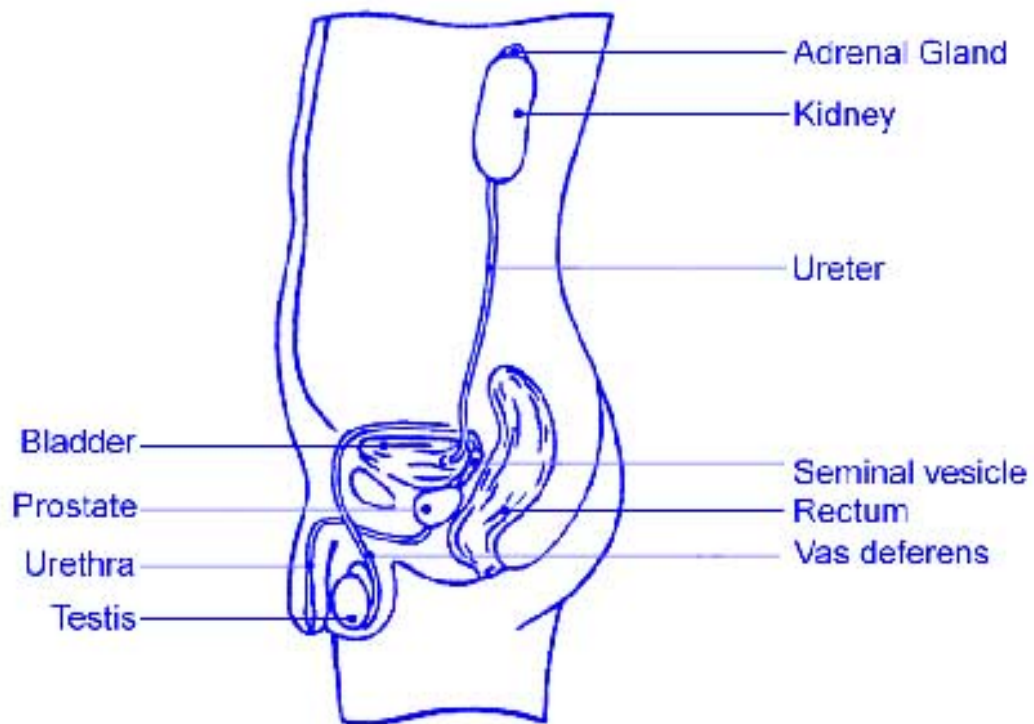
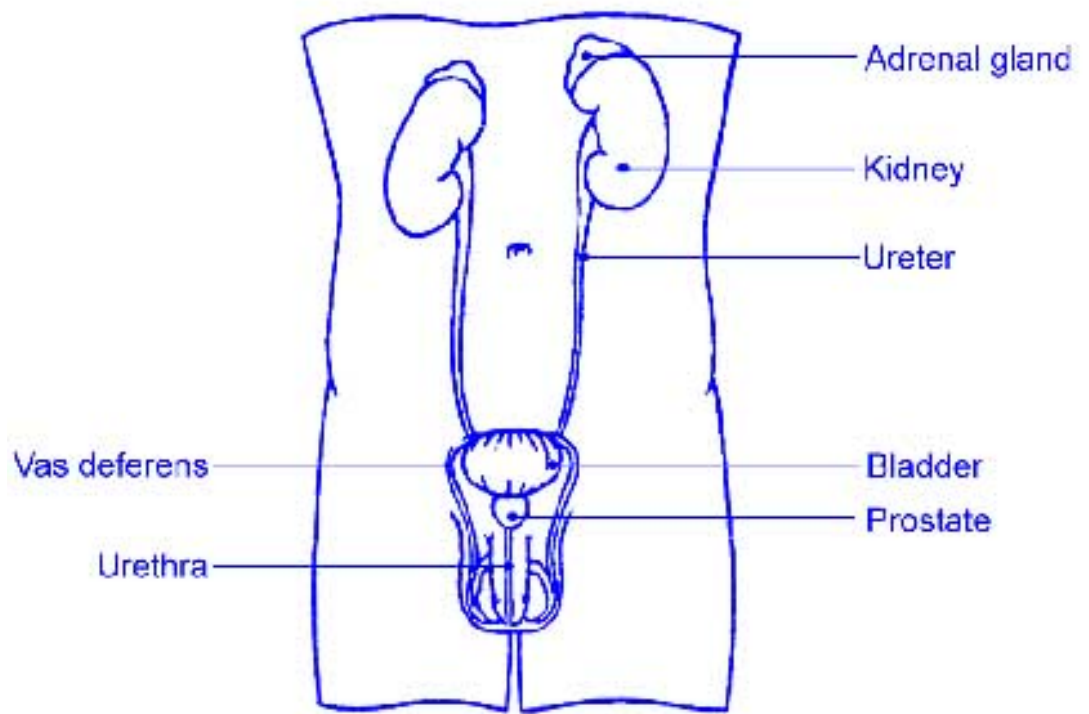


