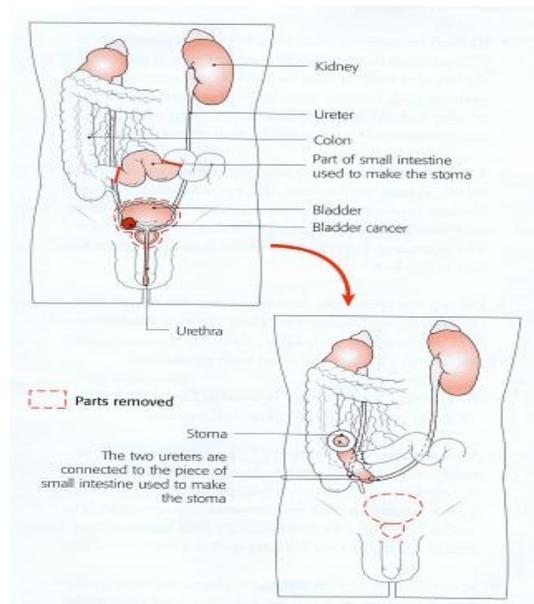


What is a Radical Cystectomy?

Removal of the bladder, the pelvic lymph nodes and some surrounding tissue – **see diagram below**. In men, the prostate gland and seminal vesicles are also removed. In women, the uterus, ovaries and top of the vaginal wall may be removed, depending on where the cancer is.



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What is an Ileal Conduit?

A means of draining urine out of the body when the bladder has been removed - **see diagram above** and **“What does the operation involve”**.

What is the benefit of this operation?

The aim is to cure bladder cancer.

What are the risks?

Common Infection due to insertion of temporary drains, stents following surgery

Bleeding requiring the need for blood transfusion

(Women) Pain or difficulty with sexual intercourse due to narrowing or shortening of vagina. Menopause may occur if ovaries removed

(Men) High risk of impotence (inability to have erections)
Dry orgasm. Retrograde ejaculation: no semen is produced causing infertility

Occasional Blood loss requiring further surgery
Cancer may not be cured

(Men) Need to remove the urethra (water pipe) as part of the operation or at a later date

Rare Infection or hernia of incision requiring further treatment
Anaesthetic or heart problems possibly requiring admission to intensive care (including chest infection, clot in the lung or leg, stroke, heart attack and death)
Decrease in kidney function over time

Very rare Diarrhoea due to shortened bowel/vitamin deficiency requiring treatment
Bowel and urine leakage from anastomosis (join) requiring further surgery
Scarring to the bowel or ureters requiring further surgery in the future
Scarring, narrowing or hernia formation around the stoma opening requiring further surgery
Damage to the bowel during surgery resulting in the need for a colostomy

Are there any alternatives?

Radiation treatment to the bladder, continent urinary diversion.

If these options are suitable for you, your doctor will have discussed them with you and give you information explaining them in more detail.

What happens before the operation?

Before your operation you will be asked to attend the Pre-Admission Clinic. This is to check that you are fit for your operation. You will be asked questions about your general health and will have some or all of the following tests: blood and urine tests, chest x-ray and ECG (heart tracing). These are routine tests before an operation. You will also have the opportunity to ask any questions.

You will be referred to the Stoma Nurse who specializes in looking after patients having this type of operation. They will either see you at home before your operation or when you come into hospital. They will discuss the operation with you,

answer any questions you may have and decide where your stoma should be placed (see "What does the operation involve"). A mark will be made on your abdomen (tummy) after you have discussed this. The stoma will be on the right side of your abdomen, just below the waist.

Additional Treatment

After your operation you will be started on daily subcutaneous injections of Fragmin (Daletparin), this also helps reduce your risk of blood clots. The nurse on the ward will teach you how to do this yourself as this treatment needs to be continued for 4 weeks. Current evidence from the National Institute of Clinical Health Excellence (NICE) recommends this treatment for patients undergoing major cancer surgery to reduce their risk of developing deep vein thrombosis (DVT) or pulmonary embolism (PE).

Your operation

You will be admitted onto the ward the day before or the morning of your operation, you will be informed of this at pre-admission clinic. An anaesthetist will see you at this time to discuss your anaesthetic and pain control. A doctor will again discuss the operation and possible complications, answer any questions you may have and ask you to sign your consent form again.

