Total Cystectomy and Formation of Ileal Conduit
What does the bladder do?

The bladder is a hollow, muscular organ in your pelvis situated behind the pubic bone. The function of the bladder is to collect, store and remove urine produced by the kidneys.

When the bladder is full, the nerves that supply it send a message to the brain that you need to pass urine. Under your control, the urethral sphincter relaxes and the bladder contracts until it is empty of urine (voiding). The exit tube from the bladder is called the urethra.
What is a total cystectomy?

A total cystectomy is the removal of the bladder and surrounding organs.
- In men, the bladder, prostate gland and seminal vesicles (small glands near the prostate) are removed.
- In women, the bladder, urethra, uterus and ovaries are removed and the vagina is shortened.

If you are having a total cystectomy, another way must be found to collect urine and remove it from the body. There are different ways this can be achieved surgically. This booklet will discuss the formation of an ileal conduit.

An ileal conduit is a passage formed using a small portion of bowel. One end of the conduit is closed with sutures and the ureters are implanted into it while the other end is brought through to the surface of the skin. The open end is called a stoma and is similar in colour to the inside of the cheek. An external bag (urostomy bag) covers the stoma and collects the urine.

Why do I need a total cystectomy?

A total cystectomy may be required for one of the following reasons:
- Cancer of the bladder
- Cancer of the uterus, vagina or bowel that involves the bladder
- Severe radiotherapy damage with ongoing bleeding from the bladder
Why do I need an ileal conduit?

**With a total cystectomy**
In this scenario, the ileal conduit acts as a passage for the ureters to be attached to. This passage enables urine to move through the stoma, out of your body and into a urostomy bag.

**Without a total cystectomy**
In some cases a decision is made to leave the bladder in place and divert urine away from it using an ileal conduit.

Another reason for an ileal conduit formation is to treat uncontrolled incontinence resulting from conditions such as multiple sclerosis.
What happens before my operation?

The operation and outcomes will be explained to you by your surgeon. When you feel comfortable that you understand what is to be done and have had all your questions answered you will be asked to sign a consent form.

This consent form should be signed by both yourself and your surgeon, and forwarded to the hospital a few days prior to your admission.

A blood test will need to be performed, and a urine sample may need to be taken 4-5 days prior to surgery. Your surgeon will give you a form to take to the laboratory to have these tests done. A chest x-ray may also be requested.

If you are over 60, or have other medical problems, you may also have an electrocardiogram (ECG) to check the health of your heart prior to surgery.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your operation. Identify the foods that can help you maintain a regular bowel habit for your post operative period.

**Stoma Nurse**

This is a nurse who specializes in the care of people who have a stoma. The stoma nurse will visit you prior to your surgery to talk with you about having a stoma and will **mark on your skin the ideal site for the new stoma to be situated.**

This nurse will visit you again after your surgery to check on your progress and to begin the process of teaching you how to care for your stoma yourself.
What happens on the day of my operation?

You will be advised when to come to hospital, this is usually on the day of surgery. On arrival to the ward the staff will show you to your bed and guide you through what is required prior to your operation.

You will be advised when to stop eating and drinking. You should bring all your own medications with you to hospital.

*Please inform your surgeon if you are taking any anticoagulant (blood thinning) medication (e.g. Warfarin, Clopidogrel, Pradaxa or Aspirin).*

This operation is usually performed under general anaesthesia. The anaesthetist will discuss this with you prior to the operation. This usually occurs in your hospital room pre-operatively. Just prior to surgery you may be given a premedication tablet to relax you.

You will be encouraged to commence deep breathing and coughing exercises pre-operatively. This prevents any breathing complications or chest infection occurring following the surgery and anaesthetic.

The lower abdomen will be shaved and you will have protective stockings fitted.
What to expect after my operation

You will probably be in hospital 7-10 days following this type of surgery.

When the operation is completed, you will go to the recovery room for a short while where you will be cared for until you are ready to be transferred to your room.

Pain Control
Pain control is managed in conjunction with your anaesthetist. For pain relief it is likely you will have a PCA (Patient Controlled Analgesic) pump attached to your intravenous line. You will be able to control the amount of pain relief by pressing a button connected to the pump.

Wound
Your wound will extend from your navel to your pubic bone. The sutures will be dissolvable and do not need removing. There will be a stoma with a stoma bag on the right side of your abdomen just below your belt line.

Drain Tube
There will be a drain tube coming from your abdomen. This will be removed after 2-3 days. This removes any fluid from outside the bowel and urinary tract.

Ureteric Stents (x2)
Two fine tubes will drain through your ileal conduit to allow healing. They will be removed 7-10 days post operation.
Stoma
When you wake up you will have a bag fitted onto your abdomen approximately where the stoma nurse has marked. Underneath the bag is your stoma or ileal conduit. The stoma is the new drainage system for your urine.

Initially a two piece stoma bag will be fitted around the stoma. This allows the nurses to see and check your urine and stoma immediately after surgery.

You will see some mucus in your urine. This is normal as it is produced by the bowel.

There are many types of urostomy bags available and you will be helped to find the one most suited to you. The stoma nurse and ward nurses will be there to assist and teach you about your stoma.
After Discharge

You will receive a follow up appointment in the post to see your surgeon 6 weeks after the operation.

You can do most activities after your operation except any heavy lifting, straining, intercourse or strenuous activity – which should be avoided for 4-6 weeks after surgery. You will be able to continue with your normal daily routines as you feel able.

Generally when you feel that you could perform an emergency stop without being concerned about abdominal pain (at about 4 weeks), then you can resume driving.

You will be asked to drink extra fluids after your surgery and for the next few weeks after your discharge. This helps to keep the ileal conduit draining.
Possible complications

Bleeding
Bleeding severe enough to bring you back to the hospital is rare. This risk disappears when healing is complete, six to eight weeks after surgery. If you notice an increase in bleeding or are unable to pass urine, contact your G.P. or Urology Associates.

Wound Infection
Your wound may become infected post operation. Symptoms can include:
- Redness
- Swelling
- Pain
- Hot to touch
- Discharge from wound
You will need to contact your G.P. or Urology Associates if you think you have an infection. The nurses can assess your wound and refer you to a doctor if treatment is required.

Sexual function
A cystectomy with ileal conduit can cause impotence – the inability to have an erection. The likelihood of this occurring depends on a number of factors.

At best only 35% of men retain normal erections which may take a year to return after surgery. This does not mean that you cannot continue to have a satisfactory sexual life. There are two important points to be made: (1) with some creativity, men can have orgasms without having an erection and (2) there are a number of treatments available to help bring back the erections, but these do mean that the spontaneity of the sexual act is diminished.
Urine Infection
You may get a urine infection post operatively. If this happens you will be required to provide a sample of your urine to test what bacteria are growing. The infection will be treated with antibiotics.

Symptoms can include:
- Pain or burning with urination
- Cloudy or bloody urine which may have a foul or strong odour
- Fever
- General feeling of being unwell
- Urine that looks different to what is normal
- Abdominal pain

Parastomal Hernia
A parastomal hernia is the protrusion of the intestine through the abdominal muscles around the stoma. It looks like a bulge under the skin around the stoma. They can occur reasonably frequently, as the muscles around the stoma have been deliberately weakened during the operation.

Some preventive measures to guard against the development of a stoma hernia include:
- Gentle abdominal exercises i.e. walking
- Avoid heavy lifting
- Weight management i.e. stay within an appropriate weight range

Most parastomal hernias are managed without needing an operation.
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