# Enlargement of the Bladder Using a Segment of Bowel

## Enlargement of the bladder through a lower abdominal incision by taking an isolated segment of bowel, and forming this into a patch that is sewn into an opening made in the bladder

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?

Observation, bladder training, pelvic floor exercises, drugs, injections into the bladder, urinary diversion, neuromodulation (elctro-stimulation of the nerves to the bladder).

### 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 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.

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.

After admission, you will be seen by members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, your named nurse, and the physiotherapist. The specialist registrar may perform the operation in conjunction with Dr Campbell and with your permission.

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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 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

You will be given intravenous antibiotics at the time the anaesthetic is given, and possibly after surgery too.

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 which produces freedom from pain post-operatively.

Through an incision in your lower abdomen, the bladder will be opened and spilt almost in two. The two halves will then be joined together using a patch fashioned from an isolated segment of bowel and the ends of the bowel from where the segment has been taken will be re-joined.

The operation takes approximately 3–4 hours to complete.

### Immediately after the procedure

The average stay in hospital will last approximately 10–14 days.

Two catheters will be placed in the bladder for about two to three weeks, one via the urethra and one (suprapubic catheter) via a small incision in the skin over the bladder. There will be a drainage tube close to the wound, to drain fluid away from the internal area where the operation has been done.

A tube may be placed through the nose to drain the stomach.

After your operation, 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 you may have 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.

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 6 months for you to recover fully from this surgery, although much of the recovery comes a good deal sooner than this.

### 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)**

~ Infection or hernia of the incision requiring further treatment
~ Diarrhoea/vitamin deficiency/constipation 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
~ Recurrent urinary infections, requiring long-term antibiotic treatment.
~ Temporary or long-term tendency for the blood to be more acidic than normal, requiring temporary or long-term medication
~ Need to self-catheterise because the enlarged bladder will be unlikely to empty fully after the procedure
~ Decreased kidney function with time
~ Passing mucus in the urine which can cause intermittent blockage of the urinary stream

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**Occasional (between 1 in 10 & 1 in 50)**
~ Blood loss requiring repeat surgery
~ Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
**Rare (less than 1 in 50)**
~ Tumour formation at the site of the join between the bowel patch and the bladder
~ Follow-up telescopic examinations of the bladder under local anaesthetic will begin at between 5 and 10 years after surgery to check for this possibility

## 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 require pain-killing tablets at home for two or three weeks and it may take two or three weeks at home to become comfortably mobile.

You may go home with one or both catheters still in place, and have a planned return to hospital for these to be removed. If so, you or your carers will be taught how to look after the catheters and the drainage systems for them.

You should avoid driving for at least six weeks, and it may be longer before this is possible.

If you work, you will need a minimum of six weeks off, and it may be significantly longer if your work involves physical activity.

Heavy lifting should be avoided for 6 weeks.

Sexual intercourse should be avoided for at least a month.

You may see blood in the urine or vaginal discharge for up to a month after surgery.

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 go home with catheters, you or your carers should check regularly to ensure that urine is draining via the catheters, which confirms that the catheters have not blocked.

If the catheters are both blocked this could put pressure on the suture line in the bladder, and so the catheters would need to be flushed and unblocked very promptly.

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?

The Urology Specialist Nurses will be available for long-term follow-up. A follow-up appointment will be required at about 6–8 weeks after surgery.

## 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.

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### 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