



RADICAL CYSTECTOMY

Why do I need this done ?

If your doctor has arranged for you to have this procedure, this leaflet gives you the basic facts on what is going to happen to you and your body, in an easy to understand way. A cystectomy is an operation to remove the entire bladder for treatment of bladder cancer. This treatment is typically used for patients with 'muscle invasive' or high-risk bladder cancer as a way of trying to remove the cancer completely. Following cystectomy, a replacement for the bladder or 'urinary diversion' is performed during the same procedure (e.g. ileal conduit, pouch or neobladder).

What will happen during surgery ?

A radical cystectomy is major surgery requiring a general anaesthetic where you will be completely asleep. This operation can be done through a large cut in the abdomen (open), by a number of keyhole-sized ports in your abdomen (laparoscopic), or with the assistance of a robotic surgical machine (also uses keyhole ports). In a cystectomy, the bladder is separated from the organs around it and removed from the body. Some important attachments of the bladder include the blood supply, the ureters (the tubes that drain urine from the kidney to the bladder) and the urethra (the wee hole that drains urine from the bladder to the outside). In addition to this, the lymph nodes in the pelvis are commonly removed to look for any cancer cells that might have travelled from the tumour in the bladder.

In men, the prostate and seminal vesicles are also removed. In women, the urethra, part of the vagina and sometimes the uterus, ovaries and fallopian tubes are removed. Following removal of the bladder, an alternative drainage system is created to drain urine from the body in place of the bladder. The common options for drainage of urine from the body after cystectomy include an 'ileal conduit' or a 'neobladder' (explained in separate information book- lets). Choosing the right option for you is a complex decision that is made with the help of your surgeon. This procedure usually takes 3 to 5 hours.

What to expect after surgery ?

You will have staples or stitches to close the skin, with waterproof dressings protecting the wound. Some devices you might have after the surgery include a drain tube from the abdomen, a urinary catheter, stents or a stoma depending on the type urinary diversion performed. Drain tubes and urinary catheters are usually removed within the first few weeks after surgery. It is normal to have pain after major surgery. You will be given pain relief following surgery to allow you to start sitting, standing and walking as early as possible. It is normal for your bowel to take time to recover after the surgery, and you might feel bloated or nauseated and not have much appetite during this time. It might take some days after surgery to be able to pass bowel motions.

You might also experience:

COMMON	OCCASIONAL	RARE
Inability to ejaculate in all men Trouble with erections in men Sexual dysfunction in women Blood transfusion Bowels slow to start working	Anaesthetic risks Infections (wound, urine, abdomen) Poor nutrition requiring supplements Gradual decrease in kidney function Conversion from keyhole to larger open cut.	Injury to other organs (such as rectum) Needing further operation for bleeding, Bowel injury, or urine leakage Hernia from the incision site Scarring of the bowel or ureters requiring more surgery

Going home tips

Everyone recovers at a different pace and you will be discharged home when it is clear you are recovering well. Main points to show that you are ready to go home are that you are able to eat and drink, and your bowels are working; you are able to manage daily activities on your own or with help you have at home; you are able to continue care for your ileal conduit or training for your neobladder at home. It is normal to take several weeks to fully recover, rebuild your strength and adjust to your new urinary diversion after you have left hospital.

Next steps

After the surgery, your bladder and the other tissues removed at the time of surgery will be reviewed by a pathologist and they can give a definitive answer about what type of cancer you had. It can take up to two weeks for these results to come back. It is often a difficult time waiting for results. You will have an appointment with your doctor to discuss the results of the cystectomy and if further treatment is necessary. Because there is sometimes a lot of information, it is often useful to bring someone else along to this appointment.

