# Department of Urology
## Surgical procedure information leaflet

## Name of procedure: RADICAL CYSTECTOMY (IN MEN) WITH FORMATION OF AN ILEAL CONDUIT

### What is the evidence base for this information?
This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

### What does the procedure involve?
This involves removal of the entire bladder, the prostate, the seminal vesicles (sperm sacs) and pelvic lymph nodes with permanent diversion of urine to the abdominal skin using a separated piece of bowel as a stoma.

### What happens during the procedure?
A full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic to minimise post-operative pain.

In the operation, the bladder, the prostate, the seminal vesicles (sperm sacs) and, If necessary, the urethra (water pipe) are removed. Almost invariably, the nerves which control erections are damaged as they run very close to the prostate; sometimes it is possible to preserve these nerves and this will be discussed with you beforehand.

The ureters (the tubes which drain urine from the kidneys to the bladder) are then sewn to a separate piece of small bowel which is positioned on the surface of the abdomen as an opening this is called a urostomy. The ends of the small bowel, from which the urostomy is separated, are then joined together again.

### What happens immediately after the procedure?
In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved
- let the medical staff know if you are in any discomfort
- ask what you can and cannot do
- feel free to ask any questions or discuss any concerns with the ward staff and members of the urology team
- ensure that you are clear about what has been done and what is the next move

After your operation, you may be in the High Dependency Unit (HDU) or Intensive care unit (ITU) before returning to the ward; visiting times in these areas are flexible and will depend on when you return from the operating theatre.

You will have a drip in your arm. You will usually have two tube drains in your abdomen and two fine tubes which go into the kidneys via the stoma to help with healing. Normally, we use injections and elastic stockings to minimise the risk of a blood clot (deep vein thrombosis) in your legs. A physiotherapist will come and show you some deep breathing and leg exercises, and you will sit

out in a chair for a short time soon after your operation. It will, however, take at least 3-6 months, and possibly longer, for you to recover fully from this surgery.

You will be encouraged to mobilise as soon as possible after the operation because this encourages the bowel to begin working. We will start you on fluid drinks and food as soon as possible.

## Benefits

This operation is performed to cure your cancer and control symptoms such as bleeding, frequency of passing urine and discomfort.

## Risks

The risks that may occur from this operation include:

- Blood loss during or immediately after surgery, which may require a blood transfusion or further surgery.
- The need to remove the penile urinary pipe as part of the procedure.
- Difficulty achieving and maintaining erections following this type of surgery as the nerves that supply the penis and control erections are damaged during the operation. This is sometimes unavoidable in many abdominal operations such as this.
  There is a possibility that removing the bladder alone may not cure the cancer. In this case radiotherapy or palliative chemotherapy may help. Your surgeon will discuss this with you.

## The RARE risks of this operation are:

- Infection or hernia of the incision, requiring further treatment.
- Decreased kidney function with time.
- Bowel disturbances such as diarrhoea or constipation.
- Bowel or urine leakage from the wound, requiring further surgery.
- Scarring to the bowel or ureters, requiring further surgery.
- Problems with your stoma which may require further surgery.
- Rectal injury requiring a colostomy (an opening surgically created in the abdomen that functions as an anus).

## After any major operation there is a risk of:

### • Chest infection

If you smoke it is a good idea to stop smoking as far ahead of the operation as possible, as this will also reduce the risk of chest infection.

### • Thrombosis (blood clot in the leg)

This is due to changes in the circulation during and after surgery. You can help by moving around as much as you are able and in particular regularly exercising your legs. You will normally be fitted with some support stockings for the duration of your stay in hospital. Stopping smoking may also help reduce this risk. Seek advice immediately if the muscles in the back of your lower leg(s) become hot, swollen and painful to touch.

### • Pulmonary embolism

Rarely a blood clot from the leg can break off, travel through the heart and get stuck in the lungs. This can be very serious and rarely, even fatal. Seek advice immediately if you experience sudden breathlessness.