# **A Patients Guide To Bladder Reconstruction (NEOBLADDER)**

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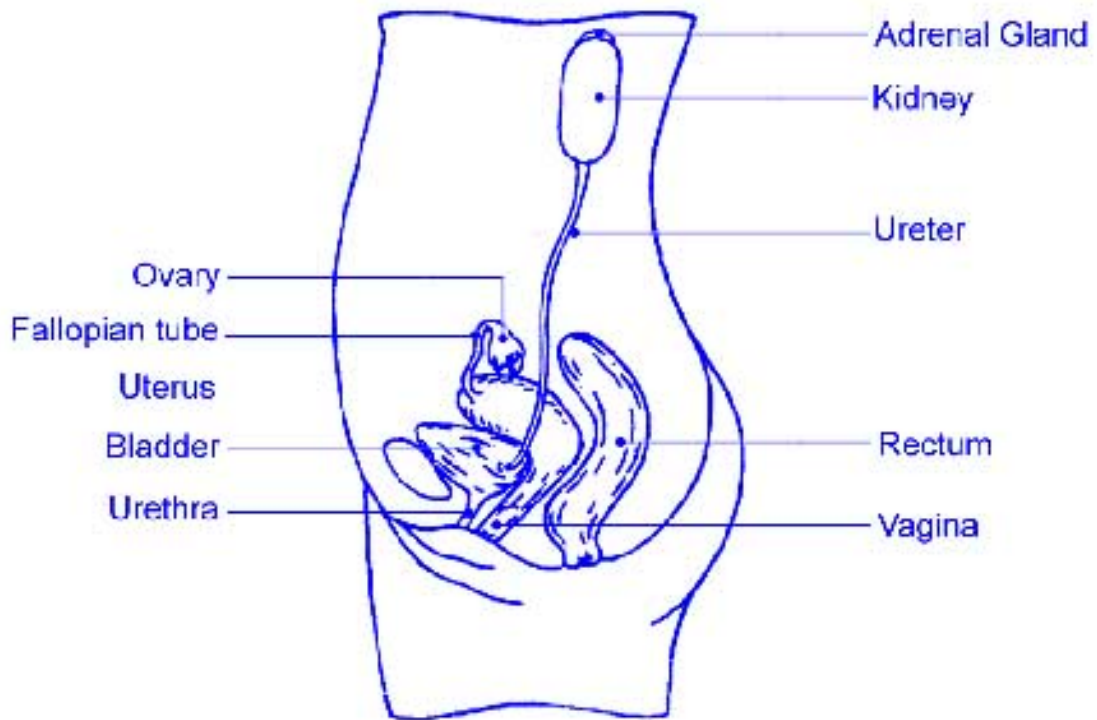
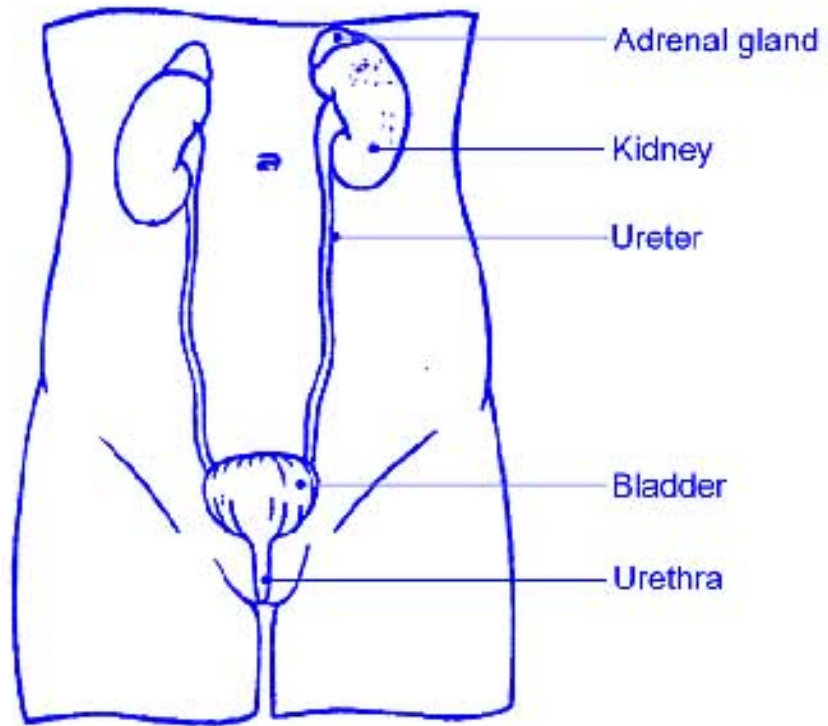


