

# Robotic-Assisted Cystectomy, Lymph Node Dissection, & Urinary Diversion

## Patient Guide

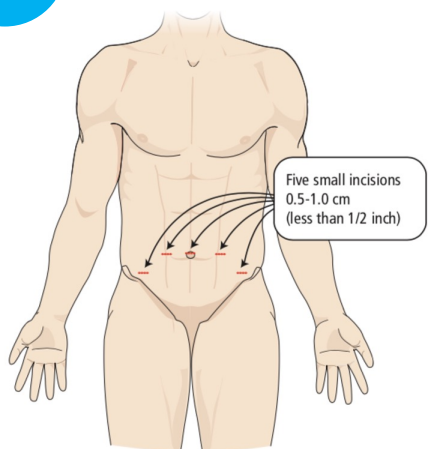
### Procedure

- **Men:** A **radical cystoprostatectomy** involves removing the (1) prostate and (2) bladder
- **Women:** A **radical cystectomy** involves removing the (1) bladder, (2) uterus, (3) anterior vaginal wall, (4) urethra
- A **lymph node dissection** involves removing the lymph nodes around in the pelvis where cancer cells may travel to.
- A **urinary diversion** involves a reconstruction of the intestines to allow for the storage and evacuation of urine

### Clinical Pathway

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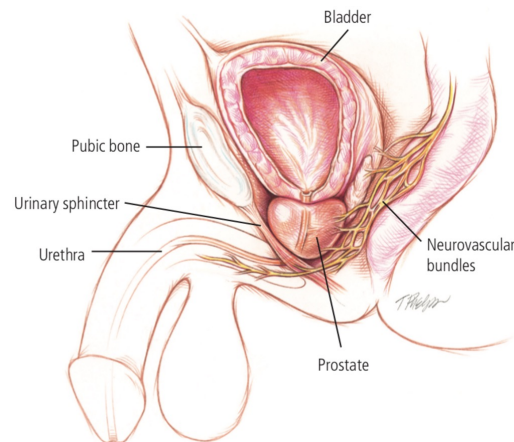
#### Robotic Incisions



The robotic procedure requires at least 5 small incisions going across the abdomen and a larger ~10cm to remove your bladder. In females, the bladder/uterus may be removed from the vagina.

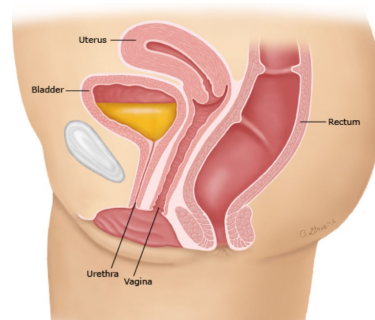
2a

#### Anatomy of the MALE urinary tract



2b

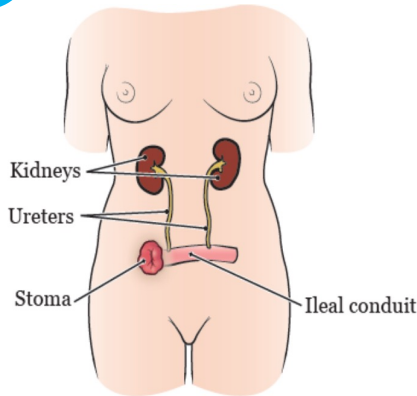
#### Anatomy of the FEMALE urinary tract



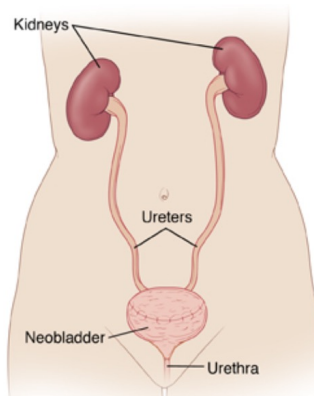
# Robotic-Assisted Cystectomy, Lymph Node Dissection, & Urinary Diversion (2)

## 3

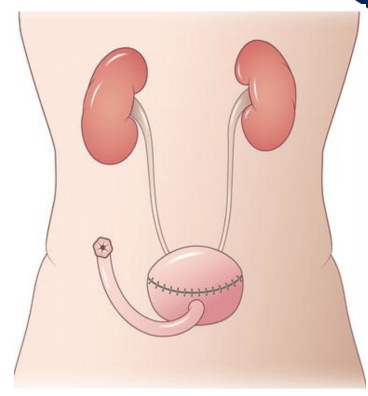
### Urinary Diversion



**Ileal conduit (>90%).** Intestines are used to create a channel through which urine can empty out via a stoma into an external bag.



**Neobladder (~5%)** Intestines are used to a “new bladder” that is placed in similar position to the native bladder. A patient urinates through the urethra.



**Indiana Pouch (<5%):** The colon is used to create a channel through which a patient catheterizes him or herself every 4-6 hours. There is no external bag.

## Prior to Surgery

- At your clinic visit, your surgeon will review with you (1) your bladder cancer staging, (2) role of preoperative chemotherapy, (3) type of urinary diversion and appliance, (4) alternatives to surgery, and (5) risks and benefits of the procedure.
- You will be asked to (1) see **ostomy nurses** for stoma marking & teaching, (2) see your **primary doctor** to ensure you are medically fit to undergo surgery, and (3) get updated blood work, urine culture, and imaging if indicated
- If you take any blood thinners (ie: Xarelto, Eliquis, Aspirin), please discuss with your surgeon prior.
- **Carbohydrate loading:** Taking BOOST or ENSURE for one week prior to surgery can help with recovery.