You will be asked not to eat or drink any non-clear fluids, such as soup, milk etc, for 6 hours before your operation. You can have clear fluids (water/squash) up to 2 hours before your operation. After this you will be asked not to drink anything further. **If you are an insulin dependent diabetic, you will need special instruction, please discuss this with your nurse.**

You will be given 2 suppositories which will make you open your bowels; this laxative will ensure that your bowel is clean before your operation.

Before going to theatre, you will be asked to have a shower and put on a hospital gown and special stockings. These stockings help reduce your risk of getting clots in your legs. If you are feeling anxious and it is appropriate, you may have been prescribed some relaxing medication (pre-med), this will be given to you on the ward before you go to theatre. A nurse will accompany you to theatre where you will be taken to the anaesthetic room where you will have your anaesthetic.

What does the operation involve?

A cut will be made on your abdomen (tummy) from just above your navel to the top of the pubic bone to enable the doctor to get to the bladder. Once the bladder is removed your doctor needs to create another way for your urine to drain from the body; this is done by forming a stoma. Other names you may hear stomas being called are ileal conduit or urostomy.

To form an ileal conduit/stoma, a small piece of your bowel (intestine)

is normally used. The doctor will cut out a small piece of your bowel (removing this should not affect how your bowel works). The ureters (tubes which drain urine from the kidneys) are then stitched into one end of the small piece of bowel which was removed, urine can then drain into it. The other end comes out through a small opening on your abdomen to make the stoma. Urine can then drain from the ureters, through the piece of bowel and out through the stoma into a special bag fitted around your stoma. The bag is held in position by a sticky patch attached to the bag.

The operation will take about 4 hours. After the operation, you will be taken to the recovery room and will stay there for an hour or more before going back to your ward. This allows you to recover from the anaesthetic. You will be drowsy when you return to the ward and may want to arrange that only a close relative visit on the first day, so that you can have some quiet time to recover. Other relatives/friends can telephone the ward to find out how you are.

What will happen after the operation?

The nurses will make regular checks of your blood pressure, pulse, breathing, wound, pain and urine output. As you get better, these checks will be done less often.

The tubes and drains you may have been listed below. Do not worry about them, they are there to give you fluids or to drain fluids away. They will gradually be removed, as you get better.

- **Oxygen** You may be given oxygen for a short time after your operation until you are more alert and awake.
- **Intravenous infusion** – (IVI or drip) – A cannula (thin plastic tube) will be put into a vein in your arm and/or your neck and fluid will be given through this to make sure you do not get dehydrated. It can also be used to give you intravenous antibiotics, blood etc. When you are drinking and do not feel sick the IVI will be removed.
- **Drains** - You will have 1 drain (tube) coming out of your lower abdomen. This drains away blood or fluid, which can collect after your prostate is taken out. It is normally removed after 1-2 days. If it is still draining large amounts, it will be left in a little longer.
- **Stoma** - You will have 2 small tubes (stents) coming out of your stoma. They come down the ureters (tubes from the kidney) and out through the stoma. They allow the joins where the ureters are stitched into the stoma to heal. The tubes are normally removed after 10days. If you go home before this, your nurse will arrange for them to be removed for you at home.
- **Wound** - you will have a dressing over the wound for a few days after the operation. Clips will have been used to keep the two edges of the skin together, these look just like staples and are normally removed 10 days after the operation. The wound will heal and over time the scar will fade.

- **PCA** (Patient Controlled Analgesia) or an **Epidural** to control your pain. The anaesthetist will have discussed these with you before the operation. When you are eating and drinking and can take painkillers by mouth, the PCA/Epidural can be removed. It is important your pain is controlled, if not, let your nurse know.
- You will be encouraged to get up and about as soon as possible. This is to help reduce complications such as chest infections, pressure sores or a clot in the leg (Deep Vein Thrombosis - DVT).

When will I be able to go home?

You should be ready to go home after 7 days. Before you leave you will be shown how to stoma. You will be given contact numbers in case you have any problems.

Will I have any follow up?

An outpatient appointment will be made for you to come back to clinic 4-6 weeks after your operation to be given your histology results.

Discharge Information

Care of your wound

Your clips are removed after 10 days. The ward nurses will arrange a District Nurse or Practice Nurse to remove them if you are discharged before this. Your wound should have healed well on the outside by this time and a dressing is usually not needed. If your wound becomes red, tender/hot to touch or is discharging fluid/pus you should inform your district nurse or GP for advice, you may have developed a wound infection.

