

Neobladder

Normal Urinary Tract

The normal urinary tract has two kidneys, two ureters, the bladder and the urethra. The **kidneys** are toward your back, about 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 outside of body.

What is a radical cystectomy?

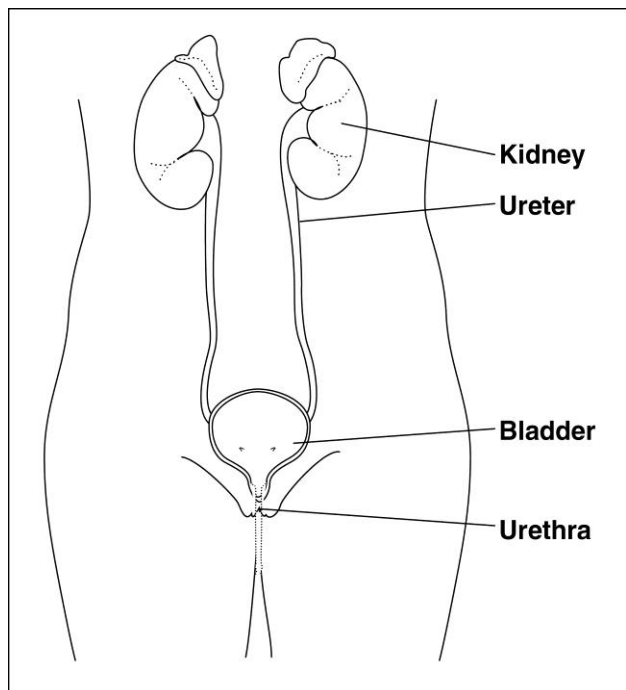
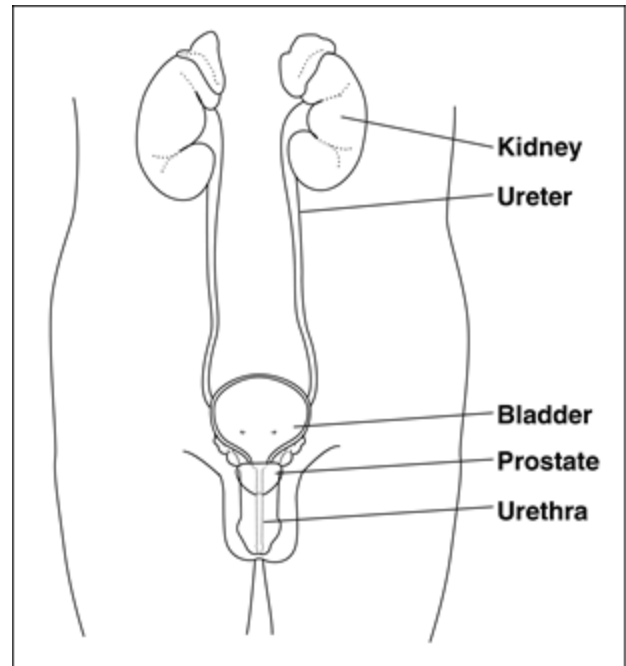
It is the surgical removal of the bladder. The prostate gland is also removed in men. The uterus, ovaries, fallopian tubes and anterior wall of the vagina are removed in women.

How do I pass 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.



How is it made?

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. You may need to have an Indiana pouch or an ileal loop. Sometimes, other factors prevent the making 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 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 takes 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 (Pre-Op) Exam

At your **pre-op exam** visit, you will go over your complete health history and have a physical exam. You will have urine and blood tests, a chest x-ray and an EKG. You may need to visit the anesthesia screening clinic.

A nurse will explain how to get ready for your surgery. They will mark your abdomen. This is done in case the 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, it may take 4 to 6 hours.

Getting Ready for Surgery

- You may need a bowel prep before your surgery. Your surgical team will tell you if you need this.
- You will be told about enhanced recovery after surgery (ERAS) by the nurse.
- Do not eat or drink anything after midnight!

After Surgery

You will be in the hospital 7 to 10 days. We will help you 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 and blood clots. Expect to walk in the hall 3-4 times a day. Pain medicine may make it easier.

