

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.

Radical Cystectomy

A radical cystectomy is when the bladder is removed during surgery. The uterus or prostate will also be removed during this surgery.

Getting Rid of Urine After Bladder Removal

After removing the bladder, the surgeon will create a urinary diversion using a piece of your bowel. This can be done in different ways and will depend on your health history, age, lifestyle, and how able you are to care for yourself after surgery:

Neobladder: This is a urine pouch 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: This is a urine pouch made from part of your bowel to store urine. The end of the pouch is then brought out through an opening in the abdomen and a stoma is created. Using a catheter, you then 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 abdomen and a stoma is created. You will need to wear a bag over your stoma to collect urine all the time.

Before Surgery

You will need to do a bowel prep before surgery. Getting rid of stool from the bowel will reduce the risk of infection during surgery. The nurse will tell you how to do the bowel prep.

After Surgery

You will stay in the hospital for 7 to 10 days after your surgery.

Tubes and Lines

- You will have an intravenous line (IV) to give you fluids.
- You will have one or two drains on either side of your incision to collect fluid.
- You may have an oxygen tube.
- You will have a NG Tube in your nose going to your stomach. This tube helps to 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.**
- You may have a Foley catheter placed in the space where your bladder was. It is taken out when drainage stops, about 3 days after surgery.
- You will have two small tubes, called stents, which go through your stoma into the newly created urine pouch and up the ureters into your kidneys. The stents help to drain urine while the urine pouch 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.

Preventing Blood Clots

You may have leg wraps, called Venodynes that will be on your legs when you are in bed. These help to prevent blood clots in your legs. They are removed when you are up walking.

Walking

You will be up walking the day after surgery. You should walk in the hall 3-4 times a day. Walking early is one of 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.**

Incision Care

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

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.

Heal loop: Empty the bag every 2 to 4 hours or when it is one-third or one-half full.

Bathing

You may shower or take sponge baths. **Do not** take tub baths.

Fluids

Drink at least 6 – 8 glasses of fluids per day.

Activity

- 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 sex as soon as you feel ready.
- Plan on being off work for 4-8 weeks.

Follow-Up

Your first clinic visit will be scheduled for you before you go home. Please call your nurse or doctor with any questions or concerns.

Medic-Alert Bracelet

We suggest that you purchase a Medic-Alert bracelet or necklace to wear.

When to Call

Call if you have any of these 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

Who to Call

Urology Clinic
(608) 263-4757

Dr. _____
(608) _____

The toll-free number is **1-800-323-8942**.

Your medical record number is

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 ©6/2022. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5639