## Position of Organs

(Male)

# Position of Organs

(Female)



## **INTRODUCTION**

An intestinal segment (piece of bowel) is used to make a reservoir for urine, acting as a substitute for your bladder.

In time, you will learn to appreciate when to empty your 'new bladder' allowing you to void at socially appropriate times.

## **BEFORE YOUR OPERATION**

You will be instructed on pelvic floor exercises, to help you regain control of your new bladder after the operation (see section 'At Home'), and you should practice these before surgery to identify the muscle groups used, as you may initially find this difficult after your operation.

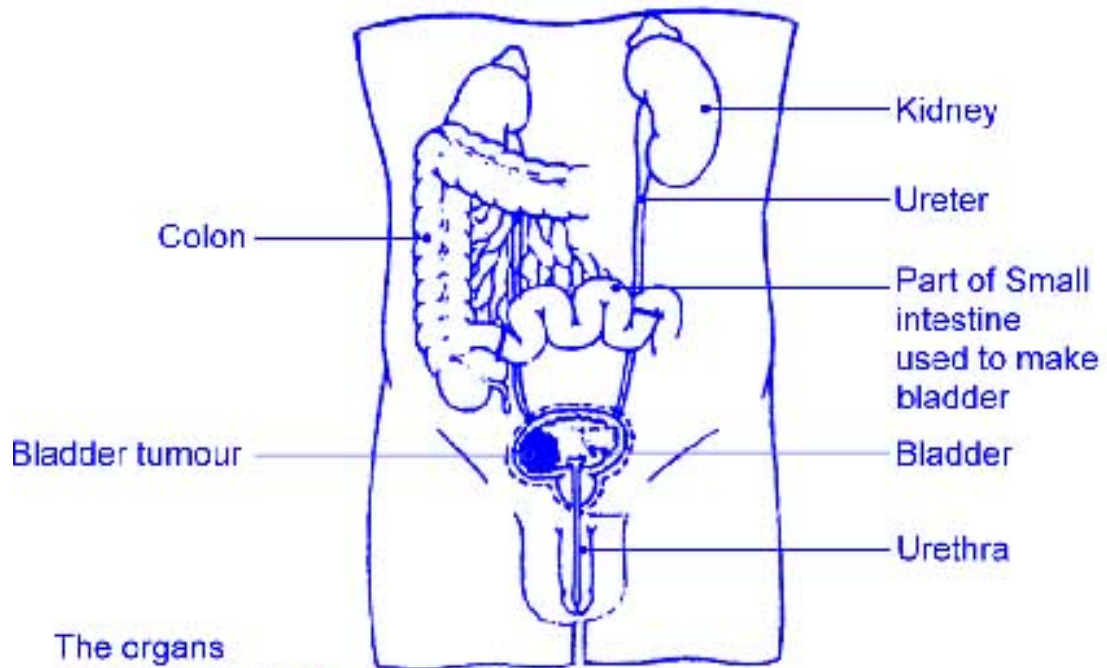
You will also be instructed on how to pass a small plastic tube, called a catheter, into your bladder. This is necessary, as in some cases your 'new bladder' may not empty properly and require you to intermittently drain off the urine by using a catheter. It is important that you feel happy performing this technique before the operation.