Care of your stoma

You will be discharged when both you and the stoma nurse are happy that you can care for your stoma. Make sure you have enough stoma bags and supplies before you go home and have the stoma nurse's telephone number in case you need to contact him/her. After discharge, your stoma nurse will see you at home to ensure you are managing.

Medicines to take home

You may be given painkillers to take home, use them as you need to but no more than the recommended dose. Your nurse will discuss this with you before you go home. You should continue to take your normal medicines unless advised otherwise.

Continue your Fragmin injections until the 4 week course finishes.

Stockings

You should continue to wear them for 4 weeks after your operation

Bowels

Constipation can be a problem after your operation you may need a laxative until things return to normal. Ask your nurse or doctor for advice if this is a problem.

Washing

You can have a bath or shower once you are home, gently pat dry around your wound rather than rubbing dry.

Driving

You should wait at least 4-6 weeks and avoid long journeys during this time. You can then drive when you feel comfortable to carry out an emergency stop. Check with your Insurance Company, some companies have strict guidelines on when you should drive again.

Sex

You will be able to resume sexual activity when you feel comfortable to do so but you may wish to wait 6-8 weeks before sexual intercourse to allow healing.

Women may experience pain or difficulty with sexual intercourse due to the narrowing or shortening of the vagina after surgery. You may need to try different ways and positions in order to find what is easier for you.

Many **men** are unable to achieve an erection after surgery due to nerves necessary for erections being damaged or cut. Treatments are available to help overcome this. If you are having problems, you can discuss them with your doctor or nurse.

Work

You can normally return to work after about 6-8 weeks, this does depend on what you do. Manual workers, or work which involves heavy lifting, may require 8-12 weeks off work. You should discuss this with your doctor before you leave hospital. If you need a sick certificate, you should ask the ward nurses for this. You may need to get an additional certificate from your GP once the hospital certificate runs out.

General advice

You will be able to eat and drink normally.

Take it easy for about 4-6 weeks but take gentle exercise like walking, gradually increasing what you do, as you feel able.

Avoid strenuous exercise for 6-8 weeks.

Avoid lifting heavy objects for 6-8 weeks.

If you live alone or are elderly you may want a friend or relative to stay for the first few days.

If you will need help at home after you are discharged, you should discuss this at your pre-admission visit.

If you have any questions or concerns, please find below contact numbers for the Urology wards and Urology nurses:-

Urology Ward D2 East

Tel. No:- 01633 - 234043 / 234044

24 hours

Uro-Oncology Clinical Nurse Specialists

Julie Simpson

Louise Broadway

Kath Connor-Middleton

Jess Morgan

Tel. No: 01633 – 238976 (will return voicemails when not on clinical duties)

Monday – Friday office hours

Urology Nurse Practitioner

Laura Reynolds

Tel. No:- 01633 – 234758

Monday – Friday office hours

Further information

The following charities provide further written information and help lines for patients diagnosed with cancer.

Action on Bladder Cancer

Action on Bladder Cancer (ABC)

c/o ABC Secretariat

Right Angle Communications

Barley Mow Centre, 10 Barley Mow Passage, London W4 4PH

Tel: 020 3142 6491

Web Address: www.actiononbladdercancer.org

Macmillan Cancer Support

89 Albert Embankment, London SE1 7UQ

Tel: 0808 808 0000 (Mon-Fri 0900-2000)

Web Address: www.macmillan.org.uk

Cancer Research UK

Angel Building, 407 St John Street, London EC1V 4AD

Tel: (Supporter Services) 0300 123 1861

(Switchboard) 020 7242 0200

Web Address: www.cancerresearchuk.org

St David's Foundation

Cambrian House, St John's Road, Newport NP19 8GR

Tel: 01633 270980

Email: enquiries@stdavidsfoundation.co.uk

Web Address: www.stdavidsfoundation.co.uk

Age Concern - Help and support for the over 60s

Age Cymru, Ty John Pathy, 13/14 Neptune Court, Vanguard Way, Cardiff CF 24 5PJ

Tel: 02920 - 431555/0800 169 6565

Web address: www.ageuk.org.uk/cymru

Smoking Cessation Service

Tel: 0800 085 2219

References:

British Association of Urological Surgeons (2004) Procedure Specific Consent Forms for Urological Surgery

National Institute for Health and Clinical Excellence (NICE) 2010 Venous Thromboembolism: reducing the risk

Tanagho EA, McAninch JW (2003) Smiths General Urology

**“This document is available in Welsh /
Mae’r ddogfen hon ar gael yn Gymraeg”.**