

A GUIDE TO ROBOTIC CYSTECTOMY WITH URINARY DIVERSION

You have elected to undergo a robotic cystectomy with urinary diversion. The primary purpose of the cystectomy (bladder removal) is to cure the cancer by removing the bladder. In men, the prostate is also removed. In women, the uterus, part of the vagina, and any other female genital organs that remain are also removed.

Our goals are to remove all cancer, to give the best prognosis, to facilitate a speedy recovery and essentially allow you to get back to a normal lifestyle.

You should know that your physician has made recommendations for your treatment according to the grade of the cancer from the biopsy report, stage of your cancer, your general health, and other personal factors.

This booklet is aimed at helping you understand your surgery, what will happen in the hospital and what you can expect when you go home.

Remember, understanding and treatment of bladder cancer continues to evolve as our knowledge of bladder cancer grows. You should talk to your surgeon or a member of your health care team any time you have any questions or concerns. Please keep this information. You may want to read it again later.

[Robotic Surgery](#)

Your surgery is called laparoscopic robotic cystectomy. A robotic cystectomy is done using five to six small puncture holes in the lower abdomen. It involves the removal of the bladder and prostate in men and a portion of the urethra, ureter, ovaries and part of the vagina in women. The entire bladder is removed because the cancer cells tend to be randomly spread throughout the bladder. By removing the bladder the pathologist can adequately determine the extent and the aggressiveness of the cancer and that assessment can help you physician decide if further treatment is necessary.

It takes 3-5 days for the pathologists to finish their report. It may be available prior to discharge from the hospital or when you return for your follow-up visit. A copy will be sent to your primary physician and urologist. You are welcome to request a copy for yourself.

Scheduling and Other Matters to Take Care of Before Surgery

1. Scheduling of Surgery Date: The robotic surgery scheduler will contact you two to three days after you have your consultation visit with your surgeon. The scheduler will arrange a specific date for your surgery and go over other pertinent information. Usually surgeries are scheduled with 2-4 weeks, as schedules permit.
2. Pathology Report and Slides: If your biopsy was performed at a medical facility other than Urology Centers of Alabama, you will need to have the pathologist send the biopsy slides and pathology report to the office for review. It is critical that we confirm the diagnosis of bladder cancer.
3. Medical Clearance: Before surgery, a letter is required from your primary physician or cardiologist stating that you are cleared for surgery. Please have your primary physician or cardiologist fax this letter to the robotic surgery scheduler at **(205) 445-0150**.
4. Pre-Operative Visit and Pre-Registration Appointment: One to thirteen days before your surgery, depending on the distance you live from the hospital, you will undergo a pre-operative registration visit at the hospital. Blood work, and any other tests deemed necessary by Anesthesia, will be done at this time. At that time, you will be told where to report for surgery.

Medications, Vitamins, and Supplements to Stop Taking Before Surgery

You must also obtain permission from your primary care physician or cardiologist to discontinue the following drugs: Coumadin, Pradaxa, Effient, Brilinta or Plavix. Stop these medicines for 3-7 days prior to surgery after obtaining permission from your medical doctor.

Three Weeks Prior To Surgery

Please do not take any of the following drugs for at least three weeks prior to surgery.

Advil	Clinoril	Goody BC	Naprosyn	Vitamin E
Aleve	Darvocet ASA	Ibuprofen	Norgesic	Voltaren
Anacin	Ecotrin	Indocin	NSAIDs	
Anaprox	Excedrin	Midol	Nuprin	
Aspirin	Feldene	Mobic	Relafen	
Bufferin	Fish Oil	Motrin	Stanback	

Instructions for the Day Prior to Surgery

Clear liquids all day, no solid foods or dairy products (clear liquids also include apple juice, cranberry juice, grape juice, chicken and beef broth, Jell-O, popsicle, plain tea and coffee).

Take all your normal medications except for those containing Aspirin, Coumadin, Vitamin E, or other blood thinners.

Your surgeon may recommend a specific bowel preparation for your surgery, which will be given to you in the Robotic Surgery instructions.

Note: These will be purchased at your local pharmacy and given by prescription with the exception of mag citrate. If mag citrate is chosen as part of your bowel prep then you can pick this up at your local pharmacy.

IF YOU HAVE ANY QUESTIONS PRIOR TO SURGERY, PLEASE CONTACT YOUR SURGERY SCHEDULER AT 205-445-0175 FOR DR. BIVINS, 205-445-0467 FOR DR. BREWER AND 205-445-0175 FOR DR. HOLLEY.

[The Day of Surgery](#)

On the day of surgery, you will need to arrive at the hospital at least 2-3 hours prior to your scheduled surgery in order to be admitted to the hospital and prepare for surgery.

Patients will be registered for surgery at the waiting area and will be taken to the holding area in surgery. The family will remain in the waiting area and will receive updates from the operating room as the surgery progresses. Sometimes the surgery can be long and tedious so, no news is often considered “good news”.

After the operation is complete the surgeon or a member of the surgical team will come out and talk with the family. The surgery itself takes approximately 3-6 hours. You will spend anywhere from 1-3 hours in the surgery recovery room. Afterwards you will be taken either to a floor or to the surgical intensive care unit (depending on the patient’s health or length and difficulty of the operation).