## THE DAY BEFORE YOUR OPERATION

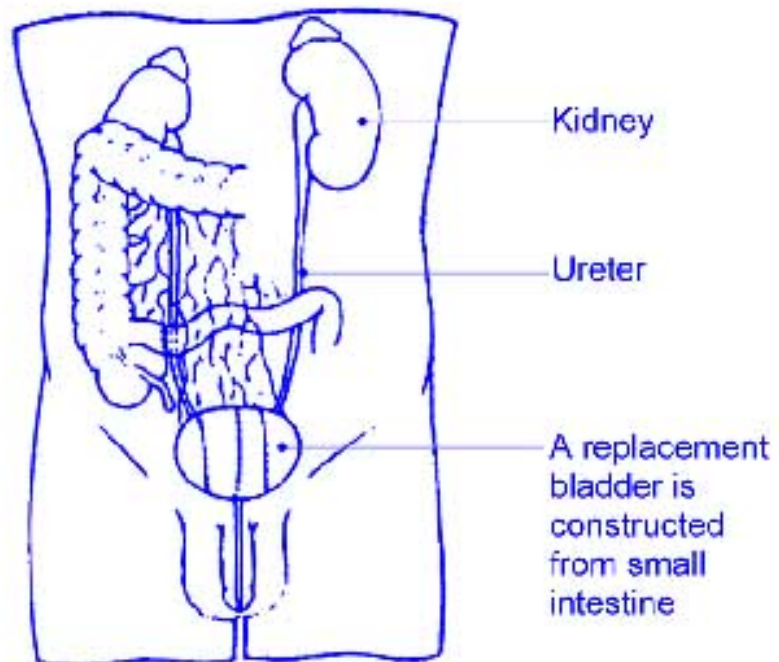
- The doctors and nurses will be available to answer any questions you may have.
- Your bowel will need to be cleared; you will be given sachets of a strong laxative, which will give you diarrhoea.
- You may have an enema in the evening to ensure the rectum is clear.
- No food is then allowed, but you may drink as much as you like until instructed to be 'nil by mouth'. Depending on the type of laxative you are given, you may only be able to drink clear fluids.
- The anaesthetist and nurses will discuss your anaesthetic and pain relief following your operation.
- You will be given a pair of special stockings to help your circulation post - operatively, which will need to be put on before your operation.
- You will be marked by the stoma therapy nurses for a stoma (urostomy) in case this is required during your surgery. Although the plan is to build you a new bladder this is rarely not feasible and you may require a urostomy. Mr Boustead will discuss this with you before your operation.

# YOUR OPERATION

(Male)



The organs that are removed are surrounded by the dotted line



- You will be taken to the operating theatre anaesthetic room where your anaesthetic will be given.
- The cut used for the operation is up and down in the middle of the abdomen.
- Initially, the surgeon will remove your bladder (cystectomy) and men will also have their prostate gland removed. Ladies will normally also have their uterus and ovaries removed (hysterectomy).
- The surgeon will then reconstruct your 'new bladder', using a segment of intestine (bowel).
- Your ureters (see diagrams, pages 1 and 2) will be transplanted into this segment of intestine, so that it now acts as a reservoir for urine.

