Total Cystectomy with Urostomy / Continent Diversion
(膀胱全切除術及迴腸造口術 /可控性膀胱尿液轉流術)

Introduction

Total cystectomy is the treatment for invasive carcinoma of bladder. 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. Chemotherapy and radiotherapy may be needed in combination with surgery.

Treatment outcome: Even after complete resection of bladder tumour, there is still chance of tumour recurrence and tumour progression.

Possible consequences of untreated carcinoma of bladder

1. Tumour progression and metastasis
2. Urinary tract infection
3. Bleeding with clot retention
4. Obstructive nephropathy or renal failure
5. Mortality

Indication of Total Cystectomy

Invasive carcinoma of bladder and uncontrolled superficial carcinoma of bladder

Risks & complications (~25 - 35%)

Peri-operative

1. Anaesthetic complications and complications caused by pre-existing diseases
2. Systemic life threatening complication including myocardial infarction, cerebral vascular accident, deep vein thrombosis and pulmonary embolism
3. Bleeding requiring massive transfusion
4. Injury to adjacent organs including rectum, colon, and pelvic vessels …
5. Bowel obstruction, anastomotic bowel or urinary leakage with or without intra-abdominal abscess and sepsis, requiring further surgical intervention
6. 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, prolapsed, 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

This list is not exhaustive and rare complications are not listed.

Pre-operation preparation

1. 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.
2. The anaesthetist will see the patient before the operation. The anaesthetist has the right to cancel the operation in special situation.
3. Patient may (depends on the practice of the urology team) be given medication one to two days before the operation to clean their bowel to facilities the operation.
4. Patient should not eat or drink anything for 6 to 8 hours before operation.
5. Patient may be given intravenous infusion or medicine before being brought to the operating room.

Post-operation care

1. You may have a thin, plastic tube in your nose +/- your abdomen for drainage purpose for a few days.
2. Pain will be controlled with medicine.
3. Monitoring, antibiotics cover, blood transfusion and fluid replacement may be required.
4. 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.
5. The nurses will begin early to teach you how to manage your ileal conduit or “new” bladder: it’s not difficult.

After discharge from hospital

1. Care of the ileal conduit stoma / “new” bladder will be followed by doctors & nurses.

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.