

Cystectomy for Women

Information about the
Removal of the Bladder



Introduction

Your doctor has recommended a cystectomy as treatment for your condition. This leaflet explains:

- What a cystectomy involves
- What happens during the operation
- Possible side effects
- After care.

What is a Cystectomy?

Cystectomy is the medical term for removal of the bladder. Cystectomy is sometimes referred to as a radical cystectomy, anterior pelvic clearance or a cystourethrectomy.

Consent

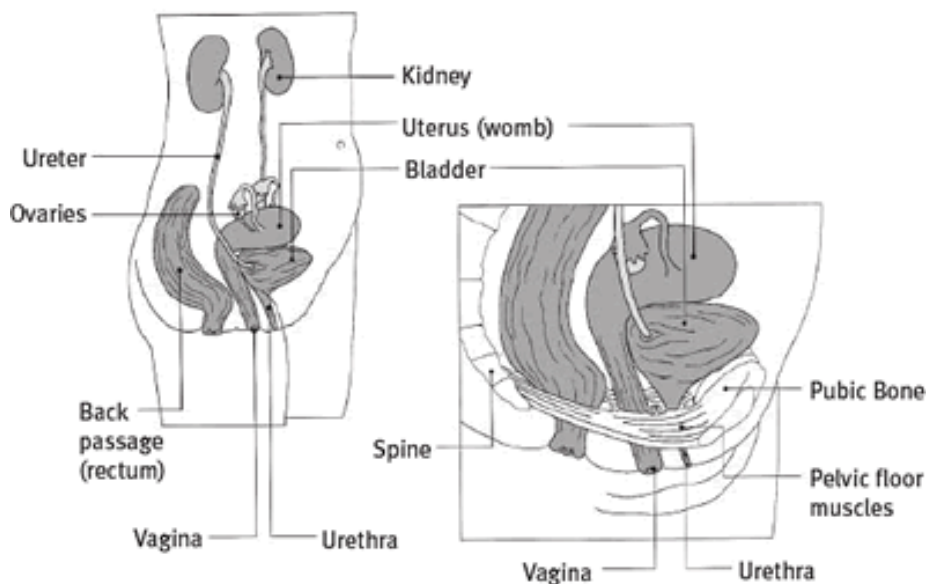
This booklet will give you information about the operation to remove your bladder.

Your surgeon will explain the operation and why you need it. The information in this booklet is to remind you of what your surgeon has explained. We advise you to read the booklet before you sign a consent form which states that you are prepared to go ahead with the operation.

What happens during your operation?

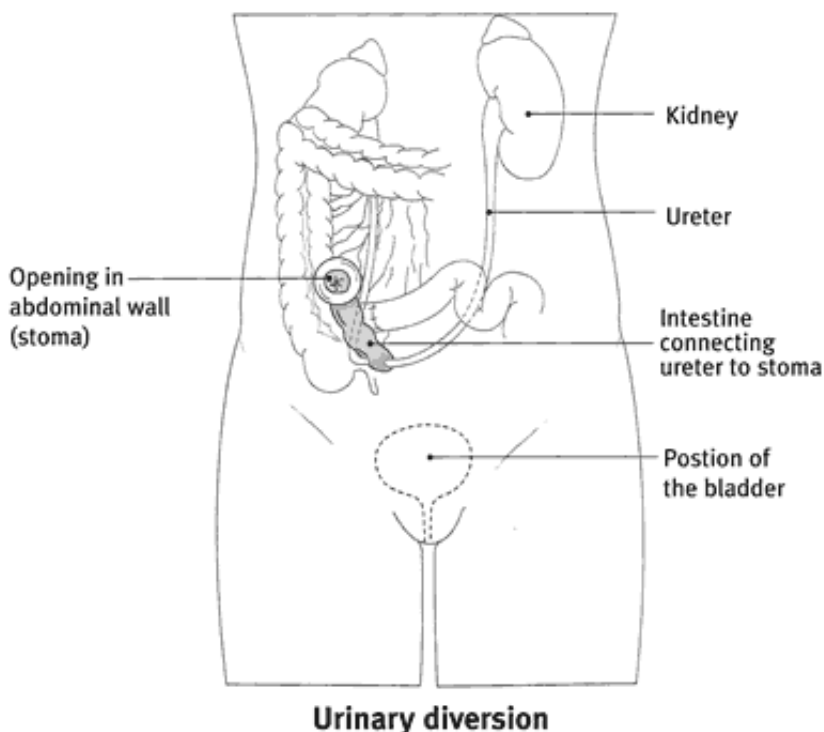
There are some differences in what is removed during a cystectomy operation. In women the operation is normally referred to as an anterior pelvic clearance. This term means removal of bladder and urethra (water pipe), the ovaries, uterus (womb) and the upper part of the vagina. Internal lymph glands that lie in the pelvis are usually removed at the time of the operation.

