Neobladder

Continent Urinary Diversion
# Table of Contents

Neobladder – Continent Urinary Diversion ................................................................. 1

Normal Urinary Tract .................................................................................................. 1

What is a neobladder? ............................................................................................... 2

How is the neobladder made? .................................................................................. 2

How does the neobladder work? .............................................................................. 2

Preoperative Exam .................................................................................................... 2

Getting Ready For Surgery ..................................................................................... 3

After Surgery ........................................................................................................... 3

Incision, Drains, and Tubes ..................................................................................... 4

Going Home .............................................................................................................. 4

Home Care ............................................................................................................... 5

Diet and Fluid Intake ................................................................................................. 5

Activities ..................................................................................................................... 5

Mucus Management .................................................................................................. 6

When to Call the Doctor .......................................................................................... 6

MEDICAL ALERT BAND ............................................................................................ 7

Follow-Up .................................................................................................................. 8

Phone Numbers ......................................................................................................... 8
Neobladder – Continent Urinary Diversion

**Normal Urinary Tract**

The normal urinary tract consists of two kidneys, two ureters, the bladder and the urethra. The kidneys are toward your back at about the waist level. They make urine filter the blood and remove waste from the body. Urine from each kidney is carried to the bladder by tubes called ureters. The bladder is an organ made of muscle that stores urine. The urethra is the channel that carries urine from the bladder to the outside of the body.

![Urinary Tract Diagram]

**What is a 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.

What is a neobladder?

A neobladder replaces the bladder by using part of the large bowel. A new bladder is made from a piece of the large bowel and attached to the neck of the urethra. It will store your urine and allow you to urinate through the urethra much like you did before your surgery.

How is the neobladder made?

The first step is to remove the bladder. In men, the prostate is almost always removed along with the bladder, while the uterus is often removed in women. The neobladder is made from part of the bowel and joined to the neck of the urethra. A sample (biopsy) of the neck of the bladder and the urethra is taken to check for cancer. If cancer is present, the neobladder will not be possible. Instead, you may need to have an Indiana pouch or an ileal loop. Sometimes, other factors (scar tissue, anatomic reasons) prevent the make of the neobladder.

How does the neobladder work?

The neobladder functions like your own bladder. Urine drains into the neobladder, then empties through the urethra when you strain or contract your abdominal muscles. This increases the pressure with the neobladder causing it to empty. Over time, the neobladder stretches and you will be able to hold more urine. It may take you weeks to months to be able to store urine without leakage. To stay dry, you may need to wake up to urinate at night.

Preoperative Exam

For your preoperative exam visit, a provider (nurse practitioner, physician, or physician assistant) will perform a complete health history and physical exam. You will have urine and blood tests, a chest X-ray and an EKG. You may also need to visit the anesthesia screening clinic.

A nurse will explain how to get ready for your surgery. A nurse will also mark your abdomen. This is done in case your doctor decides during surgery that a pouch or loop is needed instead of a neobladder.

Please eat before you go for your work-up visit since it may take 4 to 6 hours.
Getting Ready For Surgery

- Depending on your surgeon, you may need a bowel prep before your surgery. This will be discussed with you by your surgical team.
- Do not eat or drink anything after midnight!!

After Surgery

Plan to be in the hospital for 7 to 10 days.

We will help you to start walking the day after your surgery. Getting up and walking early are the best ways to speed your recovery. Walking helps to prevent problems such as a bowel obstruction, pneumonia or blood clots. Expect to walk in the hall 3-4 times a day. Pain medicine may make it easier for you to move around.
Incision, Drains, and Tubes

Incision: You will have an incision down the middle of your abdomen. This makes it easier for the doctor to remove your bladder. Staples are used to hold the incision together. They will be taken out in 7-10 days. You may have a small amount of drainage from your incision. It will be cleaned and the dressing changed daily and as needed.

Drains and Tubes

- You will have an intravenous line (IV) to give you fluids.
- You may have oxygen on.
- NG (Nasogastric) Tube: You will have 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 by mouth while the tube is in place.
- You may have TED hose and leg wraps (Venodynes) on your legs to prevent blood clots in your legs.
- A Foley catheter will be placed in the space where your bladder was. This is a tube placed through your urethra to protect the healing of the suture lines that join the urethra and the neobladder. It is taken out about 3-4 weeks after surgery. It takes this much time for the neobladder to heal.
- You will have a soft, long rubber drainage tube called Jackson-Pratt (JP)drain which are brought out through the skin on one side of your abdomen. JP drains are used to drain old blood and fluid from around your neobladder. This helps to prevent infection. Nurses will measure the drainage. Your doctor will remove the drains after the drainage has stopped, most often within 2-3 days.
- You will have a suprapubic catheter. This is a tube placed through your abdominal wall into the new bladder to keep it drained. It is removed in about 2-3 weeks.
- You will have two small hollow tubes called stents (one for each kidney) to drain the urine from the kidneys while your neobladder is healing. The stents allow the urine to flow freely. The ends are brought to the outside through a small opening on your abdomen. 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.

