

CARING FOR YOUR NEOBLADDER

PATIENT INFORMATION



Lingard
Private Hospital

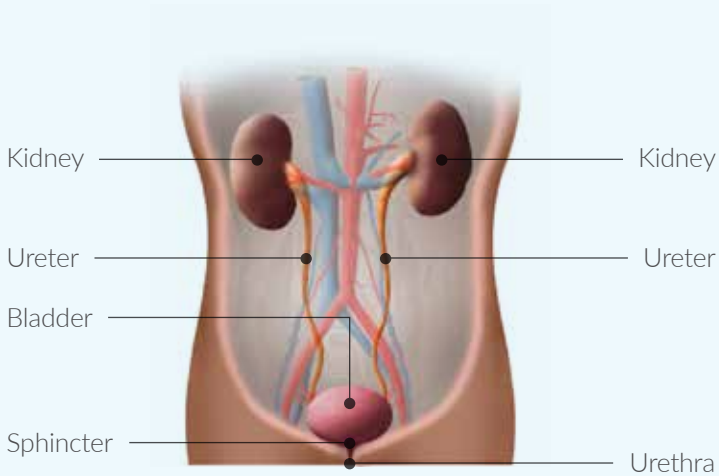
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The Urinary Tract

Front View Of Urinary Tract

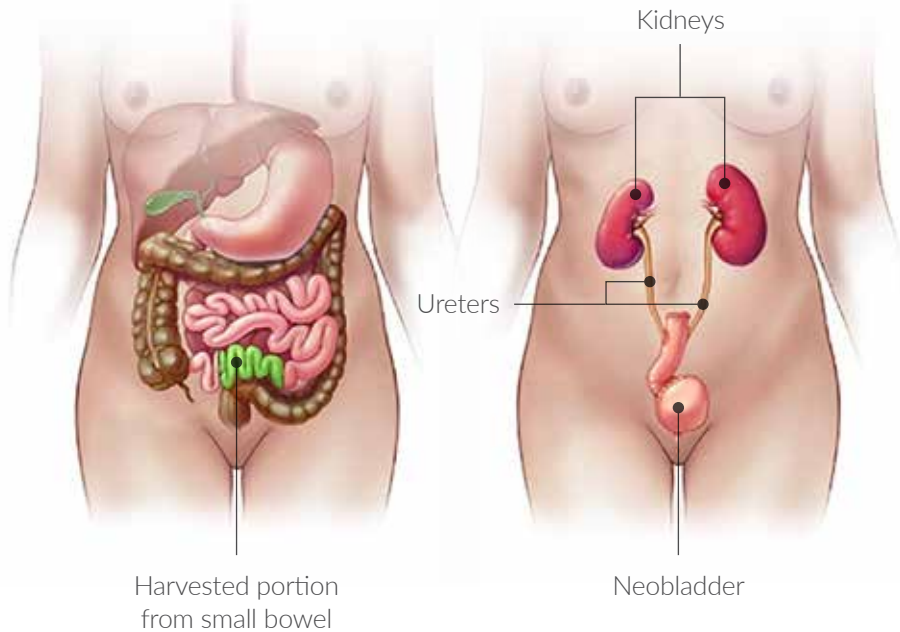


The kidneys produce urine which then is passed through the ureters to the bladder. The bladder is a hollow muscular organ that stores urine.

Radical Cystectomy

A cystectomy is a surgical procedure that removes the bladder.

Neobladder



A neobladder is a new bladder that is made by using a section of the terminal ileum or large bowel which is formed into a pouch or bladder. The surgery involves removal of:

For men

The bladder and prostate portion of the urethra and seminal vesicles.

For women

The uterus, ovaries and fallopian tubes. A portion of the urethra and vagina may also need to be removed.

Your New Bladder

The newly formed bladder will now be the reservoir for urine. The neobladder will still have some bowel-like actions, therefore you will continue to see mucous in the urine. When the stents and catheter are removed you will learn a technique to empty the bladder by tensing and relaxing abdominal muscles while pushing down to release urine.

