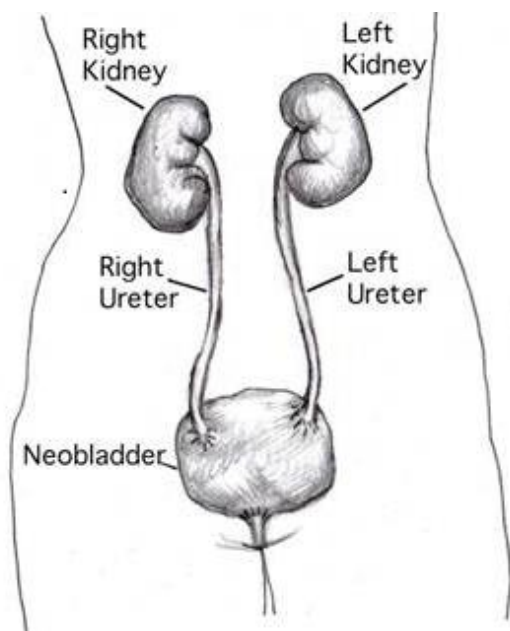


Neobladder Patient Education

What is a Neobladder?

Neobladder means new bladder. If you need to have your bladder removed, and you meet the necessary criteria, we can construct a neobladder in place of your bladder. The neobladder is created when a piece of your small bowel is removed and made into a pouch. Your ureters and urethra are reconnected and you will urinate through normal channels. The neobladder is a bladder SUBSTITUTE; it does not function exactly like a real bladder. The neobladder cannot contract (squeeze) like a normal bladder, which means that patients must relax the sphincter muscle and contract the abdominal muscles in order to urinate.



**Neobladder in place after
healing from surgery**

Who is a Candidate for the Neobladder?

Candidates for the neobladder procedure are people who have to have their bladders removed, but do not need their sphincter muscle and/or urethra removed. There has to be enough healthy urethra left to attach to the neobladder so the patient can void normally. It is important for you to know that if the surgeon cannot get a negative urethral margin (a final cut with no cancer cells seen on the tissue), there is a chance you will wake up from your operation with an ileal conduit, even if a neobladder was planned.

Patients considering a neobladder must also have good control of the small muscles in the fingers and hand (manual dexterity) because he or she must be able to catheterize the neobladder frequently after your operation.

Advantages and Disadvantages of a Neobladder

Major advantages

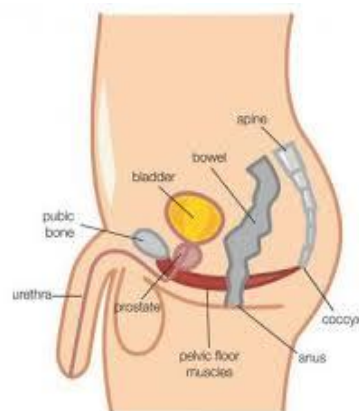
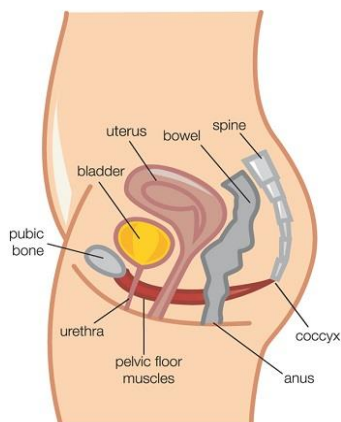
- A stoma and external collection pouch are not necessary.
- Most patients can empty the neobladder by urinating.

Major disadvantages

- You must self-catheterize and irrigate the neobladder after surgery. This helps empty the neobladder completely, prevent infection, and help clear mucus. The neobladder is made from a piece of small intestine which normally produces mucus; catheterizing and irrigating the neobladder will help clear this. At first you will be required to catheterize and irrigate every 3-4 hours, including overnight. As the neobladder stretches, and you get better at emptying it, you may be able to decrease the frequency.
- Many patients will have a problem with urinary leakage after surgery. Urinary leakage is most common at night because the sphincter muscles relax during sleep. Each patient's recovery is different.
- There are a small percentage of patients who will not regain urinary control after surgery. Some patients may need to wear a small liner pad for occasional urinary leakage with coughing, sneezing, or heavy lifting (stress incontinence).

