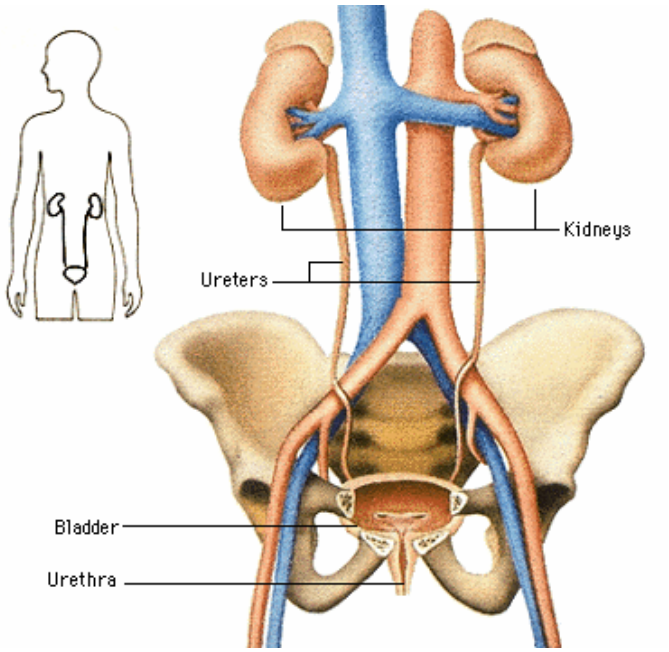
Edith Cavell Hospital Department of Urology

Radical Cystectomy (Treatment for Bladder Cancer)

What is the bladder?

The bladder is a hollow organ that sits in the pelvis (see diagram). It stores urine that drains from the kidneys via the ureters.

Urine is expelled from the bladder via the urethra



Why is this operation necessary for me?

Your consultant has performed investigations on your bladder, which have shown the presence of bladder cancer. The operation, which is described below, will remove all of the bladder.

Are there any alternatives?

For this kind of cancer, it is sometimes possible to give treatment of the bladder cancer with radiotherapy (a beam of special, focused x-rays). For certain kinds of bladder cancer treatment with intravesical immunotherapy (BCG treatment) is also a possibility. Please see the separate leaflet on BCG treatment for more details. Your specialist will discuss all of the options with you and explain the pros and cons of each.

What happens before the operation?

You may be requested to attend the ward before your admission date to have blood tests and examinations performed to ensure you are fit for the operation. You may need to be admitted a few days before the procedure to be given a special preparation to help clear the bowel contents. This is to help with surgery.

On admission to the ward, you will be welcomed and shown to your bed. You should plan to be in hospital for 7-10 days. The nursing staff will discuss your discharge with you.

You will be seen by the Surgeon who will explain the operation to you and ask you to sign the consent for surgery. If you are unsure about any aspect of the operation, please ask for more details from the medical or nursing staff. You will be advised of the approximate time of your operation

You will be seen by an anaesthetist who will discuss the type of anaesthetic you will be given. They will be interested in chest troubles, dental treatment and any previous anaesthetics you have had. The anaesthetist will discuss with you the different types of pain.

You can have your usual diet until approximately 6 hours before surgery. This will let your stomach empty to prevent vomiting during operation. You will be advised at what time to stop drinking fluids.

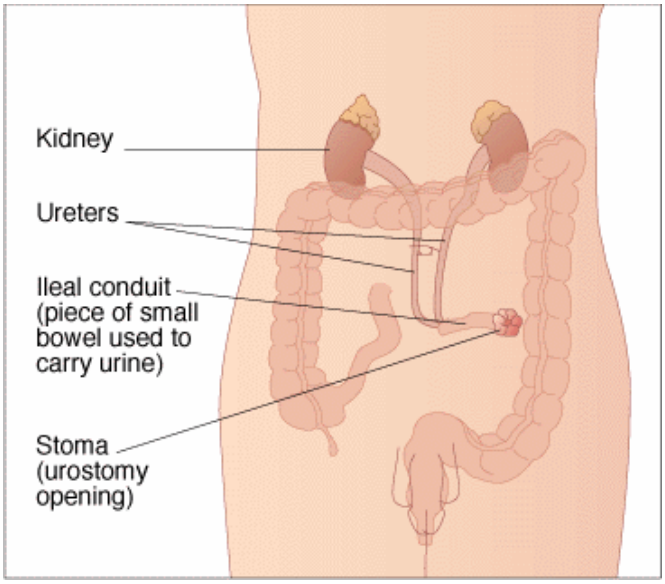
You will be asked to wear stockings to prevent blood clots and aid circulation. You will be asked to wear a cotton gown and remove all jewellery.

