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# Cystectomy in Females

## (With urinary diversion)

Removal of the bladder, the pelvic lymph nodes & remaining female organs (ovaries, uterus and a portion of the vagina) with permanent diversion of urine to the abdominal skin using an isolated loop of bowel as a stoma

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This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

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### What are the alternatives to this procedure?

Radiotherapy treatment to the bladder or systemic chemotherapy treatment (given into the bloodstream) may sometimes be appropriate.

### Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
  - ~ Asasantin
  - ~ Aspirin
  - ~ Fish oil
  - ~ Iscover
  - ~ Persantin
  - ~ Plavix
  - ~ Warfarin
- ~ Mesh hernia repair
- ~ Previous abdominal surgery
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5–10 days before the procedure to assess your general fitness and to perform some baseline investigations.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (heparin), that along with the help of elasticated stockings fitted on admission, will help prevent thrombosis (clots) in the veins of the legs. An enema may be given a few hours before you go to the operating theatre

Your stay will last approximately 10 days.

After admission, you will be seen by other members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, your named nurse, the stoma nurse specialist, and the physiotherapist.

The specialist registrar may perform the operation in conjunction with Dr Campbell and with your permission.

From the day before your operation you should have only fluids by mouth and nothing by mouth for 6 hours before surgery. You may also be given an enema to ensure that you pass a bowel motion on the morning of surgery.

You will be seen by a stoma specialist nurse before your operation to mark the site where your stoma will be positioned and to try the various drainage bags available.

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### Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation.

If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

### Do I need to do anything special before my procedure?

You will need to take only fluids by mouth the day before your procedure and not to drink or eat anything for 6 hours prior to the procedure. You may be asked to have an enema at least 2 hrs prior to the operation.

### During the procedure

In this operation, 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.

During the operation, the bladder and the urethra (water pipe) are removed. The ureters (the tubes which drain urine from the kidneys to the bladder) are then sewn to an isolated segment of small bowel which is positioned on the surface of the abdomen as an opening called a urostomy. The ends of the small bowel, from which the conduit is isolated, are then joined together again.

As part of the operation, it is usual to remove the uterus (womb), both ovaries and the upper part of the vagina. Most of the vagina is left in place and, for women who wish to be sexually active, this should be possible. The precise details of this aspect of your operation can be discussed in detail if you wish.

The operation takes approximately 4–6 hours to complete.

### Immediately after the procedure

After the procedure, you may be in the Intensive Care Unit or the Special Recovery area of the operating theatre 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 and a further drip into a vein in your neck. You may also have a drip in one of the arteries in your wrist to measure your blood pressure.

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.

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 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.

The average hospital stay is 10 days.

### Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

#### **Common (greater than 1 in 10)**

- ~ Temporary insertion of a stomach tube through the nose, a drain and ureteric stents
- ~ Discomfort or difficulty with sexual intercourse due to narrowing or shortening of vagina
- ~ In the event of removal of the ovaries, menopause may occur
- ~ The cancer may not be cured by the operation (this will be discussed with you before the operation)
- ~ Delay in the return of bowel function

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### **Occasional (between 1 in 10 & 1 in 50)**

- ~ Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- ~ Infection in the abdominal cavity or in the wound
- ~ Blood loss requiring repeat surgery
- ~ Hernia of the incision requiring further treatment
- ~ Decrease in kidney function with time
- ~ Scarring, narrowing or hernia formation around the stomal opening requiring revision

### **Rare (less than 1 in 50)**

- ~ Diarrhoea/vitamin deficiency due to shortened bowel requiring treatment
- ~ Bowel and urine leakage from the anastomosis requiring re-operation
- ~ Scarring of the bowel or ureters requiring further surgery
- ~ Intra-operative rectal injury requiring colostomy
- ~ Bowel obstruction which might require another procedure to rectify the problem

## General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

### **Hospital-acquired infection**

- ~ Colonisation with MRSA (0.9%, 1 in 110)
- ~ Clostridium difficile bowel infection (0.2%; 1 in 500)
- ~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

## What should I expect when I get home?

A 6-week convalescent period is usually necessary after surgery. Patients often feel tired and weak for several months. You will find that your energy levels are low when you get home and you will require assistance with many of the daily activities you normally take for granted. The wound clips will be removed in hospital.

You will be contacted by the Stoma Nurse to help you with the management of your stoma. You may experience problems with the stoma appliance in the early days, especially with leakage at night. As you become more familiar with your stoma and its fittings, this aspect will become less of a problem.

The time taken to return to normal activity is between 3 and 6 months.

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

## What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact Dr Campbell.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

## Are there any other specific points?

There are a number of complications which may make you feel unwell and may require consultation with your family doctor or Dr Campbell.

If you experience fever or vomiting, especially if associated with unexpected pain in the abdomen, you should contact Dr Campbell immediately for advice.

If you have any problems relating to the stoma or its attachments, you should contact the Stoma Nurse.

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### Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

### Who can I contact for more help or information?

#### **Dr Peter Campbell**

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,  
Chasely St,  
Auchenflower, QLD 4066  
(07) 3367 1608,  
[www.campbellurology.com.au](http://www.campbellurology.com.au)

#### **The Wesley Hospital, Urology Ward**

451 Coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7168  
[www.uhc.com.au/wesley](http://www.uhc.com.au/wesley)

#### **The Wesley Emergency Centre**

451 coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7333

#### **Greenslopes Private Hospital, Continence Advisor**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7978  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **Greenslopes Private Hospital Urology Ward**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7261  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **Greenslopes Private Hospital Emergency Centre**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 6777  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **The Queen Elizabeth II Jubilee Hospital,**

#### **Urodynamics Department**

Kessels Rd,  
Coopers plains, QLD 4108  
(07) 3275 6346

#### **American Urological Association Foundation**

1000 Corporate Blvd, Suite 410,  
Linthicum, MD 21090  
1800 828 7866  
[www.UrologyHealth.org](http://www.UrologyHealth.org)

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Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

*I have read this information sheet and I accept the information it provides.*

Signature

Date

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