NHS
University Hospitals of Leicester
NHS Trust

Having a robotic cystectomy and formation of a urostomy

Department of Urology

Information for patients

Last reviewed: Apr 2024
Next Review: Apr 2027
Leaflet number: 628 Version: 2

Introduction

You have recently been told that you have bladder cancer. Your consultant has recommended that you have a cystectomy (removal of your bladder). We are planning to carry out this operation as keyhole surgery using robotic assistance.

At present 50% (5 in 10) of cystectomy operations carried out in the UK are performed using robotic assistance, and this will rise.

The surgical team who carry out this procedure have a lot of experience in carrying out cystectomy operations and are gaining more experience with the robotic procedure. They have received specific training and if you want to know how many robotic cases we have done so far, your surgeon will be able to tell you this.

The team caring for you

The team of health professionals looking after you is known as the Multidisciplinary Team or MDT.

Your MDT will have met to discuss the most appropriate treatment for yourself. Your doctor will discuss your treatment plan with you.

What are the benefits of the robotic operation?

The potential benefits include:

- Shorter stay in hospital
- Reduced pain
- Less risk of needing a blood transfusion

What are the possible risks?

As with all operations there are associated risks. These include:

- Chest infection, which can result from reduced activity and difficulty in breathing deeply because of the wound.
- Wound infection which may delay healing and require treatment with antibiotics. In rare cases, further surgery is necessary.
- Bleeding, which may mean that you need to have a blood transfusion.
- Deep vein thrombosis (DVT): this kind of surgery has a small risk of clots in the leg veins which occasionally travel to the lungs and cause breathing difficulty (pulmonary embolus). Heparin (blood thinning) injections will be given to you starting before the operation to minimise risk.
- Paralytic ileus is a condition where the activity of the bowel is impaired, this can happen post-surgery and the effect can occasionally be prolonged, leading to a longer hospital stay.
- Urine infection, which may require treatment with antibiotics.
- Men:
    - impotence (lack of an erection)
    - dry orgasm with no semen produced
- Women:
    - Narrowing and dryness of the vagina may result in pain or difficulty with sexual intercourse

Specific risks of the robotic approach include:

- Injury to the bowel or blood vessels during insertion of the instruments
- The need to convert to a traditional open operation.

You will have time to discuss all these risks with the doctors and nursing staff before you consent to your operation

Your operation

You will have your operation as part of the Enhanced Recovery Programme. You will be given further information about this at your pre-assessment visit. The operation to remove your bladder is carried out whilst you are asleep under general anaesthetic.

During the operation the surgeon carries out a procedure called a “urinary diversion”. After the operation your urine will pass through a small piece of bowel, called a **stoma**, and into a bag on your abdomen (tummy). The stoma nurse will give you more information about this.

How am I prepared for my operation?

You will be prepared for your operation in the usual way, except that your bowel needs to be emptied before surgery. In order to do this you will be given an enema on the morning of your operation. This will make you empty your bowels. You will not be allowed to have anything to eat although you will be encouraged to drink plenty of clear fluid.

A stoma nurse will see you at your pre assessment appointment and put a mark on your abdomen where your urostomy will be sited. This needs to be done whilst you are awake to ensure that it goes in the most suitable place for you.

What happens after my operation?

After your operation you will go to the High Dependency Unit where you will be cared for until you are ready to go back to the ward.

You will have:

A drip (an intravenous infusion)

This may be in your neck, hand or arm. It replaces any fluids that you may have lost during surgery or by fasting. You may also have a blood transfusion through this drip. You will be allowed to eat and drink the day after your operation. Some patients feel sick, which means that they cannot drink all the liquid they need so the drip may be left in for longer..

Pain relief

You will have some form of pain relief. This will be explained to you before your operation. If you need more information, please ask to speak to a member of the Pain Team.

Wound

You will have several small wounds on your abdomen where the robotic instruments where placed. Men will also have a larger wound through which the bladder was removed. In women the bladder is usually removed through the vagina (which is opened from the inside as part of the operation).

Stoma bag

You will have a stoma bag on your abdomen collecting urine from your new urostomy. A stoma nurse will teach you how to look after your urostomy.

Stents

You will have two temporary fine plastic tubes (stents) which help the urine to drain from the kidneys into your stoma bag. These stents will remain in until healing takes place and are normally removed before you go home.

Preparing for home

You will usually be in hospital for about five to seven days..

We will arrange a date for your discharge home when you feel that you are able to look after the urostomy yourself. We also need to be sure that you are eating and drinking and that your bowels are working.

The stoma nurse will ensure that you have everything that you need for your urostomy for when you get home and will explain how to obtain further supplies. Formation of a urostomy is major surgery and it will take several months to recover fully. The stoma nurse will see you following discharge and this may be at home or a local hospital or other health care setting.

The ward nurses may arrange for a district nurse to visit you at home whilst you are recovering.

We will give you a letter for your GP and will make sure that you have a supply of any medication that you have been prescribed.

Preparing to go home

Formation of a urostomy is major surgery and it will take you several months to recover fully. The stoma nurse will visit you at home to offer you support and advice.

Exercise

You should go for short gentle walks but avoid too much exercise.

Expect to feel tired for a few weeks and take an afternoon rest if necessary.

Driving

Do not drive for four to six weeks.

Return to work

Your consultant will advise you about going back to work.

Sex

When you feel ready you can resume sexual activity. However, this is a very personal matter and will depend on the extent of your surgery. Please discuss any worries that you may have with your consultant or specialist nurse.

Further treatment

You will be seen in the outpatient clinic about six to eight weeks after your operation. Some patients receive further treatment following surgery and this will be discussed with you at your outpatient visit.

You may want to bring a relative or friend to this appointment.

I have some questions about my operation. What can I do?

This booklet has been written to answer many of your questions but of course there may be others.

If you have any questions you would like to ask before you come into hospital you can contact the specialist nurses or the ward directly. See details below.

Useful contacts

Stoma Nurses		
Monday to Friday 8 am - 4 pm	Telephone:	0116 258 4455
Urology Oncology Nurse Specialists (Key Workers)		
Monday to Friday 9 am - 4.30 pm	Telephone:	0116 258 4637
Outside these hours:		
Urology Emergency Admissions	Telephone:	0116 258 4247

Other useful contacts

Leicester Bladder Cancer Support Group

This group meets every month in Leicester. Please ask your nurse specialist (key worker) for more information.

Macmillan Information and Support Centre
Osborne Building, Leicester Royal Infirmary, Leicester LE1 5WW

Telephone: 0116 258 6189

Email: cancerinfo@uhl-tr.nhs.uk

Website: www.leicestershospitals.nhs.uk/cancerinfo

The Urostomy Association

Helps people who are about to undergo or have undergone surgery resulting in urinary diversion.

Website: www.urostomyassociation.org.uk

Action Bladder Cancer UK

Website: www.actionbladdercanceruk.org

Fight Bladder Cancer

Website: www.fightbladdercancer.co.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

LEICESTER'S RESEARCH

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement