

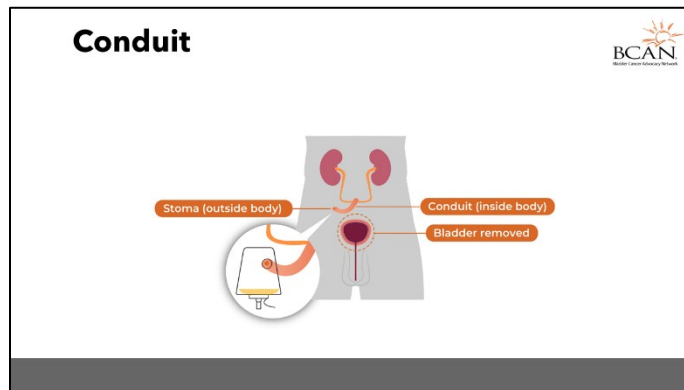
Part 3. Types of Diversions

Revealing the Surgical Journey: Understanding the Anatomy of a Cystectomy

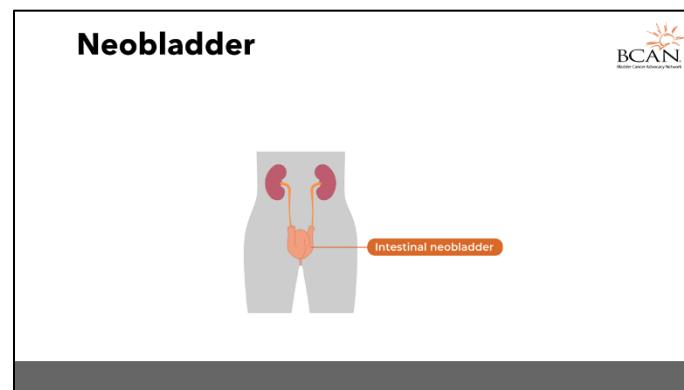
Presenter: Dr. Matthew Mossanen



Dr. Matthew Mossanen:



So the first option is an ileal conduit. It's also called a urostomy or a stoma. There's a small piece of intestine that comes just to the right of the belly button. That tube starts inside the belly but then comes through the abdominal wall and comes out through the skin and then attaches to a bag which you see in that circular picture and the urine drains into the bag. Many patients have ileal conduits, urinary stomas. You can go to the next slide.

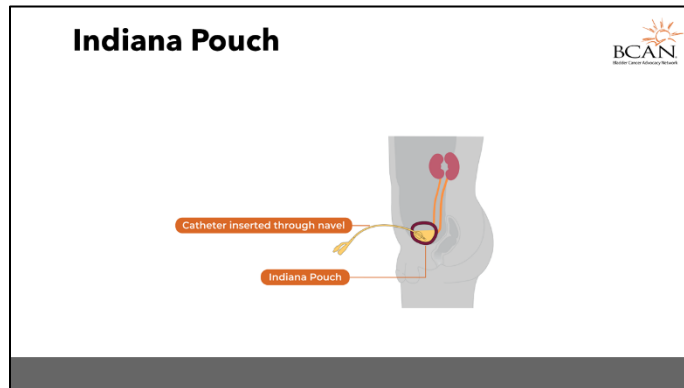


So for those patients interested in a neobladder, the idea is that this would be connected to the urethra or the tube that exists that was previously connected to the bladder. There are many different types of neobladders. Neobladders can be done robotically or open, and it's important that the surgeon have a discussion with you as to whether or not you're a good candidate for this operation. Based on all of those factors that we discussed. Neobladders and ileal

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conduits are probably the most commonly used options out there for patients that are having reconstruction after cystectomy. In the next slide.

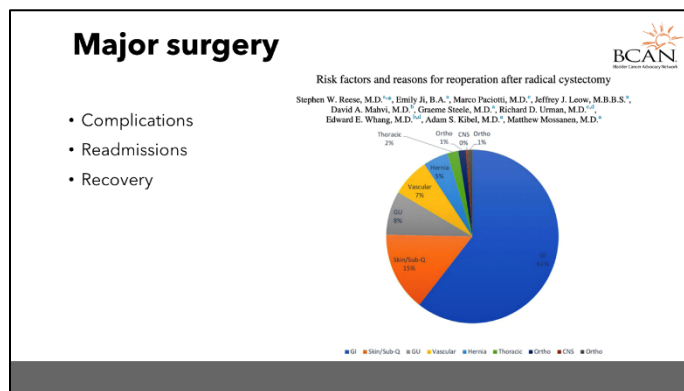
Dr. Matthew Mossanen:



This is an Indiana pouch and so this is a type of urinary construction where a patient will have a small pouch also made of intestine and a small channel usually through the belly button that they can stick a catheter through to drain out the urine. This is a little different than the urostomy where the urine just drains continuously into a bag or the neobladder where patients have to void the way they did before their bladder was removed. Among these three options, the

best way to say it is you have to talk to your surgeon and if you want more information, talk to other patients. I'll go to the next slide.

