fitted around the stoma. This allows the nurses to see and check your urine and stoma immediately after surgery.

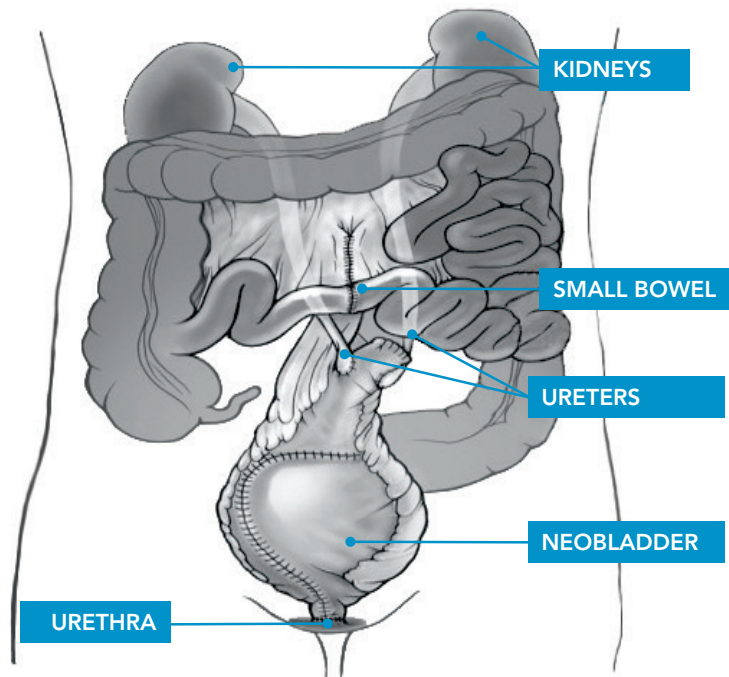
You will see some mucus in your urine. This is normal as it is produced by the bowel.

There are many types of urostomy bags available and you will be helped to find the one most suited to you. The Stoma Nurse and Ward Nurses will be there to assist and teach you about your stoma.



What happens during my neobladder operation?

A segment of small bowel is used to create a reservoir (neobladder) that will collect the urine. The ureters (tubes from your kidneys) are attached to the reservoir. The reservoir is then attached to your urethra (water pipe). This will allow you to pass urine naturally through your urethra.



What to expect after my operation

You will probably be in hospital 7-10 days following this type of surgery.

When the operation is completed, you will go to the recovery room for a short while where you will be cared for until you are ready to be transferred to your room.

Pain Control

Pain control is managed in conjunction with your anaesthetist. For pain relief it is likely you will have a PCA (Patient Controlled Analgesia) pump attached to your intravenous line. You will be able to control the amount of pain relief by pressing a button connected to the pump.

Wound

Your wound will extend from your navel to your pubic bone. The stitches will be dissolvable and do not need removing. There will be a stoma with a stoma bag on the right side of your abdomen just below your belt line.

Drain Tube

There will be a drain tube coming from your abdomen. This will be removed after 2-3 days. This removes any fluid from outside the bowel and urinary tract.

Ureteric Stents (x2)

Two fine tubes will drain through your Ileal Conduit to allow healing. They will be removed 7-10 days post operation.

Suprapubic Catheter (Neobladder)

You will have a catheter coming from your lower abdomen. This tube is to drain urine from your neobladder. It is temporary and will be removed 4-6 weeks post-operation. It is there to allow the new structures to heal and become watertight.

After discharge

You will receive a follow-up appointment in the post to see your Urologist 6 weeks after the operation.

You can do most activities after your operation **except** any heavy lifting, straining or strenuous activity – which should be avoided for 4-6 weeks after surgery. You will be able to continue with your normal daily routines as you feel able.

Generally when you feel that you could perform an emergency stop without being concerned about abdominal pain (at about 6 weeks), then you can resume driving.

You will be asked to drink extra fluids after your surgery and for the next few weeks after your discharge.

Neobladder

Once all the catheters have been removed the neobladder must be “trained” so that the reservoir capacity can be increased to a capacity of 500 mL. This process takes several months and during this time it is normal to have to wear pads to collect leakage of urine, especially at night.

Passing urine from a neobladder is done by squeezing the abdominal muscles and relaxing the pelvic floor muscles: this requires some teaching and practice to learn and you will have help learning this new skill.

You will see a Nurse to help you with this.

Possible complications

Bleeding

Bleeding severe enough to bring you back to the hospital is rare. This risk disappears when healing is complete, six to eight weeks after surgery. If you notice an increase in bleeding, contact your GP or Urology Associates.

Wound Infection

Your wound may become infected post-operation. Symptoms can include:

- Redness
- Swelling
- Pain
- Hot to touch
- Discharge from wound

You will need to contact your GP or Urology Associates if you think you have an infection. The nurses can assess your wound and refer you to a doctor if treatment is required.

Sexual Function

A cystectomy can cause impotence, the inability to have an erection. The likelihood of this occurring depends on a number of factors.

At best only 35% of men retain normal erections which may take a year to return after surgery. This does not mean that you cannot continue to have a satisfactory sexual life. There are two important points to be made: (1) with some creativity, men can have orgasms without having an erection and (2) there are a number of treatments available to help bring back the erections, but these do mean that the spontaneity of the sexual act is diminished.

Urine Infection

You may get a urine infection post-operatively. If this happens you will be required to provide a sample of your urine to test what bacteria are growing.

The infection will be treated with antibiotics.

Symptoms can include:

- Pain or burning with urination
- Cloudy or bloody urine which may have a foul or strong odour
- Fever
- General feeling of being unwell
- Urine that looks different to what is normal
- Abdominal pain

Parastomal Hernia (Ileal Conduit)

A parastomal hernia is the protrusion of the intestine through the abdominal muscles around the stoma. It looks like a bulge under the skin around the stoma. They can occur reasonably frequently, as the muscles around the stoma have been deliberately weakened during the operation.

Some preventive measures to guard against the development of a stoma hernia include:

- Gentle abdominal exercises i.e. walking
- Avoid heavy lifting
- Weight management i.e. stay within an appropriate weight range

Most parastomal hernias are managed without needing an operation.

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