Aim to increase your fluid intake (preferably water) to at least 1.5-2L per day. This will help flush out the new bladder.

Potential Complications Of The Neobladder

- Urine infections
- Build-up of mucous
- Urinary incontinence
- Inability to completely empty bladder
- Cancer re-occurrence in the remaining urethra
- Sexual dysfunction: Men may have problems obtaining or maintaining an erection. Women may experience discomfort during intercourse.

When To Seek Help

- High temperature
- Feeling unwell
- Shivers and shakes
- Severe lower back pain.

Activity Restrictions

- Do not lift or push heavy objects
- It is recommended that you do not lift anything over 5kgs
- Gradually introduce walking and increase the amount each day as tolerated
- No strenuous activity for 6-8 weeks after surgery
- Continue wearing TED stockings until you are as active as you were before surgery.

Sexual Dysfunction

Damage to the muscles and nerves of the pelvic floor is often unavoidable:

For Women

The vagina is often shortened causing loss of pelvic floor sensation and orgasm may be affected.

For Men

The surgery will affect the prostate gland and seminal vesicles resulting in a loss of erectile function. Impotence occurs in most men.

Treatment solutions are possible and can be discussed with your surgeon.

Neobladder surgery often requires an ongoing period of mental and physical adjustment. Ongoing support is available.

Follow Up

Follow up calls will be made to you from the specialist rooms nurse. A follow up consultation with a specialist is usually made 4 weeks after surgery.



Continence Aids And Supplies

You can purchase single use catheters and discard after each use or purchase catheters that can be used for 4-7 days. These catheters can be cleaned in Milton solution and the solution changed every 24 hours. If a catheter becomes perished in any way it must be discarded to minimise the risk of an infection.

After the removal of your catheter you may experience some urinary incontinence. Incontinence aids and supplies can be purchased at pharmacies or ordered through the following companies:

Independence Australia

P. 1300 788 855

Bright Sky

P. 1300 886 601

Ansteys Newcastle

P. 02 4040 6161



What To Expect On Discharge

On discharge you will have an indwelling urethral catheter and ureteric stents connected to a leg drainage bag. It will be positioned on the left side of the abdomen. These catheters are used to drain urine and allow healing of the neobladder before being removed after 2-3 weeks.

You will be shown how to flush the catheter and stents before you go home.

- Ureteric stents are to be gently flushed twice a day with 10mls of normal saline
- Catheter is to be flushed 3 times a day until mucous cleared with 40 mls normal saline.

If you do not clear the mucous from the neobladder it can cause a number of issues. For example, it may reduce the flow of urine which will cause bacteria to grow. This can result in a urinary tract infection, or the inability to pass urine which may result in the neobladder becoming over distended and rupturing.

Avoid excessive alcohol for the first 6 weeks and limit oral fluid intake two hours prior to bed.

Flushing The Catheter



After Removal Of Catheter

- Timed self voiding every 4-6 hours which includes overnight
- Intermittent self catheterisation 1-2 times a day
- Continue pelvic floor muscle training
- Training the neobladder to function normally may take up to 12 months so please be patient.

How To Empty The Neobladder

External abdominal pressure can be performed by sitting down on the toilet and relaxing your pelvic floor muscles by applying pressure to the abdomen for about 10 seconds using both hands. Repeat this 3-4 times until you cannot drain anymore urine. Some men are able to do this standing up.

Intermittent self catheterisation involves inserting a small straight catheter via the urethra which empties the neobladder of both mucus and urine. It is important to make a record of the volume of urine passed and drained by catheterisation. Take this information to your follow up appointment with the surgeon.

Equipment For Discharge

- 50 ml Toomey Syringe
- Normal saline solution- 500 ml bottles
- Nelaton catheters size 16 or 18
- Milton bleach solution
- Clean containers x 2
- Lubricating gel (KY or water based lubricant)
- Baby wipes.



If you have any questions that require an urgent response please contact the hospital directly on 02 4969 6799.

In an emergency or life threatening situation you must go to your local Emergency Department for appropriate treatment.

Follow us:



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