

NEOBLADDER

Why do I need this done?

If your doctor has arranged for you to have this procedure, this brochure gives you the basic facts on what is going to happen to you and your body, in an easy to understand way. A neobladder is a pouch to replace the function of your bladder made from a section of bowel. It drains urine from the pouch through to your urethra (water pipe). A neobladder has the benefit of allowing patients to be continent of urine (i.e. controlling when you need to wee), compared to other alternatives such as ileal conduit.

What will happen during surgery?

Following removal of the bladder, a section of bowel is disconnected from the rest of your bowel. This section is sewn together to create a large pouch that collects urine. The cut ends of the ureters that were disconnected from your original bladder are sewn into the neobladder. This is then connected to your urethra to restore drainage through the normal channel. This procedure may take 4 to 7 hours (including the time taken to perform a cystectomy).

What to expect after surgery

There will be a urinary catheter tube placed through the urethra into the neobladder to allow healing. Another urinary catheter tube may be placed through the abdominal skin into the neobladder temporarily. It is also normal to place stents (thin plastic tubes) from the kidney, through the ureters to the neobladder to protect these new connections after surgery. Removal of these tubes will be arranged following your surgery, once the new joins have healed. Creating a neobladder is complex surgery and usually has a long recovery time. Special neobladder training is required to teach the muscles of the abdomen and pelvic floor to empty the neobladder. You will be taught how to flush mucous from the neobladder in the early weeks. In addition, you will be taught how to slowly increase the volume of urine your neobladder can hold. You may also learn how to insert your own urinary catheter to drain urine.

COMMON	OCCASIONAL	RARE
<ul style="list-style-type: none"> Blood transfusion Bowels slow to start working Incontinence after procedure 	<ul style="list-style-type: none"> Anaesthetic risks Infections (wound, urine, abdomen) Poor nutrition requiring supplements Gradual decrease in kidney function Conversion from keyhole to larger open cut 	<ul style="list-style-type: none"> Injury to other organs (such as rectum) Needing further operation for bleeding, bowel injury, or urine leakage Later: hernia from the incision site Later: scarring of the bowel or ureters requiring more surgery



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WWW.BLADDERCANCER.ORG.AU/BLADDER-CANCER-CARE-PLAN/

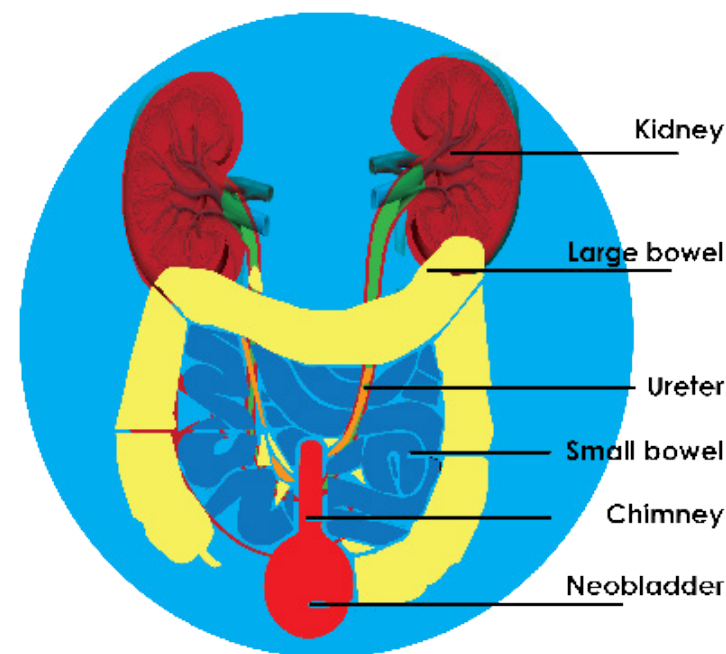
Going home tips

In addition to the tips after undergoing a cystectomy, specific care is required for a neobladder. The main points to show that you are ready to go home with a neobladder may be:

After surgery, you have been provided with education about how to care for your neobladder. You have learnt, actively participated in, and will be able to continue the neobladder training regimen at home. You have learnt how to insert a urinary catheter for yourself (this is usually taught a few weeks after your surgery when the temporary catheter has been removed).

Next steps

Neobladder formation will offer you the ability to have urinary continence after a cystectomy, in comparison to some other forms of urinary diversions. However, not everyone is suitable for undergoing this procedure. Please ask your treating doctor for more details regarding suitability, neobladder training, and the expected outcomes after this procedure.



Disclaimer: The information in this publication is of a general, non-specific nature. It is not intended, and should not be used as a substitute for the advice of qualified medical professionals.