[Your Room](#)

Once you are awake after surgery, you will be transferred to your room where you will be reunited with your family. Often the patient is alert at this time. However, some patients are still sleeping from the medicines used in the operation. Occasionally, these meds may make some patients nauseated. If you have pain or nausea you may ask for medicine to help with this. Most patients find they do not have a great amount of pain after surgery and only need to use oral medications to relieve pain. However, you must ask for your pain medicine. You will also receive antibiotics to prevent an infection, stool softener to prevent constipation, and IV fluids to prevent dehydration.

Immediately after surgery you will likely not have been given anything by mouth on the evening of surgery. If the surgery is very extensive there may be a possibility of having a nasogastric tube to drain the stomach. In most cases however, the patient will start sips of clear liquids the following morning after surgery. This will likely be water, Sprite, juices, etc.

While in your room you will be asked to wear leg hose and a leg pump which will squeeze your legs to prevent blood clots. You will also be asked to use a spirometer every 1-2 hours while you are awake as a breathing exercise to keep your lungs from getting an infection.

On the evening of surgery you will be asked to get up and move around as much as you feel comfortable.

[Day One After Surgery](#)

You will have blood drawn on this morning to check your blood count and kidney function. There will be a small drain called a J-P drain that is left near your incision for surgery. This drain may be removed prior to discharge. Later in the morning, you should get out of bed and walk around. The first time you walk, there should be a nurse or a nurse's aide there to help you. Much of the day should be spent in the chair or up walking. Continue to use your spirometer. If you have walked around the floor more than three times, you don't need to wear your leg squeezers. It is normal to have some discomfort. Ask for pain medicine if you need it.

[Remainder of Hospital Stay](#)

If a patient has a urostomy for ileal conduit, the ostomy nurse will come around and properly fit the ostomy appliance device and teach the patient and family how to manage this at home. The goal is to get the patient comfortable from this prior to discharge. The patient will have a local pain pump which allows Marcaine (a numbing medicine) to be distributed through the wound. This will be discontinued on day two after the surgery.

The patient is discharged home after he/she is able to tolerate a regular diet and have a normal bowel movement.

Depending on the specific needs of each patient, occasionally it is necessary for the patient to need a short stay in a rehab facility, prior to returning home.

[The Hospital and Staff](#)

The hospital is a busy place. Once you get to your room, lots of people will be coming and going at all hours. You will have a primary nurse who will frequently be helped by a nurse's aide. They will be responsible for getting your medicines, checking your vital signs, changing your dressings, and helping you with your daily activities. Other hospital

personnel will draw your blood, start IV;s help with your food, and bring you a spirometer Any specific questions you might have should be directed to your attending surgeon or nurse.

[Skin Care](#)

It is important to try to keep your skin clean and dry to prevent a rash. If you get a rash, use a hair dryer on the cool setting twice a day to keep the area dry. Some people use creams such as Desitin if they get a rash. Because of the antibiotics you are given to prevent urinary infections, it is common to get a yeast infection. You may want to use a topical antifungal cream or powder such as Nystatin if you think you are getting a yeast or fungal infection. These infections frequently present as itching or a red rash.

[Diet and Bowel Function](#)

When you go home, you can eat the foods you normally eat. It is important to avoid constipation. The narcotic pain pills tend to induce constipation. You will be given a stool softener to take when you leave the hospital, but if you have trouble, you can take a mild laxative such as Milk of Magnesia or Magnesium Citrate. Do not take an enema or put anything in your rectum for at least four weeks after surgery.

[Fluids](#)

Drink at least 2 quarts of fluid daily. This will help keep your urine clear, and it also helps avoid constipation.

[Work](#)

You should plan on being away from work for at least three to four weeks. Revoery times vary as do job requirements. In some cases, you may be authorized up to six weeks before going back to work.

[Follow-Up](#)

The patient usually returns to work two to four weeks after discharge from the hospital. At the one week visit the patient will likely have ureteral stents removed out of their ileal conduit or neobladder. The physician will also want to see you regularly to evaluate your progress and recovery. If you are returning to your referring physician it is important for you or your physician to fax or mail us a copy of any problems. Patients will need to have follow-up urine checks for cancer cells, CT scans, blood work, and chest x-rays periodically during their follow-up.

[Frequently Asked Questions Regarding Your Robotic Cystectomy:](#)

1. If I want to stay in Birmingham the night before my surgery, where should I stay?

There are facilities associated with each hospital which provide a comfortable and convenient means for the family to remain close to patients during the hospital stay. For more information of to make a reservation please call:

<u>Brookwood Medical Center</u>	<u>Brookwood Medical Inn</u>	<u>(205) 877-1780</u>
<u>Princeton BMC</u>	<u>POB II</u>	<u>(205) 783-7700</u>
<u>St. Vincent's Hospital</u>	<u>Centennial Lodge</u>	<u>(205) 558-3800</u>

