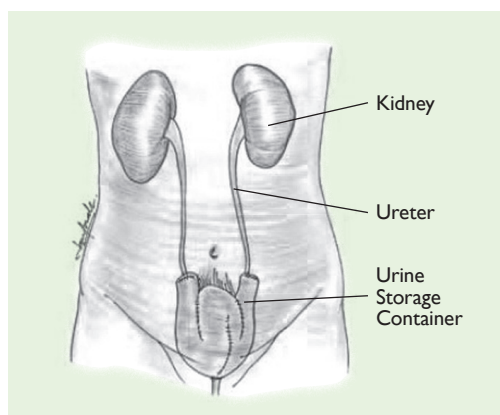


# Neobladder

## ► What is **Neobladder**?

A **neobladder** is a type of internal **urinary diversion** available following a **radical cystectomy**. If you have a radical cystectomy, the neobladder allows you to store urine in your body. You continue to pass urine through your **urethra**.



Neobladder means “new bladder”. Your doctor will make a new bladder in the same place from a piece of the small intestine, called an **ileum**

## ► How is a Neobladder created?

Normally, urine passes from the kidneys through the **ureters** and into the bladder. From the bladder, urine moves through the urethra and out of the body. After removing the bladder, a segment of the small intestine is used to form a new (neo) **pouch** for urine.

This neobladder is attached to the ureters and the urethra, so urine passes through it like a normal bladder. By tensing the abdominal muscles and relaxing certain muscles, the patient can push the urine through the urethra. Some patients will be able to hold urine in their neobladder, but they may need to use a catheter to help remove the urine from their body.

Other patients are not able to have a neobladder because of the extent of their bladder tumor, decreased renal (kidney) function, their general health, or because of other treatments they have had in the past.



## ASK YOUR HEALTHCARE TEAM

» *Is a neobladder a good urinary diversion option for me?*

- What are the benefits and risks of the neobladder?
- What will happen if you decide you can not do a neobladder during the surgery?

» *What will life be like with a neobladder?*

- How much incontinence can I expect?
- What should I expect during recovery?
- What symptoms or side effects should I look out for after the surgery?
- How can I tell if I have a urinary tract infection?

» *What is your experience with neobladder urinary diversions?*

Always consider  
a 2nd Opinion



## TERMS TO KNOW

- **Catheter:** A tube placed in the urethra to drain and collect urine from the bladder.
- **Chemotherapy:** The treatment of cancer disease by the use of chemical substances.
- **Incontinence:** Unable to restrain natural discharges of urine.
- **Neobladder:** A new bladder is constructed out of a piece of intestine and attached to the urethra. This is placed in the position that had been occupied by the bladder before it was removed because of disease.
- **Pouch:** A reservoir.
- **Radical cystectomy :** Removal of the bladder.
- **Ureter :** The tube that carries urine from the kidney to the bladder.
- **Urethra:** The tube through which urine leaves the body.
- **Urinary diversion:** A new way for urine to go from the kidneys out of the body created using a part of the intestine.
- **Urologist:** A doctor who specializes in diseases of the urinary organs in females and the urinary and sex organs of males.

## WHAT YOU SHOULD KNOW: Advice from bladder cancer patients who are living with a neobladder

### BEFORE YOUR NEOBLADDER SURGERY

Ask your doctor about any special preparations you should follow before your surgery. These can include:

- Any medication or herbal use you should avoid or stop taking
- Food and drink limitations

### AFTER YOUR NEOBLADDER SURGERY

You can live a healthy, active life with a neobladder.

» *Getting used to the neobladder will take time and patience.*

- Emptying your new bladder will not work in the same way as a normal bladder. You must train your muscles to put pressure on the neobladder to force urine out. You will be shown how to perform pelvic floor exercises to strengthen those muscles.
- If you cannot urinate after the surgery, you might need to use a *catheter* to empty your bladder.
- The new bladder will start out small. As it is used, it will expand to hold more urine.

» *With care, you can avoid a lot of problems.*

- You will not be able to tell when your neobladder is full right away. Until you know the signs your bladder is full, set a regular schedule. Empty your new bladder regularly and completely, even at night.
- Be prepared for incontinence at first, especially at night. Use pads to protect your mattress. Adult diapers and pads can help during the day and at night. Set an alarm to wake up once or twice.
- Because your neobladder can absorb chemicals your kidneys have filtered out of your blood stream, it is important to empty your neobladder every 3-4 hours day and night. You should also empty your new bladder before it gets too full and may leak.
- Drink plenty of water during the day to keep the neobladder “flushed.” The neobladder produces mucous since it used to be a piece of intestine. That mucous can build up if it is not flushed away regularly. When well hydrated, your urine is pale yellow.
- A urinary tract infection (UTI) can occur. Watch for stronger smelling, cloudy, darker urine or blood in your urine. A UTI may also cause lower back pain. Contact your *urologist* if you suspect you have a UTI.

## SUPPORT IS IMPORTANT

- Talk to your family and friends about your neobladder, and do not hesitate to ask for help.
- There are people who can help you with incontinence issues. For instance, a physical therapist can teach you pelvic floor exercises to strengthen your muscles.

## NEXT STEPS:

- You will need occasional blood tests to check your body salts and kidney function.
- You will also need occasional imaging to confirm cancer has not recurred.
- You will still need regular checkups to make sure the cancer has not spread.
- Your doctor may recommend **chemotherapy** to help prevent the cancer from spreading.
- It can be helpful to talk to someone who has experience with a neobladder. Call the BCAN Survivor 2 Survivor program to connect with a volunteer who knows about having a neobladder. Dial 888-901-BCAN.

## The Bladder Cancer Advocacy Network (BCAN)

BCAN's mission is to increase public awareness about bladder cancer, advance bladder cancer research, and provide educational and support services for the bladder cancer community.



[www.bcan.org](http://www.bcan.org)



[info@bcan.org](mailto:info@bcan.org)

888-901-BCAN (2226)

BCAN PROVIDES THIS INFORMATION AS A SERVICE. PUBLICATION OF THIS INFORMATION IS NOT INTENDED TO TAKE THE PLACE OF MEDICAL CARE OR THE ADVICE OF YOUR DOCTOR. **BCAN STRONGLY SUGGESTS CONSULTING YOUR DOCTOR OR OTHER HEALTH PROFESSIONAL ABOUT THE INFORMATION PRESENTED.**

Made possible by a grant from Endo International plc.

