**Introduction:**

Radical cystectomy is a surgical procedure to remove the urinary bladder through a vertical incision from the belly button to the pubic bone. This is the most effective treatment for bladder cancers which extend to the muscle layer of the bladder and have not spread to other sites in the body. It is also often recommended for high risk non-muscle invasive bladder cancers, such as those that recur rapidly after TURBT plus BCG treatments. Chemotherapy may be recommended prior to cystectomy.

As well as the bladder, pelvic lymph nodes are typically removed as well as the prostate in men and the uterus in women.

A urinary diversion is created to allow urine to exit the body. The most common form of urinary diversion is an ileal conduit. A segment of small bowel (ileum) is used as a conduit. The ureters are connected to one end and the other end is brought out the abdominal wall where urine collects in the bag.

Less commonly, a neobladder can be constructed so that patients may continue to void through the urethra. A larger segment of bowel is used to construct a new bladder which is connected to the ureters and the urethra.

Studies suggest that quality-of-life is similarr for patients who have neobladders and ileal conduits, but complication rates are much higher for neobladders. For this reason, we typically recommend ileal conduits, except in rare cases.

Most patients undergoing cystectomy will have an epidural placed before surgery to help with postoperative pain control. Length of stay is highly variable, from a minimum of 2 nights, median 4 or 5 nights, and up to several months in patients with major complications.

**Side effects and potential risks:**

Radical cystectomy is a major operation with a relatively high complication rate. Many of the complications are related to the use of a portion of bowel in urinary diversion. The bowel needs to be reconnected, which can result in delayed return of bowel function. Patients may experience bloating, lack of appetite, nausea and vomiting. When this occurs, it usually resolves within a few days, but can last much longer.

The risk of significant bleeding requiring blood transfusion approaches 10%.

Sexual function is affected in both men and women. Erectile dysfunction is common in men after cystectomy. While men may still experience the sensation of orgasm, they will no longer produce semen. Women often experience narrowing of the vagina which can make intercourse painful or impossible.

Rare complications include abdominal fluid collections or abscesses resulting from leaking bowel contents or urine. Excessive scar tissue can form at the site where the ureters are connected to the ileal conduit resulting in backup of urine to the kidney. The abdominal wound can become infected or open up. Any of these complications could result in the need for additional procedures.

Cystectomy is associated with a risk of blood clot formation in the legs (deep vein thrombosis – DVT) which can spread to the lungs (pulmonary embolism – PE) and can be life-threatening. Patients will receive compression stockings and blood thinners to lower this risk.

**Discharge instructions:**

Prior to discharge, you will be instructed on how to care for the ileal conduit. Arrangements will be made for community nurses to assist with conduit care in the first few weeks after discharge.

You should avoid heavy lifting and strenuous exercise for 3 months. You will be given a prescription painkiller to take if necessary. You may be given a prescription for a blood thinner which you will inject into your abdomen daily until one month after surgery; you will be shown how to do this prior to discharge.

You can typically return to work after three months, though some people will require longer time off work. You can shower as soon as you are home but should avoid baths, hot tubs, swimming pools for 6 weeks.

Unless you were instructed otherwise, you can resume all of your regular home medications, including blood thinners, once you are home.

**Questions?:**

It is important that you are fully informed and have had all your questions answered prior to the procedure. If you have any questions or concerns at any time either before or after the procedure, please discuss with us.