



UROLOGICAL CONSULTANTS

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FACTSHEET

RADICAL CYSTECTOMY

About the Procedure:

In some patients with bladder cancer, removal of the bladder and the creation of an alternate drainage system for the body's urine, may be required. This urinary diversion is necessary because the kidneys will continue to produce urine even after the bladder has been removed. The bladder is removed through a vertical 10 to 15 centimeter incision in the middle of the lower abdomen (from below the belly button to the pubic bone), in a procedure that takes between 4 and 6 hours under general anesthesia. Patients are usually in the hospital for 5 to 7 days after their procedure. Depending on the type of cancer, and the needs of each patient, the urine may be diverted to a urostomy, which is a permanent drainage opening on the skin of the lower abdomen that empties urine into a bag. Alternatively, your doctor may elect to create a new bladder (a neobladder) out of part of your bowel. This may empty through the normal urinary channel (the urethra), or it may be formed into a pouch inside of the body that needs to be emptied using a catheter passed through a small opening on the skin periodically throughout each day. There are many options to consider, and you should ask your doctor as to which form of urinary diversion would work best for you.

Preparing for the Procedure:

- Take only clear liquids on the day prior to the procedure. Acceptable liquids include tea or coffee (no milk or cream), water, apple juice, Gatorade or other sports drinks, popsicles, Italian ice, or chicken broth.
- Drink five ounces of citrate of magnesium at 4:00 pm the day before the procedure. If this does not produce a bowel movement by 7:00 pm take an additional two ounces of citrate of magnesium. This is available over the counter in the laxative section of your pharmacy. Remember to drink plenty of clear liquids to stay hydrated while preparing for your procedure.
- Do not eat or drink anything after midnight the night before the procedure. You should take your usual medications as you normally would the morning of your procedure with a small sip of water only (avoid juice, milk, coffee, etc.).
- Starting five to ten days prior to your procedure (ask your doctor for a specific time), it is important to stop taking medications that might increase your risk of bleeding. For a list of blood-thinning medication that should be avoided, ask your doctor.
- Additionally, your doctor may have prescribed for you an enema which should be taken rectally two hours before coming in to the hospital on the day of your surgery. Check the packaging of the enema for specific instructions.

After the Procedure:

The care of your urinary diversion will differ depending on the type of procedure you have. Ask your doctor regarding specific instructions.

In general, there will be a dressing on the incision that can be removed on the second day after the procedure. After that, it is OK to shower (let soap and water run over the incision, then pat dry), but baths and soaking in a tub should be avoided for 2 weeks after the procedure. The incision should be kept clean and dry to allow it to heal, so it is important to shower once a day. The incision generally heals in five to seven days, but avoid any strenuous activity and exercise or heavy lifting for 4 to 6 weeks after the procedure. Your doctor will remove the surgical staples in your incision at your first office visit following your discharge from the hospital. This is not painful and only takes a few minutes.

It is usually OK to resume your blood-thinning medication the day after your procedure, but check with your doctor to be sure. Take all the medications prescribed by your doctor (including any antibiotics and pain medications), and schedule an appointment to follow up with him within the first 2 weeks after the procedure (ask your doctor if you are unsure when to follow up).