## **AFTER YOUR OPERATION**

- You will have a tube (catheter) going through your urethra (see diagrams, pages 1 and 2) into your 'new bladder'. This will drain your urine and is necessary for the internal wound to heal. You may go home with this and it will be removed after two weeks.
- You will have another tube (cystostomy tube) through your tummy wall into your 'new bladder'. This will also drain urine and will stay in position for about twelve days until a special X-ray is performed (cystogram) to check your 'new bladder' does not leak. If it does, the tubes will be left a week or two longer and the cystogram repeated.
- The intestine used to reconstruct your 'new bladder' will continue to produce mucus; the two tubes previously mentioned will need to be flushed with saline or sterile water three to four times per day to stop them from blocking. You will be taught to do this at home.
- One or two plastic tubes (drains) will also be present either side of your abdomen to drain the blood. These drains are normally removed after three days.
- Two very small tubes (stents), which are needed to keep the ureters 'open' will also be present at either side of your abdomen or fixed internally to the urethral catheter tube. They will either be removed ten days or so after your operation or removed with the urethral catheter tube.
- You will have a needle attached to a plastic tube and bag of fluid in your arm, to prevent you becoming dehydrated. Once you are able to drink fluids freely, this will be removed.

- You will also have a needle and tube into one of your big neck veins (CVP line), to assess if your body is dehydrated. This will usually be removed within two to three days.
- You will have a tube in your nose that goes into your stomach. This will prevent you from vomiting and usually comes out the day after your operation but, occasionally, needs to be left in for a few days.
- You will have a small needle in your lower back called an epidural catheter. This is used for pain relief. Therefore, it is vital that you report any pain and your painkillers will be adjusted as necessary. The epidural will be removed about two days after your operation and other painkillers will then be used.
- Your bowels may stop working temporarily for several days. Once you have passed wind from the rectum, you will be instructed to start to drink and will be instructed when to start a light diet. Do not be surprised if initially you experience some urgency or temporary loss of control of your bowel.
- As previously mentioned, your 'new bladder' has been made out of bowel that will continue to produce mucus, which can build up and, besides blocking the catheter, it can cause a urinary infection. Once you are able to drink, a good fluid intake is important to keep the mucus diluted (2-3 litres per day). Drinks high in vitamin C also help, e.g. cranberry or orange juice. Regular catheter washouts are performed, to prevent mucus blockage.
- You will continue to wear the special stockings until you go home and will be encouraged to move around to prevent problems, such as blood clots and chest infection.
- Your body weight will be monitored and regular samples of blood will be taken, to ensure that your body's salt balance is maintained. You may need to take sodium bicarbonate tablets.

## AT HOME

As previously mentioned, it is likely that you will go home with the catheter still in position in your 'new bladder'. You will need to flush this tube at least twice daily with sterile water to prevent it from blocking, so that your 'new bladder' does not become over stretched.

### After Removal of the Catheter

- **OVER DISTENSION (STRETCHING) OF YOUR 'NEW BLADDER' MUST BE PREVENTED.**
- A specialist nurse will teach you how to empty your 'new bladder' and how to gradually increase its capacity.
- Initially, you will be instructed to void about every one to one and a half hours in the sitting position by relaxing the pelvic floor muscles and using the abdominal muscles to gently strain.
- The use of an alarm clock(s) is recommended, especially at night, until you have learnt to be awakened by the new sensation of bladder fullness.
- To ensure you are emptying your bladder properly repeated ultrasound bladder scans will be performed. Occasionally, it may be necessary to teach you to drain any urine left in the bladder, by way of a small plastic tube inserted into your bladder every so often (intermittent self-catheterisation).
- Gradually, you will be able to hold larger amounts of urine in your bladder by increasing the length of time between to passing urine. **After 12 months**, your new bladder's functional capacity should be around 500 mls, compared with 120 mls initially.

### Urinary Incontinence

This is everyone's biggest worry - if / when it does happen, do not despair, you will be advised on the many different aids and appliances available to help you to contain the problem.

You will find that this gradually improves. Practical steps to help you gain control include: -

#### *Pelvic Floor Exercises*

1. Get into a comfortable position. Sit, stand or lie down. Without tensing the muscles of your tummy, legs or buttocks, tighten the ring of the

muscle around the back passage. You may find it easier to imagine that you are trying to stop yourself passing wind from the bowel. Lift and squeeze the muscle, as if you really do have wind. You should be able to feel the muscle move; check this by placing your fingers over the bone at the front of your pelvis (pubic bone) and feel it rise.