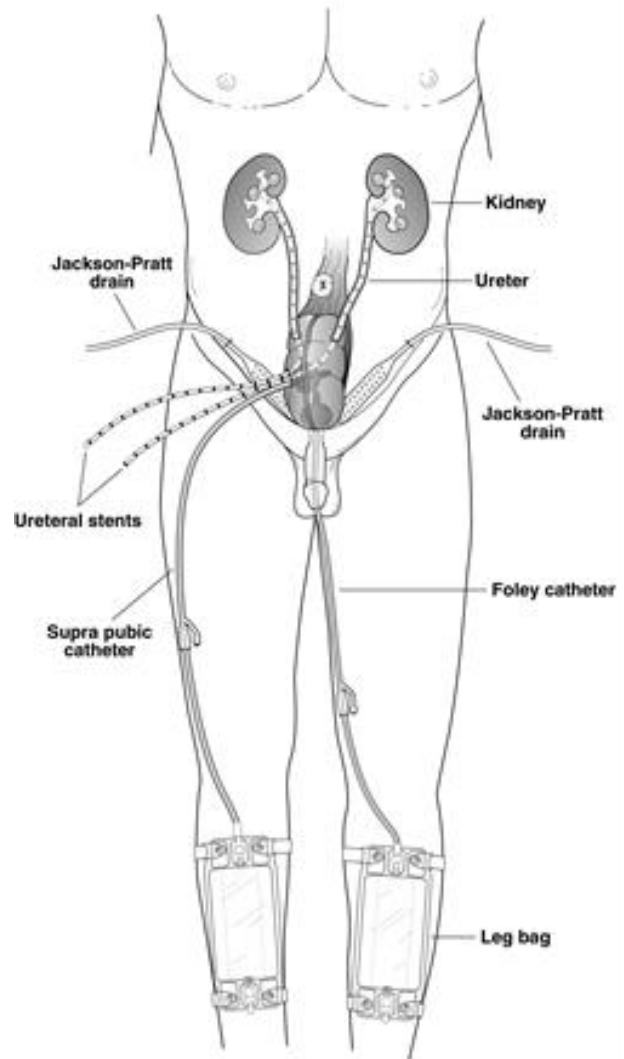
Incision

You will have an incision down the middle of your abdomen. 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. We will clean the incision and change the dressing daily and as needed.

Drains and Tubes

- You will have an IV to give you fluids.
- You may have oxygen on.
- You may have a tube in your nose (NG tube) going to your stomach. This helps 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. They help prevent blood clots.
- A Foley catheter will be placed in the space where your bladder was. This is a tube placed through your urethra. It helps the healing of the suture lines that join the urethra and the neobladder. It is taken out 3-4 weeks after surgery. It takes time for the neobladder to heal.
- A soft, long rubber drainage tube called Jackson-Pratt (JP) drain is brought out through the skin on one side of your abdomen. It is 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.
- A suprapubic catheter is placed through your abdominal wall into the new bladder to keep it drained. It is removed in about 2-3 weeks.
- Two small hollow tubes called stents (one for each kidney) 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 in your abdomen. They connect to a drainage bag at the side of your bed. You will go home with the stents in place. They are taken out at your first clinic visit. Don't worry if they fall out, we will not replace them.



Going Home

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

After the Foley is removed, we will teach you how to pass urine by straining the abdominal muscles. You will follow a schedule for the first six weeks. You will need to urinate at set times. This will help slowly 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 improve. We may teach you pelvic exercises. These will help you to stay dry. You need to perform 10 sets of 10 pelvic exercises once or twice a day as you are able.

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

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.

Diet and Fluid Intake

Eat a normal diet as you are able. Spicy foods, asparagus, fish, eggs, medicines, and vitamins can change the smell or color of your urine. Drink at least 2 liters of fluids a day. A high urine output will help keep the

neobladder flushed and reduce risk of infection. High fluid intake also reduces the risk of forming kidney or neobladder stones.

Activities

- You may shower 2 days after surgery. **Do not** sit in bathtubs, hot tubs, or go swimming for 2 weeks.
- No straining or lifting over 15 pounds for 4-6 weeks.
- You may drive when not taking narcotics.
- Avoid contact sports for 4 to 6 weeks, or until your doctor tells you it is safe.
- You may resume sex as soon as you are ready.
- Plan on being off work for 6-12 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

1. Gather your supplies.
2. Wash and dry your hands.
3. Use alcohol swab to clean the catheter and syringe.
4. Draw up 60 mL of saline or sterile water in the syringe.
5. Clamp the Foley catheter. Using the syringe, gently flush the solution through the suprapubic catheter into the neobladder. **Do not force it.**
6. Gently withdraw or pull back any solution and mucus through the syringe or allow it to drain by gravity into a toilet.

7. Repeat the same process with the urethral catheter. Alcohol swab the suprapubic tube and drainage bag and connect back together.
8. Flush gently until urine is free and clear of mucus.

Follow-Up

Your follow-up visits will be at 2 weeks, 3 weeks, 3 months, 6 months, and yearly. You may need to have more tests after surgery. They may include urine and blood tests, ultrasound, CAT scan, chest x-ray, or a pouchogram (a special x-ray of the new bladder). Your first follow up visit will be made for you before you go home.

Medical Alert Bracelet

You should always wear a medical alert bracelet or necklace. This alerts 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 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

When to Call

- Fever over 101.3 degrees F when taken by mouth for two readings, 4 hours apart
- Shaking, chills or sweating
- Decreased or no urine output
- Thick urine (like ketchup) or large quarter or half dollar blood clots
- 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.

Who to Call

Urology Clinic
Monday-Friday 8:00 AM – 4:30 PM
(608) 263-4757

After hours, nights, weekends, and holidays, please call **(608) 262-0486** to reach the paging operator. Ask for the urology doctor on call. Give 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**.

Your Urology Doctor is:

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

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 © 2/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#5787