Most people will not experience any serious complications from their surgery. However, risks do increase with age and for those who already have heart, chest or other medical conditions such as diabetes or if you are overweight or smoke. Occasionally patients die from major surgery. Your surgeon will discuss these risks with you.

- **Hospital-acquired infection**
  - Colonisation with MRSA (0.9% - 1 in 110).
  - MRSA bloodstream infection (0.02% - 1 in 5000).
  - Clostridium difficile bowel infection (0.01% - 1 in 10,000).

  The rates for hospital-acquired infection may be greater in high-risk patients, for example those patients
  - with long-term drainage tubes;
  - who have had their bladder removed due to cancer;
  - who have had a long stay in hospital; or
  - who have been admitted to hospital many times.

## The risks of not having the operation are:

- The tumour will continue to grow and then spread around the body.
- The tumour may cause further bleeding and discomfort.
- Avoidable death from bladder cancer.

## Alternative treatments

The alternative treatments available are:

- Radiation treatment to the bladder either alone or combined with small doses of chemotherapy.
- Continent diversion of the urine. This operation creates a 'new' bladder inside your body using a piece of your bowel.
- Chemotherapy given prior to the operation has been shown to improve outcomes but is not necessary in all cases.

These will be discussed with you by your surgeon and your clinical nurse specialist (CNS) – sometimes called a key worker. You may also wish to discuss these treatments with an oncologist prior to your surgery. This will be arranged for you.

## Buddy system

Sometimes it is helpful to talk to a patient who has undergone this operation. If you feel that you would like to talk to someone who has had the same operation, please ask your CNS to put you in contact with them. All 'buddies' have volunteered their services to help other patients through this process.

## Your pre-operative assessment

Before you are admitted for your operation, you may be required to attend for a pre-operative assessment, to ensure that you are fit for surgery. It is important that you attend for this appointment to avoid delaying your surgery.

Not all patients require a detailed pre-operative assessment and a health questionnaire is used to determine which patients require a full assessment. You may therefore be asked to complete a health questionnaire immediately after you have been listed for your surgery. The health questionnaire may be on paper or on a tablet/computer. The information required includes all medical conditions, regular medications, allergies to medications and your previous anaesthetic history. The information you give us will be reviewed by the pre-operative assessment team. If you

do not require further assessment you will then be given a date for surgery. If you require further assessment you will be given an appointment to attend the pre-operative assessment clinic.

At the clinic, the nursing staff will confirm the medical information you have previously given. You will likely have an examination of your heart and lungs and some further tests may be required, such as a blood test, X-ray, heart test or lung test. If a more detailed assessment or discussion is required you may see an anaesthetist prior to your admission for surgery. This may require an additional appointment.

If you are taking prescribed medicines please bring a copy of your repeat prescription to your appointment and a copy of the operation consent form (if you were provided with a copy at your out-patient appointment).

Following your assessment, the staff will provide you with written information regarding preparation for your surgery and a point of contact. It is important that you follow the fasting instructions given on your admission letter.

## Being admitted to the ward

You will usually be admitted on the day of your surgery. You will be welcomed on to the ward and your details checked. We will fasten an armband containing your hospital information to your wrist.

You will usually be asked to continue with your normal medication during your stay in hospital, so please bring it with you, in the green bag provided for you at pre-operative assessment.

## Your anaesthetic

Your surgery will usually be carried out under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

## Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put an airway in your mouth to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.
- If you become unwell or develop a cough or cold the week before your surgery please contact the pre-operative assessment team on the number provided. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

## Your pre-surgery visit by the anaesthetist

After you come into hospital, the anaesthetist will come to see you and ask you questions about:

- your general health and fitness;
- any serious illnesses you have had;
- any problems with previous anaesthetics;
- medicines you are taking;

- allergies you have;
- chest pain;
- shortness of breath;
- heartburn;
- problems with moving your neck or opening your mouth; and
- any loose teeth, caps, crowns or bridges.

Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.

