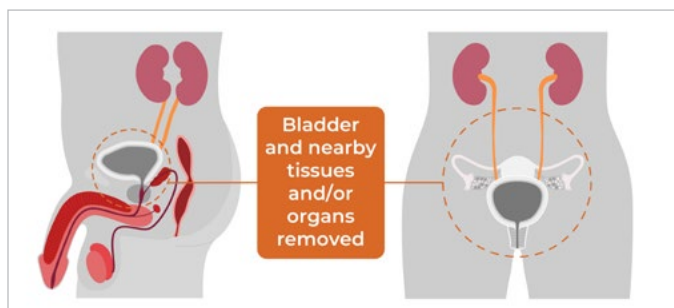


What is a Radical Cystectomy?

A radical cystectomy is surgery to remove the bladder to stop cancer from spreading. The doctor may also remove nearby tissues like **lymph nodes** and parts of the **urethra** (the tube that carries urine out of the body). In men, the prostate and seminal vesicles may be removed. In women, the uterus, cervix, ovaries, and fallopian tubes may be removed if cancer is found in these areas.



After the bladder is removed, the doctor will create a new way for your body to pass urine. This is a urinary diversion. Part of your intestine will be used to help with this. There are three common types of **urinary diversion**:

- **Ileal conduit:** A tube made from your intestine to carry urine to a bag outside your body.
- **Indiana pouch:** A pouch made from your intestine that stores urine inside your body. You use a small tube to drain it when it's full.
- **Neobladder:** A new bladder made from your intestine that works like your old bladder.

For more information, check out additional Get the Facts sheets on these urinary diversions.

What Happens During a Radical Cystectomy?

There are two ways doctors can do this surgery:

1. **Open radical cystectomy:** The surgeon makes a large cut in your belly to remove the bladder and other organs. They will also create a urinary diversion.

2. **Robotic-assisted laparoscopic radical cystectomy:** The surgeon makes several small cuts and uses special tools to do the surgery. The doctor controls the tools with a robot. A small cut is also made to remove the bladder and other organs and to create the urinary diversion.

Your doctor will talk to you about the best way to do your surgery.

ASK YOUR HEALTHCARE TEAM

Which diversion option is best for me?

- Should I have **chemotherapy** or other treatment before my bladder surgery?
- What are the problems that can happen after surgery?
- What are the risks with each type of urinary diversion?
- Do you recommend an open surgery or a robotic surgery for me?
- What experience do you have with this surgery?
- Will any other organs be removed?
- What type of anesthesia (medicine to keep me asleep and pain-free) will I have for the surgery?
- What can you do to protect my ability to have sex after the surgery?
- What can I expect after the surgery? How long will recovery take?
- What follow-up care or tests will I need?

TERMS TO KNOW

- **Chemotherapy:** Medicine used to kill cancer cells.
- **Lymph nodes:** Small, bean-shaped glands that help your body fight infections.
- **Urethra:** The tube that lets urine leave your body from the bladder.
- **Urinary diversion:** A new way for urine to leave your body after your bladder is removed.

RADICAL CYSTECTOMY

WHAT YOU SHOULD KNOW: Advice from bladder cancer patients who had bladder removal surgery.

BEFORE SURGERY

- You will meet many people on your health care team. Write down their names and what they do, so you can remember who is helping you.
- Ask your doctor about the different types of urinary diversion (a new way for your body to pass urine) they recommend for you.
- Plan ahead. Talk to friends and family about how they can help you after surgery. Ask your doctor or nurse what supplies you will need at home.
- Ask your doctor if you need to do anything special to prepare for surgery. This might include:
 - Stopping certain medications or herbal supplements.
 - Following food or drink limits before the operation.
- On the day of surgery, your family can wait for you in the surgical waiting area. The surgery may take 4 to 8 hours.

AFTER SURGERY

Most people stay in the hospital for 5 to 12 days. You may need to stay longer if there are any problems.

- You will feel some discomfort during the first few days after surgery. Ask your doctor or nurse how you can manage pain or other side effects. Be patient. Full recovery can take 10 to 12 weeks.
- After you go home, watch for any signs of trouble and call your healthcare team if you notice:
 - A fever, chills, or shaking (possible signs of infection).
 - Redness, swelling, more pain, heavy bleeding, or discharge from your surgery area.
 - Ongoing nausea or vomiting.
 - Pain that your medications don't control.
 - Problems urinating, like not being able to pass urine, cloudy urine, bad-smelling urine, or blood in your urine.

NEXT STEPS

- **Follow-up care is important.** Your doctor will schedule regular checkups and tests to make sure you are healing well. They will check for any signs of cancer coming back.
- **Get support from specialists.** You might want to talk to a nutritionist, physical therapist, social worker, or therapist. Your doctor or nurse can help connect you to the right people.
- **More treatment may be needed.** After your radical cystectomy, you may need radiation therapy or chemotherapy to treat any cancer still in your body.
- **Talk to someone who has been through it.** It can help to talk to someone who has had bladder removal surgery. BCAN's Survivor to Survivor program can connect you with a volunteer who understands what you are going through. Call 888-901-BCAN to speak with a volunteer.



< Scan this code to learn more

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.



888-901-BCAN (2226)



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