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## **Education**

### **Cystectomy for Women**

#### **What is a cystectomy?**

There are 2 types of cystectomy procedures, simple and radical. In a simple cystectomy the surgeon removes only the bladder. In a radical cystectomy the surgeon removes the surrounding lymph nodes in addition to the bladder. Sometimes all of part of nearby organs are also removed. Ask your health care provider which of these procedures you will be having.

#### **When is it used?**

The reasons for removing your bladder include:

- You may have cancer in the bladder (which usually requires a radical cystectomy).
- The bladder's nerve-muscle control may not be working well, which means you cannot empty or control the flow of urine (usually requiring a simple cystectomy).
- The bladder may be damaged from radiation treatment.
- The bladder may be bleeding from chemotherapy.
- The bladder may be damaged or may be bleeding uncontrollably from other causes or treatments.

Examples of alternatives are:

- having radiation therapy, chemotherapy, photodynamic therapy, or other forms of cancer treatment if you have cancer
- choosing not to have treatment while recognizing the risks of your condition.

You should ask your health care provider about these choices.

#### **How do I prepare for a cystectomy?**

Make sure that you talk to your health care provider about the procedure, its effects on you, and the likely outcome. Find someone to drive you home after the surgery. Plan for your care and recovery after the operation. Allow for time to rest and try to find people to help you with your day-to-day duties.

Follow your provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Your provider will give you laxatives and antibiotic pills to cleanse your bowels. Do not eat anything the night before the procedure, and drink only clear liquids. After midnight and the morning before the procedure, do not eat or drink anything. Do not even drink coffee, tea, or water.

Follow any other instructions your provider gives you.

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## **What happens during the procedure?**

You will be given a general anesthetic before the procedure. A general anesthetic will relax your muscles and put you to sleep. It will prevent you from feeling pain during the operation.

The surgeon will make a cut in your abdomen to expose the bladder and tie off the blood supply to it. Then he or she will remove the bladder (a simple cystectomy).

If you are having a radical cystectomy, the surgeon will also remove the lymph nodes in the area. In most cases the uterus, ovaries, Fallopian tubes, and part of the vagina will also be removed.

The surgeon will make a new passage for urine. Usually an external bag is attached to an opening in the abdomen to collect urine. The opening is called a urostomy. The surgeon makes the urostomy by removing part of the small intestine, or bowel, and attaching the ureters to one end of it. The surgeon sews the other end of the piece of intestine to the skin. Normally urine passes from the kidneys through the ureters to the bladder. Urine will now pass from the kidneys, through the ureters, and then through the urostomy and into the bag. The surgeon will join the bowel together again and close the cut in your abdomen.

In some cases, the surgeon may be able to construct a new bladder out of a piece of the intestine. This new bladder can be connected to the urethra so that a urostomy and bag will not be needed to drain urine.

## **What happens after the procedure?**

- You may be in the hospital for 2 to 12 days, depending on your condition. You may be in an intensive care unit for the first 2 or 3 days.
- You may have a tube that passes through your nose into the stomach.
- The cut in your abdomen may drain for a few days.
- If you have a urostomy, you will have a bag on your side to collect urine as it flows out of the new passage.
- You will need to learn how to drain or dispose of your urine.
- You should avoid strenuous activity for the next 4 to 6 weeks.

Ask your health care provider what other steps you should take and when you should come back for a checkup.

## **What are the benefits of this procedure?**

- You will no longer have to deal with a diseased or poorly functioning bladder.
- If there was cancer in the bladder, the cancer may be removed.

## **What are the risks associated with this procedure?**

Though many women do well during the procedure and live comfortably thereafter, there are risks:

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- The nerves and blood vessels around the bladder could be cut or damaged.
- Fluid may leak from the area where lymph nodes were removed and collect in the abdominal cavity.
- Your rectum could be cut and may need surgical repair.
- Your intestine could leak where the section of it was removed, or it could become narrowed and require surgery.
- Urine could leak out where the ureters are joined to the section of intestine.
- The ureters could become blocked and prevent urine from passing.
- The skin around the area where the intestine is sewn to the skin could become infected.
- The cut in your abdomen may not heal well and may become infected.
- The operation may not remove all of the cancer if that was the reason for surgery.
- Your sexual function may be affected by the surgery.
- You may have bleeding.

You should ask your health care provider how these risks apply to you.

## **When should I call my health care provider?**

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Call your provider right away if:

- You have trouble passing urine.
- You develop a fever.
- You have nausea or vomiting.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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