## On the day of your operation

### Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

### Your normal medicines

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know if you are taking anticoagulant drugs (for example, warfarin, aspirin, clopidogrel, persantin or dabigatran).

### Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will get you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

### General anaesthetic

General anaesthesia usually starts with an injection of medicine into a vein. A thin plastic tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

### Pain relief after surgery

Pain relief is important to aid your recovery from surgery. This may be in the form of tablets, suppositories or injections. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. They will ask you to describe any pain you have using the following scale.

0 = No pain
1 = Mild pain
2 = Moderate pain
3 = Severe pain

It is important that you report any pain you have as soon as you experience it.

### What are the risks?

The risk to you as an individual will depend on whether you have any other illness, personal factors, such as smoking or being overweight and surgery that is complicated or prolonged.

General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. The side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. There is also a small risk of dental damage

Your anaesthetist will discuss the risks with you and will be happy to answer any questions you may have.

### After your surgery

- You will be taken to the recovery room to the general or day care ward. You will need to rest until the effects of the anaesthetic have worn off. You will have a drip in your arm to keep you well-hydrated.
- Your anaesthetist will arrange for you to have painkillers for the first few days after the operation.
- You will be encouraged to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots.
- Your surgical team will assess your progress and answer any questions you have about the operation.

### Stents/Stoma

The constant flow of urine at the point where the ureters (tubes from the kidneys) are attached to the bowel makes the join heal slowly; therefore, two temporary tubes called stents are inserted. One end of the stent sits in the ureters and the other comes out of the stoma through the abdomen. The stents empty urine into the watertight pouch attached to the abdominal wall. The nurse will check this regularly.

Your stents may be removed during your stay in hospital. If they are not, the colorectal/stoma nurse will arrange for them to be removed at home, this is painless and the stents will be simply pulled out of the stoma.

### Nasogastric or Gastrostomy tube

This is a small tube which drains fluid out of your stomach into a small bag attached at the end of the tube. When your bowel is not working, fluid collects in your stomach and can make you feel sick. The tube is inserted either through your nose or small opening on your tummy into your stomach; this will help reduce the feeling of sickness. You will gradually take fluids by mouth starting wilt sips of water and increasing slowly over the next few days until you are taking a light diet. The tube is normally removed 2-3 days after your operation unless you continue to feel sick.

### Wound

You will have a dressing over the wound for a few days after the operation. Where your doctor made the cut, clips will have been used to keep the two edges of the skin together. These look just like staples. They are normally removed about 10 days after the operation. The wound will heal and over time the scar will fade.

For the first few days after your operation, the nursing staff will assist you with your hygiene needs. Soon, you will be able to do this for yourself.

## Leaving hospital

## Length of stay
How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of surgery will be in hospital for 10 to 20 days.

## Medication when you leave hospital
Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

## What aftercare will I need?
You will be seen regularly by your stoma/specialist nurse who will ensure you are happy to care for your stoma and are able to change the bag/appliance by yourself. You will be given supplies to go home with and you will be shown how to order and obtain further supplies once at home.

## Convalescence
How long it takes you to recover from your surgery varies from person to person. It can take up to three months. You should consider who is going to look after you during the early part of this time. You may have family or close friends nearby who are able to support you or care for you in your home during the early part of your recovery period. You might consider going to stay with relatives or you may want to make your own arrangements to stay in a convalescent home while you recover. After you return home, you will need to take it easy and should expect to get tired to begin with. You may need to involve family and friends during this period if you live alone.

## Stitches
We will take out any clips or non-dissolving stitches that seal the wound after about 10 to 14 days. You may also have stitches around your stoma-these will either dissolve or be removed by the Community Stoma Nurse if you have left hospital before this time, we will arrange for a community nurse to do this.

## Heparin Injections
During your stay, you will have had daily injection into your abdomen. You will need to continue these for four weeks. We will give you instructions on how to do the injections, but should you not feel comfortable we can arrange a district nurse to see you.

## Personal hygiene
You will normally bathe or shower while you are in hospital, and this can continue as normal after you leave hospital.