It is important that your surgeon discusses the exact nature of the operation with you and that you feel you understand what is going to happen during the operation before it is carried out.



How will I pass urine after the operation?

During the operation the surgeon carries out a procedure called a 'urinary diversion'. The tubes that connect the kidneys to the bladder (the ureters) are 'cut off' from the bladder. The ureters are then joined to one end of a piece of bowel that is separate from the rest of the intestine. This is then brought to the skin surface, usually on the right hand side of the abdomen. The end of the bowel that opens on to the abdomen is known as a stoma, or a urostomy. Your urine then empties through this stoma into a small bag.



How will my body be affected?

The surgeon removes the front wall of the vagina in the operation and this leads to shortening of the vagina. In most cases the remaining length of the full vagina is very small which may mean that penetrative sexual intercourse is no longer possible. In some cases the entire vagina is removed.

The ovaries are usually removed with the uterus (womb). The ovaries may be left in place in women who have not gone through the menopause – either naturally or following previous treatment to the pelvis area. It is important to discuss with your surgeon what is going to happen during your operation.

Having a cystectomy involves an operation to the bowel as well as the bladder. A small proportion of the bowel is used to make the urostomy, so the bowel that is left for digestion

and absorption is shorter. This means that for some people their bowel motions become looser after this type of operation.

There are obviously major changes that happen after a cystectomy. It is important to us that you should be able to return to as active a lifestyle as possible after this operation. This depends on how you feel mentally as well as physically. There are people for you to talk to at the hospital and there is a network of patients who have had this type of operation who are willing to answer any questions that you might have. Ask your doctor or nurse for more details.

Pre-assessment

You will be asked to attend for a pre-assessment appointment 7-10 days before you are admitted to hospital. At this visit you will see a nurse who will:

- Discuss your operation with you.
- Take blood samples.
- Ask for a urine sample.
- Organise for you to attend for an ECG. You may also be seen by the anaesthetist and surgeon who will carry out your operation.

Admission to hospital for your operation

Day of admission

- You will come into hospital 2 days before your operation and you can expect to be in hospital for 2 to 4 weeks.
- On your admission day, we will admit you to a ward where you will meet the nursing and medical staff who will be looking after you. There will also be the opportunity to meet the anaesthetist and stoma nurse who will be part of your care.

- After admission, we will ask you not to have anything more to eat until after the operation. However, we will encourage you to drink plenty of fluids until a few hours before your operation. This is part of the bowel preparation. The nursing staff will give you some medicine that causes diarrhoea which clears your bowel in preparation for your operation.
- A stoma nurse will teach you how to look after your urostomy. They will visit you and put a mark on your abdomen where your urostomy will be sited. It is important to do this with you whilst you are awake to make sure it goes in the most suitable place. This will be away from any: skin creases when you sit up; any previous operation scars and somewhere that you can see easily.

The day of the operation

Before you go to theatre you will have nothing to eat or drink for 4-6 hours before the operation. If you are taking any prescription medicines the anaesthetist will discuss this with you. We will also give you some tablets as part of the preparation for your anaesthetic: this is known as “the pre-med”.

After your operation

After you come out of theatre, we will transfer you to recovery area in theatre for an hour or two until you are moved to High Dependency Unit (HDU). Your stay in the HDU will probably last for 24 to 48 hours until you are ready to return to the main ward. The purpose of your stay in the HDU is to monitor your blood pressure, heart rate and fluid levels using accurate equipment.

To reduce the pain in your abdomen (stomach) after the operation ward we will give you pain killers. The anaesthetist will discuss the options with you.

Either:

- A Patient Controlled Analgesia (PCA) device that you control, that releases pain killers into your blood stream via a pump
- An epidural from which pain killers and local anaesthetic are given directly into the spinal nerve system. This involves inserting a very fine plastic tube into your back through which these drugs are given (just before the operation).

After about two days the need for these types of pain killers is greatly reduced, and you will be able to have drips or epidurals removed. The ward staff will then give you pain killing tablets or injections instead. Please tell the staff looking after you if you are still in pain or discomfort.