2. Now imagine that you are standing by the toilet passing urine. Imagine that you are trying to stop the flow of urine in mid-stream. You should feel the same group of muscles working.
3. Next time you go to the toilet to pass urine, try the 'stop test' about half way through emptying your bladder. Once you have stopped the flow of urine, relax again and allow your bladder to empty completely. You may only have slowed down the flow of urine, but you will soon gain more control, the longer you practice the exercises.

Do not do the 'stop test' every time you pass urine. It should be done only once every couple of days at the most.

## **Practice Brings Results**

It may take some time before you notice any difference - usually several weeks. You need to exercise your muscles for several months before they gain their full strength. Practice these exercises as often as you can,

- (1) Stand, sit or lie with your knees slightly apart. Slowly tighten and pull the pelvic floor muscles as hard as you can. Hold for at least five seconds, if you can; then relax. Repeat five times (slow pull-ups).
- (2) Now pull the muscles up quickly and tightly, and then relax immediately. Repeat at least five times (fast pull-ups).
- (3) Do five slow and five fast exercises ten times every day.

It is not uncommon to experience some leakage at night. This problem can be avoided or minimised by regular waking to empty your bladder.

- **Fluids**

As previously mentioned, it is important to maintain a good fluid intake, 2-3 litres per day, to keep mucus diluted. Drinks high in Vitamin C, e.g. cranberry juice may help.

- **Diet**

You will find that it probably takes some time for your bowel to return to its normal pattern. Eat a well-balanced diet, with plenty of fruit and vegetables, to prevent you becoming constipated. Ensure your salt intake is sufficient to avoid salt loss.

- **Bathing / Showering**

It is quite safe to get your wound wet, once the wound drains have been removed, and to bath / shower with the catheter in position. Do not use any scented soap, talc or creams around the wound or catheter.

- **Wound Care**

The district nurse may visit you to check your wound site; if the stitches/staples have not been removed in hospital, she will remove them. Pain around the incision site is common for several weeks and will subside in time. Painkillers may be taken.

- **Physical Exercise**

You will need plenty of rest. Convalescence is usually about three months; you **must not do any** heavy lifting, pushing or straining during this time. Walking is recommended. Your body will tell you when you are doing too much - it hurts!

- **Driving**

You should not drive for about six weeks, whilst the internal wound heals. This will depend on your recovery and consultant's advice. It is advisable to check with your insurance company regarding cover after an operation.

- **Sexual Relationships**

#### *Women*

During a cystectomy (removal of the bladder), a strip of vagina has to be removed with the bladder.

Depending on your "shape", the vagina is reconstructed either by making it narrower but the same length, or the same width but shorter. You should wait ten weeks or so before attempting gentle intercourse; a lubricant may be advisable (KY jelly).

#### *Men*

You may find that your erections are weak immediately after your operation; spontaneous erections may take up to six months to return. Sensation of orgasm may be altered and you will find that you no longer ejaculate. If your erections do not come back - don't despair.

There are a number of effective treatments, which your Urologist and Nurse Specialist will tell you about.

- ***Returning to Work***

You will need to get a signed doctor's certificate to cover your time away from work. Your consultant will tell you when you can return. It is usually about three months, depending on your job.

- ***Follow-up Appointments***

A date to see your Consultant will either be given to you in hospital or sent through the post. It is very important that you keep your appointments; if inconvenient, please change the time.

**CALL THE WARD if: -**

1. The catheter falls out; **do not let anyone, except your consultant or his team, attempt recatheterisation.**
2. Poor or no drainage of urine from the catheter and you are unable to flush it through.
3. Increased discharge, redness or swelling around wound.
4. Chills/fever/shivers.
5. Foul, smelly, cloudy urine or increased blood in urine.

**WHERE HELP IS AVAILABLE: -**

Consultant Urological Surgeons

Mr G.B. Boustead

Uro-Oncology Nurse Specialists- **01438 781521**

Helen Stoker

Anne Bradley

Linda Fowler

Urology Nurse Practitioner- **01438 781780**

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