## Diet
You do not usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

## Exercise
We recommend that you avoid strenuous exercise and heavy lifting for up to six weeks. You should do lighter exercise, such as walking and light housework, as soon as you feel well enough.

## Sex
As mentioned above this type of surgery has an effect on your sexual and reproductive organs. We recommend you do not attempt sexual intercourse for at least six weeks after surgery.

This will then be discussed with you at your post-operative appointment.

## Driving

You should not drive for at least six weeks after surgery. After this time, you may drive if you feel confident that you could perform an emergency stop without discomfort. It is your responsibility to check with your insurance company.

## Work

How long you will need to be away from work varies depending on:

- how serious the surgery is;
- how quickly you recover;
- whether or not your work is physical; and
- whether you need any extra treatment after surgery.

Most people will not be fully back to work for three months. Please ask us if you need a medical sick note for the time you are in hospital and for the first three to four weeks after you leave.

## Holiday advice

Holidays abroad are okay once you have fully recovered. Previous patients have commented that they were not ready for this type of travel until approximately three months after the operation. This is something to bear in mind. Travelling before this may pose problems in obtaining travel insurance.

Wherever you decide to go on holiday, please remember to take all of your appliances with you in your hand luggage, and to take enough supplies with you to last your length of stay.

If you are flying for any length of time, it is important to take precautions.

Drink plenty. Try to mobilise during the flight. If at all possible, wear some support stockings (similar to those you wore after the operation) whist flying.

## Outpatient appointment

Before you leave hospital we may give you a follow-up appointment to come to the outpatient department, or we will send it to you in the post. This appointment is normally 10-12 weeks following your surgery.

We ask that you have your bloods tested one week before you attend your clinic appointment (a blood request card is normally sent in the post to you).

## Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Alexandra Hospital:
  - Secretaries: 01527 512155
  - Ward 10 Nursing Staff: 01527 512101 or 01527 503030 ext: 42101 or 44072
  - Ward 18 Nursing Staff: 01527 512106 or 01527 503030 ext: 42106/ 44050
  - Debbie Ralph, Urology Nurse Specialist: 01527 503030 ext: 45746
  - Jackie Askew, Uro-oncology Macmillan Nurse Specialist: 01527 503030 ext: 44150

- Jane Gascoigne, Stoma Care Specialist Nurse: 01527 512195 or 01527 503030 bleep: 0199

- Kidderminster Hospital and Treatment Centre:
  - Secretaries: 01562 513097
  - Penny Templey, Urology Nurse Specialist Lead: 01562 512328
  - Mary Symons, Nurse Specialist – Survivorship Programme: 01562 512328

- Worcestershire Royal Hospital:
  - Secretaries: 01905 760766
  - Helen Worth and Lisa Hammond, Urology Nurse Specialists: 01905 760875
  - Donna Lewis, Sara Richardson or Jane Gascoigne, Stoma Care Specialist Nurses: 01905 760735 or 01905 763333 bleep: 344

## Other information

The following internet websites contain information that you may find useful.

- www.patient.co.uk
- Information fact sheets on health and disease
  www.rcoa.ac.uk
- Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
  www.nhsdirect.nhs.uk
- On-line health encyclopaedia
- Urostomy patient Information Website
  www.uagbi.org
- Worcestershire Acute Hospitals NHS Trust
  www.worcsacute.nhs.uk

For more patient information visit 'The British Association of Urological Surgeons' website: http://www.baus.org.uk/

**Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read)**

## Bengali

"আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।"

## Urdu

"اگرآپ کویہ دستی اشتہار کسی مُتبادل زُبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پیشنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔"

## Portuguese

"Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler)."

## Polish

"Jeżeli pragniecie Państwo otrzymać tę broszurę w innym jeżyku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733."

**Chinese**

"如果您需要此份傳單的其他語言選擇或其他版本
(如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733 與病患服務處聯繫。"

## Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet:_____
Date:_____

Comments:

Thank you for your help.