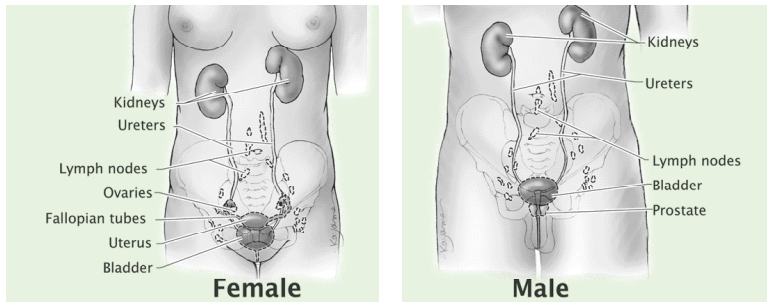


Radical Cystectomy

► What is a Radical Cystectomy?

Radical cystectomy [si-stek-tuh-mee] is the removal of the bladder to prevent cancer from spreading any further. Nearby lymph nodes, and some or all of the urethra are removed. Based on what your doctor finds during surgery, nearby organs that may contain cancer cells may also be removed. In men, the prostate, and seminal vesicles may be removed. In women, the uterus, cervix, along with the fallopian tubes and ovaries, may also be removed during a radical cystectomy.



A portion of your intestines will be used to create a urinary diversion to allow urine to pass from your kidneys. The three most common types of urinary diversion are the ileal conduit, Indiana pouch (a continent cutaneous pouch), and neobladder. See Bladder Cancer: Get the Facts sheets on each of these diversions for more information.

► What happens during a radical cystectomy?

There are two types of surgery that can be used for a cystectomy. In the open radical cystectomy, an incision is made in the abdomen. The bladder and other organs are removed, and the urinary diversion is created.

In the robotic-assisted laparoscopic radical cystectomy, small incisions are created to insert the laparoscopic instruments. Another small incision is made in the abdomen to remove the bladder and lymph nodes, as well as to create the urinary diversion. Your surgeon controls the robot.



ASK YOUR HEALTHCARE TEAM

- » Which diversion option do you recommend for me?
 - Do you recommend chemotherapy or other treatment before the radical cystectomy?
 - What are the most common complications of the radical cystectomy and my diversion options?
- » Do you recommend an open or a robotic-assisted laparoscopic operation?
 - » What experience do you have in either of these types of radical cystectomy?
 - » What other organs will be removed?
 - » What type of anesthesia will I have for the cystectomy?
 - » What can be done to preserve my sexual function?
 - » What can I expect after the radical cystectomy?
 - » What follow-up procedures will be necessary?

Always consider
a 2nd Opinion



TERMS TO KNOW

- **Abdomen:** The belly area.
- **Chemotherapy:** Treatment with anti-cancer drugs.
- **Laparoscopic:** A surgical technique in which operations are performed through small incisions.
- **Lymph nodes:** A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue.
- **Urethra:** The tube through which urine empties from the bladder.
- **Urinary diversion:** Following bladder removal, a new way for urine to go from the kidneys out of the body created using a part of the intestine.
- **Radiation therapy:** The treatment of disease, especially cancer, using X-rays or similar forms of radiation.

WHAT YOU SHOULD KNOW: Advice from bladder cancer patients who have experience with radical cystectomy

BEFORE A RADICAL CYSTECTOMY



- You will meet many people who are part of your health care team. Write down their names and their role in your care.
- Ask your doctor what type(s) of urinary diversion he or she recommends for you. To hear how other bladder cancer patients decided on their choice of diversion, watch BCAN's "The New Normal: Living with a Urinary Diversion" video series. Visit <http://www.bcan.org/udvideos/> for more information.
- Plan ahead! Talk to friends and family about how they can support you. Ask your doctor or nurse what supplies you will need to have at home.
- Ask your doctor about any special preparations you should follow before your surgery. These can include:
 - Medication or herbal supplements you should avoid or stop taking
 - Food and drink limitations
- On the day of surgery, your family can wait for you in the surgical waiting area. The surgery may take four to eight hours.

AFTER A RADICAL CYSTECTOMY



- The usual length of stay in the hospital is 5-12 days. You may have to stay longer if complications occur.
- You can expect some discomfort during the first few days after surgery. Ask your doctor or nurse how you can manage any side effects. Be patient. Complete recovery usually takes 10 to 12 weeks.
- It is important for you to monitor your recovery after you leave the hospital. Alert your health care team to any problems right away if any of the following occur:
 - Signs of infection, including fever, shaking or chills
 - Redness, swelling, increasing pain, heavy bleeding, or discharge from your surgical site
 - Persistent nausea and/or vomiting
 - Pain that you cannot control with the medications you were given
 - Inability to urinate or difficulty urinating through your diversion, extreme cloudiness or pus in the urine, a bad odor to the urine, or blood in your urine

NEXT STEPS:

- It is important to receive follow-up care. Your health care provider will set up a regular schedule of checkups and tests.
- You may want to talk to a nutritionist, a physical therapist, a social worker or a therapist. Your doctor or nurse can help you find the right people to talk to.
- More treatment may be needed following a radical cystectomy and may include radiation therapy or chemotherapy.
- It can be helpful to talk to someone who has experience with a radical cystectomy. Call the BCAN Survivor 2 Survivor program to connect with a volunteer who knows about having a radical cystectomy. Dial 888-901-BCAN.

The Bladder Cancer Advocacy Network (BCAN)

BCAN's mission is to increase public awareness about bladder cancer, advance bladder cancer research, and provide educational and support services for the bladder cancer community.



www.bcan.org



info@bcan.org

888-901-BCAN (2226)