Going Home

While in the hospital, nurses will teach you how to care for your tubes. You will learn how to flush the catheters every 4 hours and as needed to help prevent blockage. Because the neobladder is made out of bowel, it secretes mucus. This can plug the catheters.

After your Foley is removed, you will be taught how to pass urine by straining the abdominal muscles. You will be asked to follow a schedule for the first six weeks. You will need to urinate
at set times. This will help to gradually expand the neobladder to hold greater volumes of urine and promote dryness.

The time it takes you to control the neobladder can vary. Most often, nighttime leaking is the last to recover. You may be taught to do pelvic exercises. These will help you to stay dry. You may need to perform 15-20 sets of pelvic exercises once or twice a day as you are able.

You may need to use adult diapers or other devices. If needed, you will be taught how to catheterize yourself since abdominal straining may not be enough to empty urine from the neobladder.

**Voiding Routine**

**Weeks 1-3:** Every 2 hours during the day  
Every 3 hours at night  
**Weeks 3-6:** *Every 3 hours during the day*  
Every 4 hours at night  
**After week 6:** Every 4 hours during the day  
At night, void as needed.

The goal is to void every 4 hours. Do not worry if you are not able to wait for 4 hours. If your urine output is greater than 500mL each time, you will need to void more often. If your bladder feels full and you are not able to empty your bladder, you will have to catheterize yourself. You must not wait longer than six hours before you empty your bladder.

**Home Care**

**Diet and Fluid Intake**

Eat a regular diet as you are able. Some foods such as spicy foods, asparagus, fish, eggs, medicines, and vitamins, can change the smell or color of your urine. You should drink at least 2 liters of fluids per day. A high urine output will help you to keep the neobladder flushed and reduce your risk of infection. High fluid intake also reduces the risk of forming kidney or neobladder stones.

**Activities**

- You may shower or take sponge baths. **Do not** take tub paths until you get permission from your surgical team.
- No straining or lifting over 10 pounds for 4-6 weeks.
- You may drive after 4 weeks.
- Avoid contact sports for 4 to 6 weeks, or until your doctor tells you it is safe.
• Swimming is okay after 6 weeks.
• You may resume sexual activity as soon as you are ready.
• Plan on being off work for 6-8 weeks.

**Mucus Management**
Flush your neobladder every morning, evening, and as needed. This will break up and flush out mucus that can block the tube. One of the first signs of blockage (obstruction) is a decrease in urine output.

**Supplies Needed**
- Normal saline solution or sterile water
- Bulb or piston syringe

**Procedure/Steps**
- Gather your supplies.
- Wash and dry your hands.
- Use alcohol swab to clean the catheter and syringe as shown to you.
- Draw up 30-60 mL of saline or sterile water into the syringe.
- Clamp the Foley Catheter. Using the syringe, gently flush the solution through the suprapubic catheter into the neobladder. **Do not force it.**
- Gently withdraw or pull back any solution and mucus through the syringe, or allow it to drain by gravity into a toilet.
- Then flush 30-40 mL into the suprapubic catheter and unclamp the Foley catheter and allow it to drain. Alcohol swab the suprapubic tube and drainage bag and connect back together.
- Now clamp the suprapubic catheter and flush 30-60 mL into the Foley catheter. Gently withdraw any solution and mucus through the syringe, or allow to drain by gravity into a toilet.
- Flush gently until urine is free and clear of mucus.

**When to Call the Doctor**
- Fever over 100.5 degrees F when taken by mouth for two readings taken 4 hours apart
- Shaking chills or sweating.
- Decreased or no urine output.
- Pink, red, cloudy and/or foul-smelling urine.
- Redness, warmth, swelling or pus-like drainage at incision line.
- Loss of appetite.
• Nausea and vomiting.
• Diarrhea that lasts more than a few days.
• Abdomen, back, or flank pain.
• Leg swelling or calf tenderness.

**MEDICAL ALERT BAND**

You should always wear a medical alert bracelet or necklace on you at all times. This will alert healthcare providers that you have a neobladder. It should read:

**Neobladder – Continent Urinary Diversion**

**May catheterize 4-6 times a day with a #16 catheter**

Ask your doctor or nurse for a form, or order the Medical Alert band from:

Medical Alert Foundation

2323 Colorado Avenue

Turlock, CA. 95382

1-800-432-5378

www.medicalert.org
Follow-Up
You will be followed by your surgical team (doctor, nurse practitioner or physician assistant). Your follow-up visits should be at 1 week, 2 weeks, 3 weeks, 3 months, 6 months, and yearly. You may need to have more tests after your surgery to include urine and blood tests, ultrasound, CAT scan, chest x-ray, or a pouchogram (a special X-ray of the new bladder). Your first postoperative visit will be made for you before you leave the hospital. Please call your doctor with any questions or concerns.

Phone Numbers
Urology clinic Nursing Staff (608) 263-4757 Monday-Friday 8:00 AM – 4:30 PM

After hours, nights, weekends, and holidays, please call (608)262-0486. This will give you the paging operator. Ask for the urology doctor on call. Give the operator your name and phone number with the area code. The doctor will call you back.

If you live out of the area, please call 1-800-323-8942 to reach the paging operator.

Your Urology Doctor is: ________________________________