Radical removal of the bladder and fashioning of an ileal conduit (female): procedure-specific information

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?
This involves removal of the bladder, pelvic lymph nodes & remaining female organs (ovaries, uterus and a portion of the vagina) with permanent diversion of urine to the abdominal skin using a separated piece of bowel as a stoma.

What are the alternatives to this procedure?
Bladder instillations; bladder substitution or construction of a continent pouch; radiotherapy treatment to the bladder; systemic chemotherapy treatment (given into the bloodstream) may sometimes be appropriate.

What should I expect before the procedure?
The plan for your hospital stay will be discussed in detail with you before admission, including coming into hospital on the morning of the operation, having carbohydrate drinks the night before surgery and early on the morning of surgery, and being given a small enema after arriving in hospital on the morning of surgery.

Your stay is expected to be 7 nights in hospital if all goes as anticipated. You will receive an appointment for pre-assessment, before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

After admission, you will be seen by members of the medical team including the Consultant, Specialist Registrar, House Officer and Urology Nurse Practitioner.

After your operation, you will be given an injection under the skin of a drug (Clexane), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.
You will be seen by a Urology Specialist Nurse before your operation to mark the site where your stoma will be positioned and to try the various drainage bags available. If you wish, you will be given the opportunity to meet someone who has previously had this procedure.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

**What happens during the procedure?**

A full general anaesthetic will be used and you will be asleep throughout the procedure. There will be an epidural anaesthetic to minimise post-operative pain.

During the operation, the bladder, pelvic lymph glands and the urethra (water pipe) are removed. The ureters (the tubes which drain urine from the kidneys to the bladder) are then sewn to a separated piece of small bowel which is positioned on the surface of the abdomen as an opening called a urostomy. The ends of the small bowel, from which the conduit is isolated, are then joined together again.

As part of the operation, it is usual to remove the uterus (womb), both ovaries and the upper part of the vagina. Most of the vagina is left in place and, for
women who wish to be sexually active, this should be possible. The precise
details of this aspect of your operation can be discussed in detail if you wish.

**What happens immediately after the procedure?**
After your operation, you are likely to go to the Special Recovery area of the
operating theatre, rather than High Dependency or Intensive Care, before
returning to the ward. You will have a drip in your arm and a further drip into a
vein in your neck.

You will be encouraged to mobilise as soon as possible after the operation
because this encourages the bowel to begin working. We will start you on fluid
drinks and food as soon as possible.

You will have a tube drain in your abdomen and two fine tubes which go into the
kidneys via the stoma to help with healing. A physiotherapist will come and
show you some deep breathing and leg exercises, and you will sit out in a chair
for a short time soon after your operation.

You will be helped to recover mobility after the operation, so that you are able to
walk up and down the length of the ward (100m) and to do a flight of stairs
before you go home. Driving and heavy lifting should be possible at 6 weeks
after surgery. It will, however, take at least 3-6 months, and possibly longer, for
you to recover fully from this surgery.

The expected hospital stay is 7 nights.

**Are there any side-effects?**
Most procedures have a potential for side-effects. You should be reassured that,
although all these complications are well-recognised, the majority of patients do
not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that
they have been discussed to your satisfaction:

**Common (greater than 1 in 10)**
- ☐ The cancer may not be cured by the operation (this will be discussed with
  you before the operation)
- ☐ Difficulty re-establishing normal bowel movements in the first few weeks
  after your operation. This can persist in the long-term in 5-10 % of
  patients
- ☐ Temporary insertion of a stomach tube through the nose, a drain and
  ureteric stents
- ☐ Discomfort or difficulty with sexual intercourse due to narrowing or
  shortening of vagina
- ☐ In the event of removal of the ovaries, menopause may occur
Occasional (between 1 in 10 and 1 in 50)
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Infection in the abdominal cavity or in the wound
- Blood loss requiring repeat surgery
- Hernia of the incision requiring further treatment
- Decrease in kidney function with time
- Scarring, narrowing or hernia formation around the stomal opening requiring revision

Rare (less than 1 in 50)
- Diarrhoea/vitamin deficiency due to shortened bowel requiring treatment
- Bowel and urine leakage from the anastomosis requiring re-operation
- Scarring of the bowel or ureters requiring further surgery
- Intra-operative rectal injury requiring colostomy
- MRSA wound infection (1 in 10 risk)

Hospital-acquired infection (overall risk for Addenbrooke’s)
- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

*(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)*

What should I expect when I get home?
When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

You will find that your energy levels are low when you get home and you will require assistance with many of the daily activities you normally take for granted. The wound clips will be removed in hospital or by the District Nurse. You will be contacted by the District Nurse to help you with the management of your stoma. You may experience problems with the stoma appliance in the early days, especially with leakage at night. As you become more familiar with your stoma and its fittings, this aspect will become less of a problem.

The time taken to return to normal activity is between 3 and 6 months.
What else should I look out for?
There are a number of complications which may make you feel unwell and may require consultation with your GP or contact with the Urology Department.

If you experience fever or vomiting, especially if associated with unexpected pain in the abdomen, you should contact your doctor immediately for advice.

If you have any problems relating to the stoma or its attachments, you should contact the District Nurse or the Stoma Nurse.

Are there any other important points?
It will be at least 10 days before the pathology results on the tissue removed are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

You will be brought back to the Hospital for a special scan to check that the kidneys are draining into the bowel correctly and you will be seen in the outpatient clinic after 6 weeks to check your progress and to discuss the results of your surgery. If the doctors decide that further treatment is required, the necessary appointments will be made for you at this stage.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this field at Addenbrooke’s Hospital?
Yes. As part of your operation, various specimens of tissue will be sent to the Pathology department so that we can find out details of the disease and whether it has affected other areas. This information sheet has already described to you what tissue will be removed.

We would also like your agreement to carry out research on that tissue which will be left over when the pathologist has finished making a full diagnosis. Normally, this tissue is disposed of or simply stored. What we would like to do is to store samples of the tissue, both frozen and after it has been processed. Please note that we are not asking you to provide any tissue apart from that which would normally be removed during the operation.

We are carrying out a series of research projects which involve studying the genes and proteins produced by normal and diseased tissues. The reason for doing this is to try to discover differences between diseased and normal tissue to help develop new tests or treatments that might benefit future generations. This research is being carried out here in Cambridge but we sometimes work with
other universities or with industry to move our research forwards more quickly than it would if we did everything here.

The consent form you will sign from the hospital allows you to indicate whether you are prepared to provide this tissue. If you would like any further information, please ask the ward to contact your Consultant.

Who can I contact for more help or information?

Oncology Nurses
- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

Non-Oncology Nurses
- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
  01223 349800

Patient Advice & Liaison Centre (PALS)
- Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine
  *801 (from patient bedside telephones only)
- E mail
  pals@addenbrookes.nhs.uk
- Mail
  PALS, Box No 53
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

Chaplaincy and Multi-Faith Community
- Telephone
  +44 (0)1223 217769
- E mail
  derek.fraser@addenbrookes.nhs.uk
- Mail
  The Chaplaincy, Box No 105
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ
What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature..........................................................Date......................................

How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish
Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese
Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Russian
Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese
若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到：patient.information@addenbrookes.nhs.uk
Addenbrooke’s is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0169.