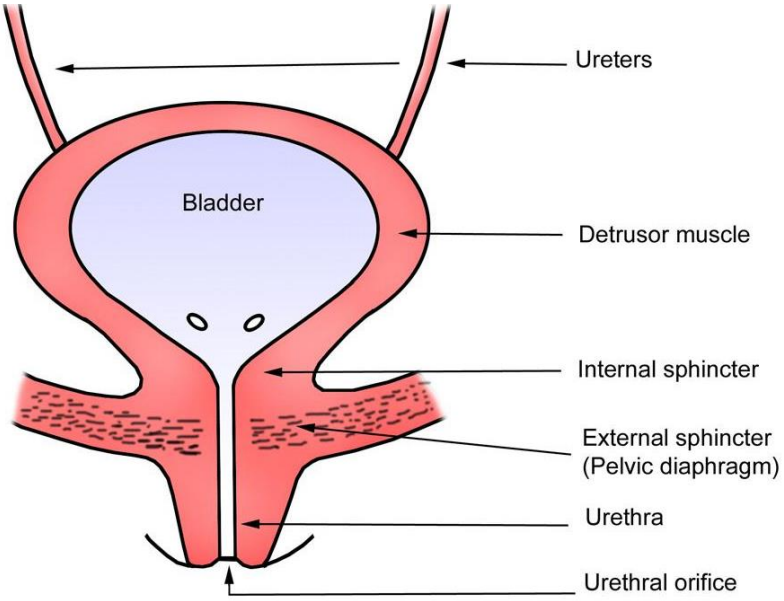
Total Cystectomy and Formation of Ileal Conduit

Patient Information – Urology Service

What does the bladder do?

The bladder is a hollow, muscular organ in your pelvis that is situated behind the pubic bone. The function of the bladder is to collect, store and remove urine produced by the kidneys.

When the bladder is full, the nerves that supply it send a message to the brain that you need to pass urine. Under your control, the urethral sphincter relaxes and the bladder contracts until it is empty of urine (voiding). The exit tube from the bladder is called the urethra.



What is a total cystectomy?

A total cystectomy is the removal of the bladder and surrounding organs.

- In men, the bladder, prostate gland and seminal vesicles (small glands near the prostate) are removed.
- In women, the bladder, urethra, uterus and ovaries are removed, and the vagina is shortened.

If you are having a total cystectomy, another way to collect urine and remove it from the body must be found. There are different ways this can be achieved surgically. This booklet will discuss the formation of an ileal conduit.

An ileal conduit is a passage formed using a small portion of bowel. One end of the conduit is

closed with sutures and the ureters (tubes for urine from the kidneys to the bladder) are implanted into it, while the other end is brought through to the surface of the skin.

The open end is called a stoma and is similar in colour to the inside of the cheek. An external bag (urostomy bag) covers the stoma and collects the urine.

Why do I need a total cystectomy?

A total cystectomy may be required for one of the following reasons:

- Cancer of the bladder
- Cancer of the uterus, vagina or bowel that involves the bladder
- Severe radiotherapy damage with ongoing bleeding from the bladder.

Why do I need an ileal conduit?

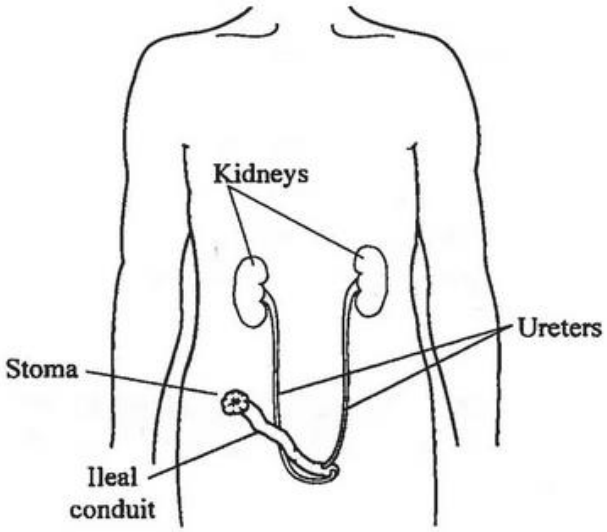
With a total cystectomy

In this scenario, the ileal conduit acts as a passage for the ureters to be attached to. This passage enables urine to move through the stoma, out of your body and into a urostomy bag.

Without a total cystectomy

In some cases, a decision is made to leave the bladder in place and divert urine away from it using an ileal conduit.

Another reason for an ileal conduit formation is to treat uncontrolled incontinence resulting from conditions such as multiple sclerosis.



What happens before my operation?

The surgery and outcomes will be explained to you by your surgeon before the surgery. When you feel comfortable that you understand what is to be done and have had all your questions answered, you will be asked to sign a consent form. This consent form should be signed by both yourself and your surgeon and forwarded to the hospital prior to your admission.

A blood test will need to be performed and a urine sample may need to be taken a few days prior to your surgery. A chest x-ray may also be requested.

If you are over 60 years of age or have other medical conditions, you may also have an electrocardiogram (ECG) prior to surgery to check the health of your heart.

You will be advised when to stop eating and drinking before surgery. This includes water and chewing gum. You can swallow tablets with a small sip of water.

You should bring your own medications with you to hospital.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your surgery. Identify the foods that can help you maintain a regular bowel habit for your post-op period.

Stoma nurse

This is a nurse who specialises in the care of people who have a stoma. The stoma nurse will visit you prior to your surgery to talk with you about having a stoma.

They will mark on your skin the ideal site for the new stoma to be situated.

This nurse will visit you again after your surgery to check on your progress and to begin the process of teaching you how to care for your stoma yourself.