## DAY BEFORE SURGERY

- The hospital will call you 1-2 days prior to surgery to confirm arrival time and location.
- No eating or drinking after midnight prior to your procedure unless otherwise instructed.
- Your surgeon will meet you in the pre-operative area before surgery and review consent.

# Robotic-Assisted Cystectomy, Lymph Node Dissection, & Urinary Diversion (3)

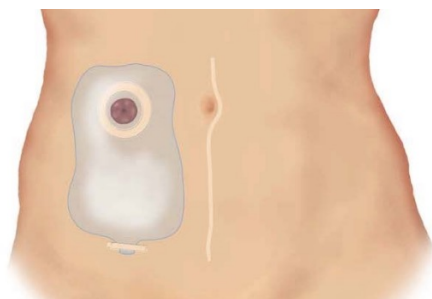
## During Surgery

- Your procedure requires approximately 4-8 hours of general anesthesia.
- Your incisions will be closed with sutures and skin glue, both will dissolve within weeks.
- You will come out of surgery with (1) stoma bag with two stents in the bag and (2) a drain that is generally removed prior to leaving the hospital. The stents are generally removed during your two-week follow-up

## After Surgery (While in hospital)

- You will stay in the hospital on average 4-7 nights depending on your recovery
- You may have sips of clear liquids the night of your surgery.
- You will be given IV and oral pain medications to alleviate your pain.
- It is important to use the breathing machine given to you after surgery 10x/hour.
- We will motivate you to start walking day after surgery to enhance your recovery.
- It may take you a few days to a week to have a bowel movement
- Social Work/ Case Management will meet with you in the hospital to ensure you are set up with the appropriate Home Health services to optimize your post-operative recovery at home

## Stoma Care



- The nursing staff or ostomy nurses will visit with you to ensure you feel comfortable taking care of and exchanging the ostomy appliance
- Again, the stents will remain in place until your follow-up visit in the clinic



# Robotic-Assisted Cystectomy, Lymph Node Dissection, & Urinary Diversion (4)

## Common complications after surgery

Abdominal bloating, constipation/  
slow return of bowel function

Infection of your bowel, urine, or  
wound

Blood loss requiring transfusions

Erectile dysfunction, dry ejaculation,  
or shortened vagina

Cancer not cured by bladder  
removal alone

## Occasional and rare complications after surgery

Blood clots in legs and/or legs

*Need for additional surgeries:*

Decreased kidney function

Bowel or urine leaking from where  
they were joined together

Cancer recurrence

Ureteral narrowing or stenosis

Vitamin deficiency

Injury to the bowel, major blood  
vessels and nerves

*Approximately 60% of patients experience at least one of these complications postoperatively. In addition, 30% get readmitted to the hospital within 90 days of surgery for dehydration and/or infection*





# Robotic-Assisted Cystectomy, Lymph Node Dissection, & Urinary Diversion (5)

## Discharge Instructions

<b>Pain</b>	You may experience pain postoperatively. You will be prescribed a pain medication that can be alternated with Tylenol as needed.
<b>Activity</b>	You should walk and climb stairs. You may perform household duties. No heavy lifting (>10 lbs) or strenuous exercise for 6 weeks. No running for 2 weeks.
<b>Bathing</b>	You may shower day after surgery, but no bathtubs, jacuzzis, or swimming pools for 2 weeks. Do not scrub around the incisions.
<b>Diet</b>	You may have a decreased appetite after surgery. You may gradually resume your normal diet once you have started passing gas or had a bowel movement. Please take docusate or miralax for 4 weeks.
<b>Driving</b>	May resume driving no earlier than two weeks after surgery. By this time, your pain should not require prescribed pain medications.
<b>School/Work</b>	You may return to work/school 1 month after surgery depending on your occupation.
<b>Intercourse</b>	Please refrain from intercourse for 6-8 weeks after surgery. It can be difficult for men to obtain an erection postoperatively. For women, you may experience a shortened vagina and/or menopause if you were pre-menopausal prior to surgery.
<b>When to call</b>	<p>Please call your surgeon (or in severe cases, present to the ER) if any of the following occur:</p> <ul style="list-style-type: none"><li>❖ you have a fever &gt;101 F</li><li>❖ you cannot have a bowel movement within 3-5 days</li><li>❖ Your stoma stops draining</li><li>❖ you are vomiting</li><li>❖ you have leg swelling</li><li>❖ you experience shortness of breath or chest tightness</li><li>❖ your pain is not controlled with medication</li></ul>
<b>Follow-up</b>	We will see you in clinic in 1-2 weeks to remove your stents and review pathology. We will then see you in 3 months to see how you are doing. Please call our office if you do not have an appointment already.

# Robotic-Assisted Cystectomy, Lymph Node Dissection, & Urinary Diversion (6)

## CYSTECTOMY CHECKLIST

- ☐ Review pathology and need for repeat imaging & labs  
(ie: CT scan, blood work, urine culture)
- ☐ Discuss role of chemotherapy prior to surgery
- ☐ PCP or Cardiology clearance
- ☐ Ostomy marking & teaching appointment
- ☐ Take nutritional supplements (Boost, Ensure, protein shakes) at least 1 week prior to surgery
- ☐ Stop all blood thinners (Plavix, Xarelto, Warfarin, Aspirin) as advised by your doctor, generally 7 days prior to surgery
- ☐ If possible, refrain from narcotic medication at least 7-10 days prior to surgery to allow for early return of bowel movements