

Introduction

Total cystectomy is the treatment for invasive carcinoma of bladder. Chemotherapy and radiotherapy may be needed in combination with surgery. Even after complete resection, there is still chance of tumour recurrence and progression.

The Operation

The procedure includes laparotomy with removal of urinary bladder, its lymphatic drainage and, in occasion, the urethra. Prostate gland is removed for male patient. Uterus and vagina with or without ovaries may be removed for female patient. Stoma or reconstructive procedure will be performed using gastrointestinal tract to manage storage and drainage of urine.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.
6. Patient will have a general physical examination and an evaluation of blood, ECG, and chest X-ray; medical consultation will be arranged if it is necessary.
7. Patient may be given medication 1-2 days before the operation to clean their bowel to facilities the operation.

Postoperative Instruction

General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses if more analgesics are required.
3. Nausea or vomiting are common; inform nurses if symptoms severe.

Wound care

1. You may have a thin, plastic tube in your nose +/- your abdomen for drainage purpose for a few days.
2. The nurses will begin early to teach you how to manage your ileal conduit or “new” bladder: it’s not difficult.
3. Keep dressing intact.

Diet

You may be kept nil by mouth in early post-operative period. Your diet will be gradually resumed as your condition improves and as you tolerate it.

Common Risks and Complications (not all possible complications are listed)

Anesthesia related complications

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

Procedure related complications

Peri-operative

1. Systemic life threatening complication including myocardial infarction, cerebral vascular accident, deep vein thrombosis and pulmonary embolism.
2. Bleeding requiring massive transfusion.
3. Injury to adjacent organs including rectum and colon, pelvic vessels.
4. Bowel obstruction, anastomotic bowel or urinary leakage with or without intra-abdominal abscess and sepsis, requiring further surgical intervention.
5. Urinary tract infection, chest infection, wound infection causing life threatening septicemia.

Post-operative

1. Anastomotic stricture, ureteric stricture and urethral stricture.
2. Stomal complications including stenosis, prolapse, excoriation of skin.
3. Continent pouch complications include urine retention, stone formation, urinary infection and pouch perforation.
4. Erectile dysfunction and infertility.
5. Renal impairment and electrolyte imbalance caused by urinary diversion.
6. Further intervention including operation for management of complications.
7. Mortality (<5%) related to tumour surgery or pre-existing diseases.

Things to take note on discharg

1. Care of the ileal conduit stoma / “new” bladder will be followed by doctors & nurses.
2. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
3. Take analgesics prescribed by your doctor if required.
4. Resume daily activity gradually.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: “Total Cystectomy with Urostomy / Continent Diversion” (2022)

Smart Patient: http://www.ekg.org.hk/pilic/public/surgery_pilic/urosurg_totalcystectomywithurostomycontinentdiversion_0198_eng.pdf (12-07-2023)