Please inform your surgeon if you are taking anti-coagulant (blood thinning) medication (e.g. warfarin, clopidogrel, dabigatran, rivaroxaban or ticagrelor), or any medication for diabetes. Your surgeon will advise when to stop and restart these medications. If you are taking aspirin, it is okay to continue taking this.

What happens on the day of my operation?

You will be advised when to come to hospital, which is usually on the day before surgery. Be aware that this is not a day surgery. On arrival, the staff will guide you through what is required prior to your surgery.

You will have a clean hospital gown and protective stocking fitted. Your lower abdomen will be shaved in preparation for the surgery.

An IV (intravenous) line will be placed in a vein in your arm or hand that will be used to supply fluids or medications during the surgery.

You may be given a medication to prevent blood clots.

You will be encouraged to commence deep breathing and coughing exercises pre-operatively. This prevents any breathing complications or chest infection from occurring, following the surgery and anaesthetic.

This operation is performed under general anaesthesia. The anaesthetist will see you before the surgery. A tube may be inserted into your throat to help you breathe while you are in a sleep-like state.

Just prior to your surgery, you may be given a pre-medication tablet to relax you.

What to expect after my operation?

You will probably be in hospital for seven to ten nights following this type of surgery.

When the operation is completed you will go to the recovery room for a short while where you will be cared for and monitored closely until you are ready to be transferred to the Urology Unit.

Pain control

Pain control is managed in conjunction with your anaesthetist. For pain relief it is likely you will have a patient-controlled analgesia (PCA) pump attached to your intravenous line. This means you can control your own pain relief by pushing a button connected to the pump.

Wound

Your wound will extent from your naval to your pubic bone. The sutures will be dissolvable and do not need removing. There will be a stoma with a stoma bag on the right side of your abdomen just below your belt line.

Drain tube

There will be a drain tube coming from your abdomen. This will be removed after two to three days. This removes any fluid from outside the bowel and urinary tract.

Ureteric stents (x2)

Two fine tubes will drain through your ileal conduit to allow healing. They will be removed seven to ten days after your operation.

Stoma

When you wake up you will have a bag fitted onto your abdomen approximately where the stoma nurse has marked. Underneath the bag is your stoma or ileal conduit. The stoma is the new drainage system for your urine.

Initially, a two-piece stoma bag will be fitted around the stoma. This allows the nurses to see and check your urine and stoma immediately after surgery.

You will see some mucus in your urine. This is normal as it is produced by the bowel.

There are many types of urostomy bags available and you will be helped to find the one most suited to you. The stoma nurse and ward nurses will be there to assist and teach you about your stoma.

What happens after discharge?

You can do most activities after your operation, **except** any heavy lifting, straining, sexual intercourse or strenuous activity, which should be avoided for six weeks after surgery. You will be able to continue with your normal daily routines as you feel able.

Generally, when you feel that you could perform an emergency stop without being concerned about abdominal pain (about four weeks), then you can resume driving.

You will be asked to drink extra fluids after your surgery and for the next few weeks after your discharge. This helps to keep the ileal conduit draining.

Possible complications

All procedures have a potential for side effects. You should be reassured that, although these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Bleeding

It is also common to pass small amounts of blood during the healing process. This is normal and nothing to worry about. Bleeding severe enough to bring you back to the hospital is rare. This risk disappears when healing is complete, six to eight weeks after surgery.

However, there is a small risk of severe bleeding occurring. If you have fresh, heavy bleeding that does not stop, please visit the Emergency Department at your local hospital.

Such bleeding is more likely if you carry out strenuous activity. For two to three weeks after the operation, you should not indulge in any activity that requires physical straining. Such activities are:

- Digging the garden
- Playing golf
- Lifting heavy weights
- Sexual intercourse
- Straining to pass a bowel motion.

Wound infection

Your wound may become infected post-operation. Symptoms can include:

- Redness
- Swelling
- Pain
- Hot to touch
- Discharge from the wound.

Urine infection

You may get a urine infection post-operatively. If this happens, you will be required to provide a sample of your urine to test what bacteria are growing. The infection will be treated with antibiotics.

Symptoms of a urine infection include:

- Cloudy or blood urine, which may have a foul or strong odour
- Fever
- General feeling of being unwell
- Urine that looks different to what is normal
- Abdominal pain.

Sexual function

A cystectomy with ileal conduit can cause impotence, the inability to have an erection. The likelihood of this occurring depends on several factors.

At best only 35% of men retain normal erections, which may take a year to return after surgery. This does not mean that you cannot continue to have a satisfactory sex life. There are two important points to be made. With some creativity, men can have orgasms without having an erection. There are also several treatments available to help bring back the erections, but these do mean that the spontaneity of the sexual act is diminished.

Parastomal hernia

A parastomal hernia is the protrusion of the intestine through the abdominal muscles around the stoma. It looks like a bulge under the skin around the stoma. They can occur reasonably frequently, as the muscles around the stoma have been deliberately weakened during the operation.

Some preventative measures to guard against the development of a stoma hernia include:

- Gentle abdominal exercises i.e. walking
- Avoid heavy lifting
- Weight management i.e. stay within an appropriate weight range.

Most parastomal hernias are managed without needing an operation.

Follow-up

You will receive an appointment in the mail to attend the Urology Outpatient clinic. This is usually about six weeks following your surgery. At this visit, you will see your urologist.

A letter will also be sent to your own doctor about your operation.

Contact information

For more information about:

- Hospital and specialist services, go to www.cdhb.health.nz
- Your health and medication, go to www.healthinfo.org.nz

For information on parking, how to get to the hospital, and visiting hours, please visit www.cdhb.health.nz