You may be given a sedative about one hour before the operation to help relax you; if so you will be taken to theatre on a trolley. If no sedation has been prescribed, you may choose to walk to theatre, accompanied by a ward nurse. Your details will be checked again before your anaesthetic begins.

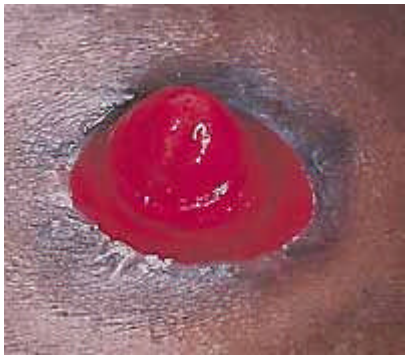
Details of the operation

After the bladder has been removed there are two choices as to have the urine is collected afterwards.

One option is for the surgeon to make an ileal conduit.

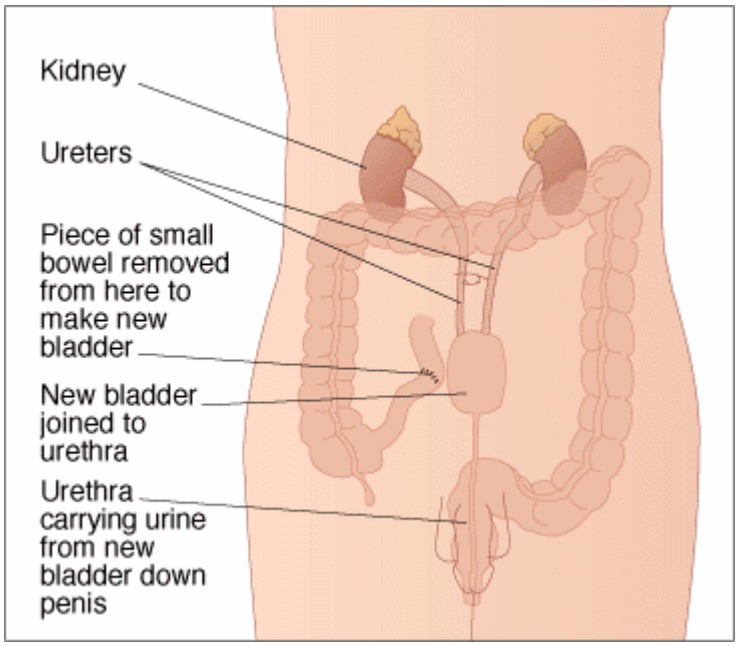


The surgeon uses a piece of small intestine and the ureters are sewn to the portion of this which remains inside the abdomen. This is known as an ileal conduit. The other end of this hollow tube is brought up onto the skin surface and stitched in place. After surgery the urine will drain from the kidneys, through the ureters, into the conduit and then out onto the skin surface (known as a stoma) where it is collected into a bag.



Stoma

In the second alternative – known as continent diversion – a substitute for the bladder is made from some of the small intestine.



This operation is slightly more difficult than the ileal conduit procedure but the advantage is that you would not need to wear a bag on the abdomen to collect urine. Not every case of bladder cancer is suitable for this kind of procedure and the surgeon will discuss this with you in more detail.

Some Departments are now able to perform these operations with a laparoscope (telescope). The main advantage of this kind of surgery is a smaller abdominal wound and a quicker recovery after surgery. Please ask your specialist about this to see if this kind of surgery would be suitable for you.

