Radical Cystectomy

This handout will tell you how to get ready for a radical cystectomy. It will also tell you how to care for yourself at home after surgery and about follow-up visits to the Urology Clinic. Your nurse will go over this information with you. Please feel free to ask questions.

What is Radical Cystectomy?
Radical Cystectomy is the surgical removal of the bladder. The prostate gland is also removed in men. The uterus is also removed in women.

How do I get rid of urine after the bladder is removed?
After the bladder is removed, a urinary diversion is made using a piece of your bowel. This can be done in different ways depending on your medical history, age, lifestyle, and how able you are to care for yourself after surgery:

**Neobladder:** Continent urine reservoir made from piece of bowel and attached to the neck of your urethra (urine channel). This allows you to urinate much like you did before your surgery. You will not have a stoma if you have a neobladder.

**Indiana Pouch:** Continent urine reservoir made from part of your bowel to store urine. The end of the pouch is then brought out through an opening on the abdominal wall and a stoma is created. Using a catheter, you drain out the urine through the stoma at specific times. (HFFY #4535)

**Ileal Loop:** Using part of your bowel as a loop/conduit, the ureters (two tubes that carry urine from the kidneys) are attached so that they empty through this loop. The other end of the loop is then brought out through the abdominal wall and a stoma is created. You will need to wear a bag over your stoma to collect urine all the time.

Before Surgery
Getting rid of stool from the bowel will reduce the risk of infection during surgery. The nurse will give you information on how to do the bowel prep.
What to Expect after Surgery

- You will be in the hospital for 7 to 10 days
- You will have an intravenous line (IV) to give you fluids.
- You will have one or two drains on either side of your suture line to collect fluid.
- You may have oxygen.
- NG Tube: A tube in your nose going to your stomach to help prevent nausea and vomiting until your bowel starts to work again (about 3-5 days). **You will not eat or drink anything by mouth while the tube is in place or for one day after the tube is removed.**
- A Foley catheter may be placed in the space where your bladder was. It is taken out when drainage stops, usually about 3 days after surgery.
- You will have two small tubes, called stents, which go through your stoma into the newly created urine reservoir and up the ureters into your kidneys. The stents help to drain urine while the reservoir is healing. They are connected to a drainage bag at the side of your bed. You will go home with the stents in place. They will be taken out when you come for your first clinic visit.
- You may have leg wraps, called Venodynes that will be on your legs when you are in bed. These help prevent blood clots in your legs. They are removed when you are up walking.
- You will be up walking the day after surgery. You should walk in the hall 3-4 times a day. Getting up and walking early are the best ways to speed up your recovery. Walking also helps to prevent complications such as bowel obstruction, pneumonia and blood clots. **Pain medicine will make it easier for you to move around.**
- Your incision will be held together with staples, and these will be taken out 7-10 days after surgery. You may have a small amount of drainage from your incision. It will be cleaned and the dressing changed daily and as needed.
- While you are in the hospital, the ostomy nurse and the staff nurses will teach you how to care for your stoma, pouch and tubes.

Your Care at Home

- If you have the **Indiana pouch**, wash the stoma daily with warm water. If it is not covered with a bag, you may cover it with a small gauze dressing.
- If you have the **Ileal loop**, you should empty the bag every 2 to 4 hours or when it is one-third or one-half full.
- You may shower or take sponge baths. **Do not** take tub baths.
- Drink at least 6 – 8 glasses of fluids per day.
- You may drive after 2-3 weeks.
- No straining or lifting over 10 pounds (1 gallon of milk) for 4-6 weeks after surgery.
- Avoid contact sports for 4 to 6 weeks, or until your doctor tells you it is ok.
- You may resume sexual activity as soon as you are physically and emotionally able to do so.
- Plan on being off work for 4-8 weeks.
When to Call the Doctor
You should call your doctor if you have any of the following symptoms:

- Shortness of breath or chest pain, call 911
- Fever over 100.5° F
- Shaking chills or sweating
- Not making urine
- Pink, red, cloudy and/or foul-smelling urine
- Bloody discharge from your stoma
- Redness, warmth, swelling or pus-like drainage at suture line
- Loss of appetite
- Nausea and vomiting
- Diarrhea that lasts more than a few days
- Belly, back or flank pain
- Stoma looks darker or bluish-purple in color
- Leg swelling or calf tenderness

Follow-Up and Clinic Visit
Your first appointment will be scheduled for you before you leave the hospital. Please call your nurse or doctor with any questions or concerns.
We recommend that you have and wear a Medic-Alert bracelet or necklace.

Phone Numbers

Urology Clinic Nursing Staff: (608) 263-4757 - This is a 24 hour number.

Your Urologist, Dr. ___________________________ at (608) ___________________________

If you live out of the area, call toll free, 1-800-323-8942.

Your medical record number ____________________________

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©9/2015. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5639