2. What about parking?

a) Parking at Brookwood Medical Center

If you are a Brookwood patient, you may self park in the Visitor Parking Deck located across the street from the hospital on Brookwood Medical Center Drive. Alternatively, you may valet park at the entrance of the Women's Medical Plaza.

b) Parking at Princeton Baptist Medical Center

If you are a Princeton patient and are staying in the Princeton guest rooms, it is best to park in the parking lot in front of the Princeton Professional Office Buildings. If you are not staying overnight in the guest rooms, it is best to park in the main hospital parking lot.

c) Parking at St. Vincent's Hospital

If you are a St. Vincent's patient and are staying at the Centennial Lodge, you may use their parking deck. If you do not stay at the Centennial Lodge, then it is best to get valet parking at the hospital parking lot on the morning of your surgery.

d) Parking at Grandview Medical Center

Enter the hospital parking deck and go to the 4th level. There will be an awning that says Surgical Services.

e) Parking at St. Vincent's East

Take the ER drive to the back of the hospital. There will be a drive-through on your left with a parking lot across the road.

3. Where do I go the morning of my surgery?

You should go to Admitting on the morning of your surgery, and they will admit you to either a room or holding area to be prepared for surgery.

4. Where does my family go?

Your family should go to the designated surgery waiting room. Your surgeon or a member of the surgical team will meet with your family following surgery.

5. What should I wear?

You should wear loose clothing and slip-on shoes the day of admission to the hospital and especially when you are discharged from the hospital to go home.

6. Can I take medications before surgery?

You should not have anything to eat or drink after midnight the night before your surgery. On some occasions, patients are advised that they may take their blood pressure medicine or certain thyroid medications with a sip of water, but unless you are advised that this is acceptable, do not take anything after midnight the night before your surgery. You also should stop taking Aspirin, Vitamin E, and blood thinners as instructed by your physician. Please note that these should be discontinued at specified times prior to your surgical date. Some medicines need to be stopped at least three weeks prior to surgery. This needs to be discussed specifically between each physician and patient.

7. How long can I plan on being in the hospital?

Normally, you will be in the hospital on average between 3 to 5 days.

8. Will I be given written post-op instructions?

There are discharge nurses at the hospital who will give you postoperative instructions for you to take home.

9. When do the stitches come out?

Most patients with this procedure have stitches which are on the inside. They will dissolve on their own. Usually there are no stitches on the outside unless there is one around the drain. That stitch is usually taken out the day after surgery.

10. How long does the operation take?

The procedure takes anywhere from 4 to 6 hours.

11. Does insurance cover robotic cystectomy?

Blue Cross Blue Shield of Alabama does cover a robotic cystectomy. Other insurance carriers cover it as well, but verification is needed prior to the procedure.

12. Will I need to donate my own blood for this type of surgery?

No. One of the many benefits of the robotic surgery is minimal loss of blood. Therefore, it is not necessary to have your blood available for transfusion.

13. How much pain will I have?

The operation is not painless, but it is in fact much less painful than the open surgery. You may experience some shoulder pain after surgery because of the abdominal gas insufflations, which will decrease after the first day. You will be able to go home with oral pain killers and a pain pump. Some patients have a vague discomfort of the abdomen.

14. Does the robotic surgery require general anesthesia?

Yes, general anesthesia is required. Robotic cystectomy offers many advantages compared to conventional open surgery, but it is nevertheless a major operation.

15. Do some patients require radiation or chemotherapy after surgery?

Yes, if there is evidence of more extensive cancer found outside the bladder then chemotherapy may be required.

16. How experienced are the surgeons at Urology Centers of Alabama who perform robotic assisted laparoscopic radical cystectomy procedures?

Urology Centers of Alabama is one of the leading institutions performing robotic surgery in the world, including the Robotic Cystectomy. Our team of highly-skilled surgeons and assistants, perform robotic surgeries every day and take great pride in our quality of work.

Practice Locations

Homewood

3485 Independence Drive
Homewood, AL 35209

Alabaster Office

408 1st Street North/Hwy 31 Suite 100
Alabaster, AL 35007

Fultondale Clinic

339 Walker Chapel Plaza, Suite 109
Fultondale, AL 35068

Gardendale Clinic

2217 Decatur Highway
Gardendale, AL 35071

Grandview Physicians Plaza

3686 Grandview Parkway, Suite 540
Birmingham, AL 35243

Hoover / Princeton

5295 Preserve Parkway, Suite 250
Birmingham, AL 35244

Medical West

985 9th Avenue S.W., Suite 408
Bessemer, AL 35022

Prattville Medical Park

645 McQueen Smith Road, Suite 102
Prattville, AL 36066

Princeton Prof. Bldg. #2

817 Princeton Ave S.W., Suite 118
Birmingham, AL 35211

St. Vincent's East

48 Medical Park East Drive, Suite 350
Birmingham, AL 35235

St. Vincent's Prof. Bldg. #2

2700 10th Avenue S., Suite 505
Birmingham, AL 35205

Sylacauga

1263 Talladega Highway
Sylacauga, AL 35150

Winfield - Specialty Clinic

255 Medical Drive, Suite 2
Winfield, AL 35594

Telephone numbers (all locations): **(205) 930-0920** or **1-800-452-1464**

Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

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