

## Part 2. Reconstruction

# Revealing the Surgical Journey: Understanding the Anatomy of a Cystectomy

Presenter: Dr. Matthew Mossanen




### Dr. Matthew Mossanen:

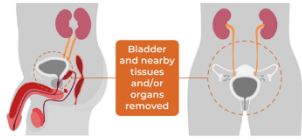
So we've talked a little bit about the first part of a cystectomy just to recap, removal of the bladder with nearby tissue and the organs which differ in male and female patients. And we've talked a little bit about things like organ sparing and the two different approaches, open and robotic. So now we're going to go to step two.

### Dr. Matthew Mossanen:

### Step 2 Removal of nodes



- Bilateral pelvic lymphadenectomy
- Removal of lymph node tissue near the bladder can improve cancer prognosis and guide future treatment



So a cystectomy involves removal of lymph nodes, which are right next to the bladder. This can be important to give valuable information on whether or not the cancer has spread and if it has, it can then guide the decision to give you additional treatment after surgery, such as with chemotherapy and or immunotherapy. There's also evidence that if you can remove metastatic bladder cancer to the lymph nodes, it might help improve survival for

that patient and give them a better long-term cancer-free outcome.

In either approach, robotic or open, the same lymph nodes are removed, so that doesn't really make a difference. This is just the second step of the surgery. It's important to note that some surgeons might do this at different parts of the operation before the bladder is removed or after the bladder is removed. That doesn't really matter as long as the lymph nodes are removed. We can go to the next slide.


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Dr. Matthew Mossanen:

### Step 3 Reconstruction

• The **intestine** is used to create the new urinary system.  
• Ureters → intestine → outside the body

- Uses the intestine
- Rebuild the urinary system
- 3 options



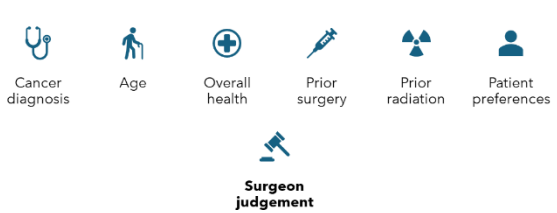
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So the third part of the operation is the reconstruction. At this point, the surgeon has removed the bladder, the nearby organs and the lymph node tissue and now it's time to reconstruct the urinary system. The concept is that the ureters, which were the tubes connected to the kidneys, which carry urine, are going to be sewn or attached to a piece of intestine that will somehow eventually make its way outside the body. And when we rebuild the urinary system,

there are typically three options. We'll go in detail into some of those options and it's important to remember that BCAN actually has a wonderful library of information that goes into more detail if you are a patient that's considering one of these urinary diversion options. So we'll go to the next slide.

Dr. Matthew Mossanen:

### Many factors impact surgery



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Every patient and every case is unique. I want to emphasize that there are many factors that impact surgery, not only the cystectomy but the decision for a urinary diversion, a cancer diagnosis, so the actual stage of the tumor, the patient's age, their overall health, their fitness level, if they've had prior surgery, if they've had prior radiation, of course the patient preference, what sort of urinary diversion they want to live with. And of course, again, surgeon

judgment, which hopefully can be used to put all of this information together and then use shared decision making to figure out what the best option is. We can go to the next slide.

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Dr. Matthew Mossanen:

### Many resources

- BCAN
- Physician
- Patients



So just to emphasize, if you do have questions, there are many resources and BCAN is one of the most valuable for me and my patients. So I will often send them to the website as their surgeon, will have discussions, draw diagrams and go through all of their questions. And then of course I always invite patients to talk to other patients. So who better to answer questions than someone that's lived it, someone that's been through it and someone that uses that

urinary diversion on a daily basis.

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