- You will have a drip running into a vein in your neck to give you fluids until you are able to drink normally about 3-4 days after the operation). When you are able to drink you will be allowed to start to eat again (about 4 to 6 days after your operation).
- You will have a fine plastic tube inserted through your nose into the stomach to stop you from being sick. This tube is usually removed a day or two after your operation.
- As well as a dressing over your wound on your abdomen you will have a stoma bag, collecting urine from your new urostomy. You will notice thin tubes coming out of the urostomy. These are called stents. They will be removed 7-10 days after your operation. There will also be a small plastic drain tube from your abdomen that will stay in place for about 5-7 days.

Recovery period

The nursing staff will help you get out of bed on the first or second day after your operation and help you to start

walking soon after this. Usually, people are up and about independently about 4 to 5 days after the operation

Preparation for home

When you are eating and drinking and the various drain tubes have been removed you will by then, be taking part in caring for your urostomy. We will arrange a date for your discharge home when you feel that you are able to look after the urostomy yourself.

The stoma nurse will make sure that you have everything you need for when you go home, and will explain how to obtain further supplies.

The ward nurses will arrange for a district nurse to visit you at home whilst you are recovering.

We will give you a letter for your GP and you should have a week's supply of any medication that you have been prescribed.

Getting back to normal

Recovery time after an abdominal operation varies but generally you should feel improvements from between 6-12 weeks.

- During the first 6 weeks you should not attempt to drive a car.
- During this time you should not attempt to lift or move heavy objects, start digging the garden or do housework.
- Getting back to work will depend on the type of job you do. Please ask the surgeon if you are unsure. The ward clerk can give you a sick note for the time you are in hospital. Your GP can then supply you with any further sick notes.

Follow up after your Cystectomy

We will see you approximately six weeks after your operation in the out patient clinic.

About three month afterwards, we will ask you to come to the hospital for routine tests on your kidney and urinary system. This will involve blood tests, x-rays and scans. Some of these tests will be repeated each year after your operation.

Stopping smoking

If you are a smoker and continue to smoke, this will increase the chance of the operation being unsuccessful. It also increases the risk of serious side effects as well as the risk of further cancers. We strongly advise you to give up smoking. Please ask to speak to the Smoking Cessation Nurse.

Contacting the Hospital

If you have any worries or you would like advice you can contact.

Sister Fiona Muirhead	Glasgow Royal Infirmary or Gartnavel General Hospital 0141 211 5714
-----------------------	---

Sister Gail Brown	Southern General Hospital 0141 232 7950
-------------------	--

Sister Jacqueline Campbell	Stobhill Hospital 0141 355 1257
----------------------------	------------------------------------

Benefits and financial information

You may be entitled to benefits while you are recovering and unable to work. You can find out benefit advice from;
Beatson Macmillan benefit office - 0141 301 7374
Glasgow Macmillan benefits team - 0141 420 8045
Dumbarton team - 01389 737 050

Support Organisations

Maggies Centre,

The Gatehouse,
Western Infirmary,
10 Dumbarton Road,
Glasgow,
G11 6PA

Tel: 0141 330 3311

Fax: 0141 330 3363

Email: glasgow@maggiescentres.org

A Maggie's Centre is a place to turn to for help with any of the problems, small or large, associated with cancer.

Under one roof you can access help with information, benefits advice, psychological support both individually and in groups, courses and stress reducing strategies. You don't have to make an appointment, or be referred and everything offered is free of charge.

Tak Tent Cancer Support Scotland,

Flat 5, 30 Shelley Court,
Gartnavel Complex,
Glasgow,
G12 0YN

Tel: 0141 211 0122

Fax: 0141 211 0010

Email: tak.tent@care4free.net

Tak Tent promotes the care of people on the cancer journey, their families and friends by providing emotional support to all.

Macmillan Cancerbackup Scotland,
Suite 2,
Third Floor,
Cranston House,
104/114 Argyle Street,
Glasgow

G2 8BH

Tel (helpline): 0808 800 1234

Tel (admin): 0141 223 7676

Fax: 0141 248 8422

Web: <http://www.cancerbackup.org.uk/Resourcessupport/Cancerbackupsservices/CancerbackupScotland>

Best time to telephone: 9am - 8pm, Monday - Friday

Cancerbackup is a national charity providing free information and support to people affected by cancer, their families and friends. The information service is staffed by cancer nurse specialists who answer questions on any aspect of cancer (call the helpline number above).

www.cancerbackup.org.uk

Macmillan Cancerbackup booklets include:

Some booklets on specific cancers, for example bladder cancer, and some on living with cancer are listed below:

Who can ever understand? - talking about your cancer

Lost for words: how to talk to someone with cancer

What do I tell the children?

**This leaflet was adapted from The Christies Hospital
NHS Manchester.**

Notes

