

Life after bladder cancer surgery

Your hospital stay after bladder cancer surgery

The time will be split with a short immediate post-operative stay in ICU (intensive care unit) followed by a longer stay in the general urology ward until it is time to go home.

Approximate duration of stay

Open surgery: 8 - 10 days

Minimally invasive surgery: 6 - 8 days

These time frames are estimates as each patient's journey is different. Some patients may stay a bit longer in ICU for example.

Recovery time after bladder cancer surgery

This can range from 6 weeks to 3 months for full recovery.

Potential complications of surgery

- Bleeding into the abdomen (very rarely requiring a blood transfusion)
- Infections (treated with antibiotics)
- Pain - with appropriate pain medications this will gradually improve with time. Every person has a different pain threshold so personal responses to pain may vary.
- Thromboembolism - deep vein thrombosis (blood clot in the leg) or pulmonary embolus (blood clot in the lungs). These complications are prevented with calve pumps, elastic stockings, blood thinners (anticoagulants) such as heparin and early mobilisation out the hospital bed.
- Delayed function of the bowel which may lead to a bloated abdomen, sometimes with nausea and vomiting.
- Leakage of bowel content
- Wound breakdown
- Sexual dysfunction:
 - In men, absence of ejaculation and loss of erections (depends on degree of nerve sparing during the operation which depends on the severity of your cancer).
 - In women, reduced sensation to the clitoris depending again on the degree of nerve sparing surgery.



To learn about life after bladder cancer surgery, click [here](#) to watch a video by Urological Surgeon Prof David Gillatt.



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Potential complications of a neobladder

- Reduced sensation and inability to know when to empty the bladder
- Difficulty passing urine (there may be an obstruction due to a stricture)
- Incontinence (leakage of urine involuntarily which can last up to 6 months).
- Mucus plugs (which can cause obstruction)
- Infection
- Stone formation

Potential complications of an ileal conduit /urostomy/stoma

- Psychological (getting used to the idea of living with a stoma)
- May affect sexual function (may be psychological)
- Skin irritation or soreness of the skin due to poorly fitting bag
- Herniation (bulging out) of the stoma due to a weakened abdominal wall

Living with a neobladder

There will be a period of training to learn how to get control and use of the neobladder. It is important to learn about new signals to alert you to empty the bladder.

To empty the neobladder, you will need to contract the abdominal muscle to push the urine in the neobladder out of the body through the urethra. Most male patients find that it is easier to do this while sitting down.

During this training period there may be incontinence both during the day and night requiring the usage of pads.

Sometimes it may be difficult to fully empty the neobladder using abdominal muscles. At this point you may need to use a catheter several times a day to empty the bladder, especially in the months after surgery, but potentially for a longer period of time. A catheter is a thin, flexible tube that is inserted into the neobladder through the urethra to empty the urine stored there. This is necessary because urine that is stored in the bladder for too long can grow bacteria that can cause infections.

The benefit of a neobladder is that you can resume normal activities fairly soon, like exercise including swimming and sex. It is always best to avoid heavy lifting or straining until you have full recovery after surgery as it can lead to leakage of urine.

Living with a stoma

All issues related to a stoma will be dealt with by your stoma nurse. A short checklist of issues to consider when visiting your stoma nurse:



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- Stent tubes - in the first weeks there will be two small tubes hanging out the stoma into the bag. Try not remove these tubes. Either they will eventually fall out on their own (don't be alarmed) or your doctor may opt to take them out for you. If you are unsure always ask your stoma nurse or urologist.
- Emptying your bag
- Changing your bag and selecting the right one
- Urine colour changes
- Dealing with mucus
- Skin irritation
- Type of clothing to be worn
- Adjusting lifestyle to exercise, swim, travel or having sex for example
- Wearing a bag or belt to deal with hernias
- Emotional concerns/support

To find out more about living with a stoma visit: <https://australianstoma.com.au/>

Follow-up visits

1. Cancer follow-up

- The urethral stump - because part of the urethra remains after a cystectomy it is imperative to ensure that there is no return of tumour at this site. This is checked every 6 months by cystoscopy.
- The primary tumour site - for higher risk muscle invasive cancer a CT scan may be done at 6 months and then yearly thereafter. This is to ensure the original cancer hasn't returned or spread elsewhere.
- If cancer is detected it can be treated early with chemotherapy or immunotherapy.

2. Functional follow-up

- Management of sexual dysfunction - psychology referrals, medication and devices.
- Monitoring of kidney function and electrolytes - ultrasound and blood tests
- Assessment of the stoma - to ensure that it's draining well (no blockage), it has a good pink colour, there is no bulging (hernias).



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