Dr. Matthew Mossanen:

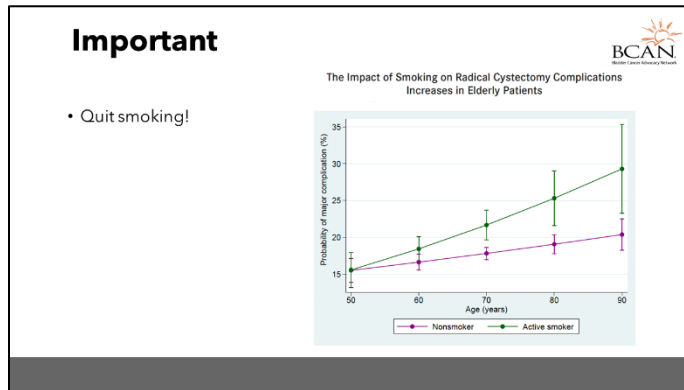


So we've talked about the three steps of the surgery. I think it's important to emphasize that this is a major operation. There's a risk of complications, there are little complications and big complications, and there's a risk of getting readmitted to the hospital and it can be a long recovery that can take up months. The reason is because this is a major operation with the removal of organs and reconstruction using the intestines to rebuild the urinary system. So

it's important to be aware of that risk. In some of the work that we've done, there are many reasons why patients often need additional procedures or surgeries after this major operation. And you can see in this pie chart here, there are different issues that can happen where a patient might need another intervention. And this is just to let you know that what you're going through is a major surgery. We'll go to the next slide.

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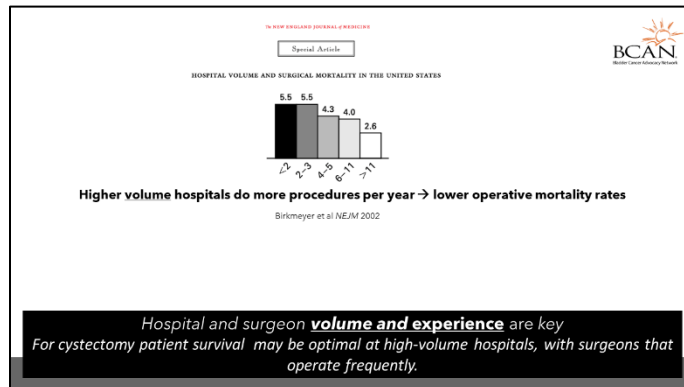
Dr. Matthew Mossanen:



And important area of research for me and something that I feel very strongly about is that if anybody is going to be undergoing a cystectomy, it's important that they quit smoking. So this is some research that we did and you can see there are two lines here. And the main takeaway is that for patients that are active smokers, there's a higher risk of complications. And so that happens and increases as patients age. So if you're headed towards a cystectomy and

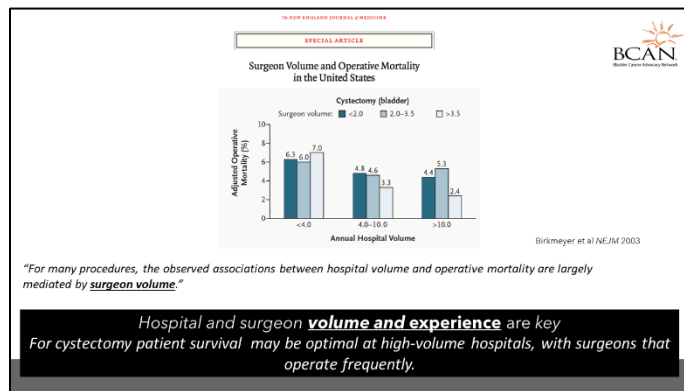
you are an active smoker, quitting is one of the most powerful and important things you can do before your surgery. We'll go to the next slide.

Dr. Matthew Mossanen:



So a question that often comes up is how many of these do you do and what kind of experience do you have? And so thinking about that for any surgeon, it's important to highlight I think these two papers that came out many years ago but showed essentially that higher volume hospitals have better outcomes, lower mortality rates. So one of the key things to think about is that for cystectomy patients, seeing a surgeon that is high volume, in other words, operates

frequently and does these often is very important.



If you go to the next slide and take this one step further, if we look at the surgeon volume, that's probably something within the hospital that explains where those outcomes are coming from. So in this picture, what you see is that as a surgeon does more cystectomies, the outcomes are improved and the mortality rate is lower. No matter what approach your surgeon uses, making sure that they do this operation often is important. I'll go to the next slide


and recap what we were able to talk about today.

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Dr. Matthew Mossanen:

Anatomy of a cystectomy

- Step 1 Removal of the bladder (and nearby organs)
 - Organ sparing
 - Open and robotic
- Step 2 Removal of lymph nodes
- Step 3 Reconstruction
 - Using intestine and multiple options
- Major surgery



So we focused on the anatomy of a cystectomy, which is the removal of a bladder and nearby organs which differ in male and female patients. We touched briefly on organ sparing, which can be discussed with the surgeon on a case-by-case basis. Open and robotic approaches are likely equivalent and it just depends on the experience of the surgeon. Removal of lymph nodes is an important part of the surgery that gives valuable information and

can improve your overall outcome. There are multiple reconstruction options available, but they use intestine to rebuild the urinary tract. And remember, this is a major surgery. It takes multiple hours to complete and months to recover from. So be patient with yourselves and make sure you have plenty of help and use all the resources available at your disposal. And one of the best ones is this platform that you're on right now, which is BCAN. So with that, I want to thank Stephanie and BCAN for this wonderful opportunity to talk a little bit about something that I'm passionate about and involved in.

And at this point I'm happy to go over any questions from any of the participants about cystectomy or bladder cancer.

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