Complications

The major complications of cystectomy are as follows:

Common

- High risk of impotence (men)
- Dry orgasm (men) with no semen produced, leading to infertility
- Pain or difficulty with sexual intercourse due to narrowing or shortening of vagina (women)
- In event of ovary removal menopause may occur (women)
- Need to self catheterize if new bladder fails to fully empty (men and women / bladder reconstruction)

- Need for blood transfusion

Occasional

- Need to remove the urethra (in men)
- Blood loss requiring further surgery
- Cancer may not all be removed / surgery may not be curative

Rare

- Infection or hernia of incision requiring further treatment
- Anaesthetic or cardiovascular problems – including chest infection, Pulmonary embolus, stroke,deep vein thrombosis, heart attack and death
- Decreased renal function with time

Very Rare

- Diarrhoea due to shortened bowel / vitamin deficiency requiring treatment
- Bowel and urine leakage from anastomosis requiring re-operation
- Scarring to bowel or ureters requiring operation
- Scarring, narrowing or hernia formation around stomal operation requiring revision
- Intraoperative rectal injury requiring colostomy

(Taken from BAUS Consent Form)

What happens after the operation?

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. Please inform the nursing staff if you are in pain and they will be able to give you pain killers.

For the first few days after surgery you will not be able to drink any fluids because the stomach and intestines stop working temporarily. As bowel function begins to get back to normal you will be able to drink more water. Once you are drinking freely you will be able start a light diet.

To begin with your pain control will be managed with an epidural catheter, but as the pain improves you will need less and less pain control.

Towards the end of your stay in hospital the nursing staff will show you have to change the bags on your stoma if you have one.

If any problems occur with the catheter please contact Ward 11 immediately for advice.

Complications

Serious complications are unusual but are rapidly recognised and dealt with. If you think that all is not well, please ask the nursing or medical staff.

Chest infections can occur after anaesthetics, particularly in people who smoke. Exercises are taught to clear the air passages, and can prevent this condition. You should try not to smoke before surgery, and make every effort to give up smoking after your operation.

There is a risk that blood clots may form in the veins of the calf during surgery (known as "deep vein thrombosis") This may lead to a swollen, tender calf. Although this is easily treated, it can lead to further problems if the clots break away and float up into the lungs ("Pulmonary Embolus"). You will be given stockings to wear prior to surgery and you should keep these on during your stay on the ward. You will also be given a fresh pair to take home and you should wear these at home for a further 6 weeks. Your surgeon may also prescribe daily injections during your hospital stay to thin the blood slightly and reduce the risk of forming these clots.

Discharge advice

Diet

You can eat and drink whatever you wish. You may drink alcohol but it is not wise to overindulge. Try to avoid constipation by keeping to a diet that contains plenty of fruit and fibre. If you do become constipated, then ask your doctor for advice.

Exercise

After you go home, you should avoid heavy lifting and vigorous exercise for 6 weeks, to let the scar tissue and wound heal.

Problems which may occur

Wound problems

You can shower or bathe at home. The clips, which hold the wound edges together, should be removed ten days after you option. If you have already gone home at this stage, we will arrange for the District Nurse to remove the clips for you.

Some patients may develop a wound infection after they go home which shows as redness or swelling around the wound. If this happens, seek advice from your GP.

Clots in the leg (Deep Vein Thrombosis)

In the first six weeks after surgery, one of the most serious potential complications is the development of clots in the back of the calf. If you develop any of the symptoms described earlier, e.g. chest pain, shortness of breath, pain or swelling in your leg, then call your GP or contact your nearest Accident and Emergency Department if you are away from home. You should tell the doctor who sees you that you have had a radical bladderctomy, and are concerned about a possible blood clot.

Follow up after surgery

6-8 weeks after the operation you will be seen by the Consultant in the outpatient clinic. This so is the results of the surgery can be discussed with you, and any other treatments planned.

Further follow up appointments will be given at regular intervals, although the time between visits may lengthen if there are no particular problems.

Any questions?

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

Urology Department , Ward 11 - Telephone (01733) 875311

Please do not hesitate to ask the nursing staff

If you have any further questions

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