Radical Cystectomy with an Orthotopic Neobladder

Here is important information about your treatment for bladder cancer. Your doctor has recommended surgery to remove your bladder. This handout gives you information about your surgery, hospital stay and recovery.

What does your urinary system look like?

The urinary system has two kidneys, two ureters, one bladder and one urethra. The kidneys are bean shaped organs that filter your blood and remove water and waste through the urine.

Connected to each kidney are narrow tubes called ureters. Ureters carry urine to the bladder. The bladder stores urine until you are ready to urinate. The urine leaves your bladder through a narrow tube called the urethra. The female urethra is just above the vagina. The male urethra passes through the prostate gland and penis.
What is a Radical Cystectomy with an Orthotopic Neobladder Surgery?

A cystectomy is surgery to remove the bladder. In men, the bladder, prostate, seminal vesicles and lymph nodes are removed. In women, the bladder and lymph nodes are removed. The ovaries, fallopian tubes, uterus, cervix, vagina and urethra may also be removed. Your doctor will talk with you about the surgery and what is best for you.

Orthotopic means “in the same place”. Neobladder means “new bladder”. After your bladder has been removed, the doctor will create a new urinary pouch to replace the old bladder. A new bladder is made from a piece of your small intestine, also called the ileum. After the piece of intestine is removed, the ends of the small intestine will be reconnected.

The piece of intestine removed will be sewn together to make a new urinary pouch. The top end of the pouch is connected to the ureters and the bottom is connected to the urethra. This new pathway lets urine drain from the kidneys into the new pouch.

Small thin tubes called “stents” will be placed inside the ureters. The stents are used for a short time to help drain urine from the kidneys while the new bladder heals. A Foley catheter will also be placed through the urethra and into the bladder to help drain urine.
The new bladder will make a small amount of mucus. Mucus is a thick substance made by the lining of your intestine. The mucus can clog the tubes and build up on the lining of the new bladder.

Your nurse will teach you how to flush the catheter. Flushing the catheter helps to keep mucus from building up inside the new bladder. This also helps to keep the catheter line from getting clogged. You will learn how to flush your catheter during your hospital stay and will continue flushing the catheter after you leave the hospital. The catheter should be flushed every 8 hours. Your doctor will tell you when to stop irrigating the catheter.

If the catheter does not drain well on its own, you may need to flush the catheter more often to remove any mucus or clogs in the catheter. The new bladder may leak urine. This can happen more at night or when sleeping. During your follow-up appointment, your doctor will check how your new bladder is working and let you know when the catheter can be removed.

**Important Medicine Information**

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

These medicines include:

- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra
- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa
If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery.

If your surgery is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

Before Surgery

- An electrocardiogram (EKG), chest x-ray, blood work and other tests may need to be done before surgery. Your doctor and nurse will give you this information.
- You will be called the day before your surgery with the time of your surgery and where to check in when you get to the hospital.
- Your doctor may give you special diet guidelines to follow before surgery.
- Do not eat or drink after midnight the night before your surgery.
- Your doctor will talk with you about which medicines are okay to take before surgery.

After Surgery

Once your surgery is done, you will be moved to the Post Anesthesia Care Unit (PACU) for 1 to 2 hours. Your doctor will decide if you need to transfer to the Surgical Intensive Care Unit (SICU) or a regular hospital room. You will be connected to monitors, drains and tubes.

The following is a list of what to expect after surgery.

- **Oxygen (O2):** You may need oxygen for 1 to 2 days after your surgery. Your nurse will check your oxygen levels often.
- **Central Venous Catheter (CVC):** You will get intravenous (IV) fluids after surgery. These fluids will go into a large vein in your body, often in your neck or chest through a CVC. A CVC is a thin, soft, plastic tube that is put in during surgery and will be used for IV fluids, medicines, blood transfusions and taking blood samples.
• **Patient Controlled Analgesia (PCA):** A PCA is a pain pump used to help control pain after surgery. The pain medicine is ordered by your doctor. The pump is connected to your IV line and is set so you can push a button when you have pain. This will give a small amount of the pain medicine into your bloodstream. **You should be the only person to push the button.** Your nurse will give you further instructions about this pump.

• **Sequential Compression Device (SCD):** The SCD is a soft plastic sleeve that is placed around each leg. The sleeve is connected to a pump. The pump pushes air into different parts of the sleeve in sequence, creating pressure around the legs. This air pressure pushes blood through the vessels in your legs to help prevent blood clots. You will wear the SCD’s during the night while resting, and throughout the day, except when you are out of bed or walking.

• **Incentive Spirometer:** This breathing device is used to help keep your lungs clear after surgery. This helps to reduce your risk of lung infection or breathing problems. Your nurse and respiratory therapist will teach you how to use the spirometer.

• **Incision:** Your surgeon will make an incision on your abdomen from above the belly button down to the pubic bone. Staples will be used to close the incision. A dressing will be placed over the incision area for a few days. Your surgeon will remove the dressing and the incision can be open to the air while it heals.

• **Ureteral Stents:** These are small plastic tubes placed inside the ureters. The stents help to drain urine from the kidneys while your new bladder heals. The ends of the stents exit your body through a small opening in the abdomen. A small plastic pouch will be put around the opening to collect urine. This pouch is temporary. The stents may be removed before you leave the hospital or you may go home with the stents. The stents can be removed at your follow up appointment with the doctor. The opening where the stents are removed will close on its own.

• **Urinary Catheter:** Also known as a Foley catheter, this is a small tube placed into your bladder to drain urine. This helps to protect the sutures of the new bladder. You will go home with the Foley catheter. Your nurse will teach you how to care for the catheter at home. Your doctor will tell you when the Foley can be removed.

• **Hemovac:** This is a type of drain used to remove fluid from the incision area. It is put in during surgery and held in place by stitches. The drain will stay in place until you leave the hospital.
Discharge for the Hospital

Before you leave the hospital you will meet with a Patient Care Resource Manager (PCRM). The PCRM will work with you and your family to help with any home care needs you may have before you leave the hospital.

Your nurse will give you the following information when you are discharged from the hospital.

- A follow-up appointment to see your doctor
- Important phone numbers
- Home health care agency information
- Signs and symptoms of infection and when to call your doctor
- Instructions on wound and drain care
- A list of current medicines and prescriptions
- Activities you can or cannot do while healing from surgery