Robotic Cystectomy with an Orthotopic Neobladder

A robotic cystectomy is surgery to remove the bladder. Your doctor will use the da Vinci® Robotic Surgical System to do this surgery. Once the old bladder is removed, a new bladder called an “orthotopic neobladder” will be created. Urine will be stored in the new bladder. This handout gives you information about what to expect with this type of surgery.

What does your urinary system look like?

The urinary system includes two kidneys, two ureters, one bladder and one urethra. The kidneys are bean shaped organs that filter the 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 the urine until you are ready to urinate. Urine leaves the 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.
Orthotopic Neobladder Surgery

Neobladder means “new bladder”. During surgery for men, the bladder, prostate, seminal vesicles and lymph nodes are removed. For women, the bladder, urethra, part of the vagina and lymph nodes are removed. The uterus, fallopian tubes and ovaries may also be removed.

Once the bladder is removed, the doctor will make a new bladder (urinary pouch) to replace the old bladder. The new bladder is made from a piece of small intestine 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 end is connected to the urethra. This new pathway allows urine to drain from the kidneys into the new pouch.

Small thin plastic tubes called “stents” will be placed inside the ureters. The stents are used for a short time to drain urine from the kidneys while the new bladder heals.

After surgery, you will not have the same sensation or feeling to urinate as you did before. The new bladder may leak urine. This can happen mostly at night.
Before Your Surgery

- An electrocardiogram (EKG), chest x-ray, blood work and other tests may be done before surgery. Your doctor and nurse will give you more information.
- You may be given a prescription for a bowel cleaner called GoLytely.
- You may be given a bowel preparation guide. Follow the instructions on the guide.
- You will be called the day before surgery with the time of your surgery and where to check in when you get to the hospital.
- Do not eat or drink after midnight the night before your surgery.

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 or procedure.
If your surgery or procedure 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.

**After Your 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 go to 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 surgery. This depends on your oxygen levels. Your nurse will check your oxygen levels often.

- **Patient Controlled Analgesia (PCA):** A PCA is a pain pump to help control pain after surgery. Pain medicine is ordered by your doctor. The pump is attached to your IV line. The pump is set so you can push a button when you have pain. This will give a small amount of the pain medicine into your blood stream. **You should be the only person to push the button.** Your nurse will give you more instructions about this pump.

- **Sequential Compression Devices (SCD’s):** A soft plastic sleeve is put around each leg. The sleeve is connected to a pump. The pump pushes air into different parts of the sleeve to create gentle pressure around your legs. The air pressure pushes blood through the vessels in your legs to help prevent blood clots. You will wear SCD’s at night while sleeping, 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 lower the risk of infection or breathing problems. Your nurse and respiratory therapist will teach you how to use your spirometer.

- **Urinary Catheters:** Two catheters will be placed in the new bladder. **One is called a foley catheter** that goes through the urethra and into the bladder. **The other catheter is called a suprapubic catheter.** This catheter comes out of the bladder through your abdomen right below your belly button. These catheters are used to drain urine and wash mucus out of the bladder. You may go home with both catheters in place for a short period of time. To help prevent clogs in the catheter, your nurse will give you care instructions and will teach you how to flush the urinary catheter.
• **Ureteral Stents**: During surgery, small plastic tubes will be placed inside the ureters. The stents help to drain urine from the kidneys while the new bladder heals. There are two ways the stents can come out of your body. The stents may exit out of the body on the right side of the belly. A small plastic pouch will be placed around the opening to collect urine. Or, the stents can be placed next to the foley catheter in the urethra. Stents may be removed before you leave the hospital or you may go home with the stents in place for a short period of time.

• **Jackson Pratt (JP) Drain**: You may have one or more drains in place after surgery. A JP pulls extra fluid away from the wound to help prevent swelling. The JP is put into the area near the wound and held in place by stitches. If the drain needs to stay in place when you leave the hospital, your nurse will teach you how to care for the drain.

**Discharge**

• You will go home with a urinary catheter in place until your new bladder heals. The new bladder will produce a thick mucus at first. This mucus can clog your catheter. Your nurse will teach you how to flush the catheter. You will need to flush the catheter to keep it clear of clots or clogs. Your doctor will tell you when it is okay to stop flushing the catheter.

• 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 needs you may have when discharged from the hospital.

• Your nurse will give you the following information before you leave the hospital.
  ▶ An appointment to see your doctor
  ▶ Important phone numbers
  ▶ Home health care agency information
  ▶ The signs and symptoms to watch for and when to call your doctor
  ▶ Instructions on wound and any drain care
  ▶ A list of current medicines and prescriptions
  ▶ Activities you can or cannot do while healing from surgery