A cystectomy is a surgery to remove your bladder. In *men*, the bladder, prostate, seminal vesicles and lymph nodes are normally removed. In *women*, the bladder, urethra, part of the vagina and lymph nodes are normally removed. Women may also have the uterus, fallopian tubes and ovaries removed. Once your bladder is removed, your urine stream will be redirected. Your doctor will talk with you about the type of surgery you will have.

Robotic bladder surgery uses a computerized robotic system to remove your bladder. This robotic system is called the *da Vinci® Surgical System*. A robotic system lets your doctor do your surgery with less damage to your body. This is called a minimally invasive surgery.

**What is a robotic surgical system?**

A robotic surgical system is made up of 3 major parts:

- A high definition 3-D (dimensional) camera, called a laparoscope lets your surgeon view the area inside your body.
- Tiny robotic arms with small surgical tools. The robotic arms are put in your body through small incisions on your abdomen (belly). Your surgeon controls the robotic arms to do your surgery.
- A special worktable lets your surgeon control the camera and the robotic arms and tools.

**How is a Robotic Bladder Surgery done?**

Small surgical incisions (cuts) will be made on your abdomen. A small plastic tube called a port is put into each incision. The ports are used to keep your incision area open. The small camera and robotic arms are put through the ports. From the worktable, your surgeon moves the camera and the robotic arms to do your surgery.

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This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

How do I prepare for the surgery?

Tell your doctor if you take any medicines or supplements that thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before your procedure is done.

- **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.

- **Do not** eat or drink anything after midnight the night before your procedure. Unless told otherwise by your doctor, you can have sips of water to take medicine.
Will I be asleep for this surgery?
You will have anesthesia and will be asleep during the surgery.

How long will the surgery take?
You surgery can take 5 to 8 hours. You may be in the recovery area for 2 hours or longer after your surgery.

What happens when the surgery is over?
At the end of your surgery, the camera and robotic arms are taken out of your body. Your surgeon will close your incision holes with stitches (sutures) or surgical glue. You will then go to the recovery room and stay until you are awake and stable. Your nurse will watch to make sure your blood pressure, pulse and oxygen levels are good.

Why is this type of surgery better for me?
With minimally invasive surgery you have:
- Less blood loss during surgery
- Smaller surgical incisions
- Less pain after surgery
- A shorter hospital stay
- Faster recovery and return to your normal activities

How long will I stay in the hospital?
You will normally be release from the hospital 3 days after your surgery.

Are there any risks with this surgery?
There are risks for any type of surgery. Your doctor will go over the risks with you before your surgery.
What care will I need at home after this surgery?

Before you leave the hospital, you will meet with a Patient Care Resource Manager (PCRM). The PCRM will work with you and your caregiver to help with any needs you may have after you leave the hospital.

If you have a stoma, you will meet a Wound, Ostomy and Continence (WOC) nurse while you are in the hospital. Your WOC nurse will teach you how to care for your stoma and give you information about where to call if you have questions after you leave.

On the day of discharge, you will be given guidelines about when and how to report problems you may have after you leave the hospital. Depending on your medical needs, you may have a home health nurse check on you after you leave the hospital.

You may need to be off work for 4 to 6 weeks after this surgery. It is important to not lift more than 10 pounds during this time.

Call your doctor if you have any of the following:

- Temperature greater than 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- Pain that is getting worse and not relieved by your pain medicine
- Drainage from your incision site that smells bad
- Redness, warmth or swelling around your incision
- Low back pain or pain in your abdomen (belly)
- A change in the color or smell of your urine