**Studer orthotopic neobladder patient counseling**

After your surgery for bladder cancer (a radical cystectomy) a reconstructive procedure is necessary to drain your urinary tract. The most common reconstructive procedure is an ileal conduit, with the lowest incidence of complications. There is another option that preserves a near-normal state of voiding by preserving the natural continence mechanism while eliminating a cutaneous stoma, albeit with a higher potential complication rate, and a greater ‘care investment’ required by the patient.

**1) Ideal patient:**

* Proper patient selection is the single most important factor in determining the ultimate success or failure of orthotopic neobladder diversion
* Patient must have no mental or physical impairment that would preclude the ability to do CIC (clean intermittent catheterization)
* Patient must be cognizant of the medical, physical and emotional demands that are potentially required to care for an orthotopic neobladder
* The possibility of needing to do CIC long term either for irrigation of mucus or due to hypercontinence of the neobladder is between 25-50%
* Must have no evidence of renal impairment, bowel abnormalities (inflammatory bowel disease, short bowel syndrome, previous bowel surgery or radiation treatment), liver abnormalities
* Must have no pre-existing evidence of sphincter dysfunction, voiding abnormalities or abnormal urethral anatomy

**2) Ideal tumour scenario:**

* In men, no involvement of the prostatic apex or stroma with tumour
* In women, tumours should not involve the bladder neck or urethra
* Need to do a frozen section analysis of the urethral margin intra-operatively – there is always a possibility of needing to convert reconstructive procedure to an ileal conduit at time of procedure if margin is positive

**3) Long term bladder function issues:**

* The possibility of needing to do CIC long term either for irrigation of mucous or due to hypercontinence of the neobladder is between 25-50%
* Daytime continence is achieved in 90% of patients
* Nightime continence is achieved in 50% of patients
* Patients may develop ‘hypercontinence’ with elevated post void residuals (incomplete bladder emptying), with need to do CIC for this in 10% of cases

**4) Post-operative issues:**

* In hospital urethral catheter, suprapubic catheter, ureteric stents, and pelvic drain will be placed. Usually these will be removed within 2-3 weeks
* Following removal of catheters and tubes, CIC will be necessary usually 1X/day depending on mucous production for a period of time