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 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.

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.
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 separate 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.
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**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.
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Who can I contact for more help or information?

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www.campbellurology.com.au

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

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
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Greenslopes Private Hospital Emergency Centre
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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 your own records, one will be provided.

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

Signature	Date