

Having a robotic cystectomy and formation of a Studer Pouch

Department of Urology

Information for Patients

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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.

If you are having a robotic procedure this is a new procedure in Leicester, although it is in use regularly in other UK hospitals. 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 carrying out traditional "open" cystectomy operations but more limited 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.

What is a Studer pouch?

Following the removal of your bladder, a new bladder is made using part of your bowel: this is called a Studer pouch.

The advantage of this operation is that in the long term you will not need to wear a bag on your abdomen to collect your urine. The Studer pouch is connected to your urethra so that you can pass urine in the usual way.

The operation does not normally interfere with the working of your bowels once you are fully recovered from the operation. However, some patients do experience diarrhoea or constipation.

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or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

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 risks involved?

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

- Chest infection, which can result from difficulty in breathing deeply because of the wound and reduced activity.
- Wound infection / delayed healing, which may require treatment with antibiotics. In rare cases, further surgery is necessary.
- Bleeding.
- Paralytic ileus, can result in the muscle movement that pushes food along your intestines to stop working and you may need a longer stay in hospital.
- 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 the risk.
- Urine infection which may require treatment with antibiotics.
- Urinary incontinence - see below for further information.
- Formation of stones in your new bladder over a period of time (this is rare).
- Death – The risk of death due to a complication following this operation on average is 4% (4 in 100 patients) during the first 90 days following the procedure. Your individual risk may vary depending on your age and fitness and you will be given specific information about this during your anaesthetic assessment.

Men: Impotence (lack of an erection) and dry orgasm with no sperm produced

Women: Narrowing 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.

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 cleared 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 for six hours before your operation, although you will be encouraged to drink plenty of clear fluids up to two hours before your surgery.

Following 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.

As soon as you feel able, you will be allowed to eat and drink as normal. If you feel sick (nauseous) please let your nurse know.

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 a wound on your abdomen. There will be at least one drain into the wound to drain fluid from the operation site.

Stents

You will have two temporary fine plastic tubes (stents) which help the urine to drain from the kidneys and these will remain in until healing takes place.

Catheters

You will have at least one catheter, which is a tube passing through your water pipe (urethra) into your new bladder to drain the urine away. You may have a second catheter passing through the abdomen. These catheters give the new bladder a chance to heal without overfilling.

Preparing for home

You will 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 neobladder yourself. We also need to be sure that you are eating and drinking and that your bowels are working.

The ward nurses will arrange for a district nurse to visit whilst you are recovering if necessary.

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.

How will I care for my new bladder?

Because the Studer pouch is not your real bladder, you will need to learn how to care for it. The bowel which has been made into the bladder will always continue to secrete mucus. While you are in hospital, you will be taught how to flush the mucus out through the catheters in order to prevent mucus build up. You will need to continue to flush your bladder out at home.

When will the catheters be removed?

The catheters are usually removed about three weeks after surgery. You may require a special X-ray of your bladder to ensure that it is completely healed. You will come back to the hospital to have the catheters removed: you may need to stay in hospital overnight.

What will happen after the catheters are removed?

After your catheters have been removed you will have some sensation of your bladder filling, although this may not be the same as it was before.

It is not unusual to be incontinent (leak urine) after the catheters are removed. This is due to the surgery and also because the new bladder is not as big as your old one. Over time your new bladder will grow, allowing you to hold more urine in it. Your control should gradually improve.

You may find that you need to wear a pad to contain the urine. You will be seen by a nurse specialist and will be taught how to do pelvic floor exercises to help you regain control of your bladder.

You will be advised to pass urine at timed intervals. An alarm clock should be used at first to wake you. You should drink about 2 litres (3-4 pints) per day, reducing your fluid intake in the evening.

Occasionally the new bladder does not empty completely when you go to pass urine. If this happens, you will be taught to pass an intermittent catheter into the bladder to drain out the excess urine. This type of catheter is not permanently attached to you, but is removed after use.

What happens when I go home?

Formation of a Studer pouch is major surgery and it will take you several months to fully recover. When at home with the catheters in and following their removal, you will have the support of your district nurse, who will check your wounds and help you to obtain any equipment that may be necessary. The district nurse will also be able to answer some of your questions.

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.

For further information please contact:**Urology Oncology Nurse Specialists (Key Workers)**

Monday to Friday 9:00 am to 4:30 pm

Telephone: 0116 258 4637

Urology Nurse Specialists

Monday to Friday 9:00 am to 4:30 pm

Telephone: 0116 258 4635

Outside these hours:

Urology Emergency Admissions

Telephone: 0116 258 4247

Leicester Bladder Cancer Support Group

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

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
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Previous reference:

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