Radical Removal of the Bladder and Fashioning of an Ileal Conduit (Male)

The 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

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.

What are the alternatives to this procedure?

Instillation treatment into the bladder, radiation treatment to bladder, formation of a new bladder or a continent pouch, systemic chemotherapy (given into the bloodstream).

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 defribrillator
~ 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.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

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

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 procedure in conjunction with Dr Campbell and with your permission.

Radical Removal of the Bladder and Fashioning of an Ileal Conduit (Male) continued...

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 not drink or eat anything for 6 hours prior to the procedure and 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. 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 separated piece 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 separated, are then joined together again.

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

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 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 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. The average hospital stay is 14 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
~ High risk of impotence (lack of erections)
~ Inability to ejaculate or father children because the structures which produce seminal fluid have been removed (occurs in 100% of patients)
~ Cancer may not be cured with removal of bladder alone
~ Delay in return of bowl function

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 or hernia of the incision requiring further treatment
~ Need to remove the penile urinary pipe (urethra) as part of the procedure _ Blood loss requiring repeat surgery
~ Decreased kidney function with time
~ Diarrhoea/vitamin deficiency due to shortened bowel requiring treatment

Radical Removal of the Bladder and Fashioning of an Ileal Conduit (Male) continued...

Rare (less than 1 in 50)
~ Bowel and urine leakage from anastomosis requiring re-operation
~ Scarring to the bowel or ureters requiring operation in future
~ Scarring, narrowing or hernia formation around stomal opening requiring revision
~ Intra-operative rectal injury requiring colostomy
~ Bowel obstruction which might require another procedure to rectify the problem
~ MRSA wound infection (1 in 50 risk)

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?

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 instructed by the stoma nurse in 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 2 and 4 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?

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

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

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

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

Are there any other specific points?

It will be at least 3–5 days before the pathology results on the tissue removed are available. It is normal practice for you and your family doctor to be informed of the results prior to discharge from hospital. You will be asked to come back to hospital for removal of the kidney tubes and follow-up with Dr Campbell 6 weeks after the operation. If further treatment is required, the necessary appointments will be organized for you at this stage.

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.

Radical Removal of the Bladder and Fashioning of an Ileal Conduit (Male) continued...

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

The Wesley Hospital, Urology Ward
451 Coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7168
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

Greenslopes Private Hospital Urology Ward
Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre
Newdgate St,
Greenslopes, QLD 4120
(07) 3394 6777
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

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