Getting Ready: Kegel Exercises

These are exercises that strengthen the pelvic floor muscles. Almost everyone can benefit from Kegels because the pelvic muscles generally get weaker as we age. Kegels increase blood flow and nerve supply to the pelvic area, and prevent/treat urinary stress incontinence, and restore vaginal muscle tone/help with better erections. You should start practicing these exercises as soon as you can.



How to Perform Kegel Exercises

First, identify your pelvic floor muscles and learn how to contract and relax them.

To identify your pelvic floor muscles, try to stop urination in midstream. If you succeed, you've got the right muscles.

(Don't make a habit of using Kegel exercises to start/stop your urine stream. Doing Kegels while emptying your bladder can weaken the muscles and increase your risk of a urinary tract infection.)

Exercise 1

1. First, empty your bladder. Then relax.
2. Tighten the muscle and hold for 10 seconds, then relax the muscle completely for 10 seconds. You should feel a pulling sensation around your rectum.
3. Repeat 10 - 20 times, tightening and relaxing for each set. Repeat the set 5 times per day.

Exercise 2

Tighten the pelvic floor for 1 second and then relax for 1 second. Repeat as many times and as often as you can

Tips on Kegel Exercises

- Focus on tightening only your pelvic floor muscles, not stomach, leg, or buttock muscles. How to know? Place your hand on your abdomen while you squeeze your pelvic muscle. If you feel your abdomen move, then you are using your stomach muscles.
- Avoid holding your breath. Keep breathing.
- These exercises may be done at any time: watching TV, riding in a car, etc.
- At first you may not be able to hold this contraction for the full count of 10 seconds; however, you will slowly build up to this. The muscle may start to tire after about 6 or 8 exercises. If this happens, stop and go back to exercising later.
- In time, you will learn to practice effortlessly, eventually working these exercises into your lifestyle: tighten when you walk, before you sneeze, when moving from a reclined position to upright sitting, when moving from sitting to standing, etc.

After Surgery

For the first 24 hours after surgery, you will likely be in the intensive care unit (ICU) or the intermediate medical care unit (IMCU). When ready, you will be moved to 7 West.

When you wake up, you will have several tubes/dressings in place.

Nasogastric tube (NG tube): This tube will be coming out of your nose. The other end sits in your stomach and pulls secretions out of your stomach for 1-2 days after surgery. After it is removed, you will slowly return to a regular diet.

Stents: The stents start in your kidneys, go down your ureters, into the neobladder and come out of your abdominal wall. They drain into an appliance bag on your abdominal wall. This is temporary. The stents are used to keep the connection from the ureters to the neobladder open while they heal. They will likely be removed at your postoperative visit, but they may need to stay in a little longer, depending on your exam at the time.

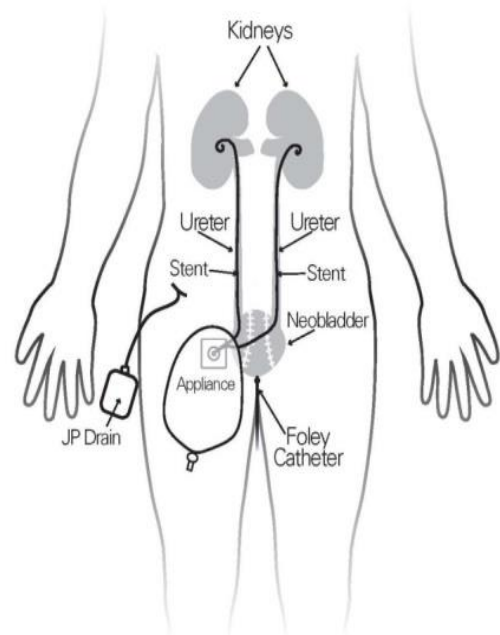
Jackson Pratt (JP) Drain: A JP drain is a suction device that removes fluid so that it does not build up inside your pelvis. The drain itself is inside the body and connected to plastic tubing that is usually sutured to the skin where it leaves the body. This tubing is connected to an egg-shaped drain that creates suction to help remove the fluid. Your drain will likely be removed before discharge, when the excess fluid has stopped draining.

Foley Catheter: A Foley catheter is a soft plastic tube that is inserted through the urethra into the neobladder to drain urine while the connection between the neobladder and urethra heals. There is a balloon on the end of the catheter that holds it in place. With the catheter in place, you do not have to use the toilet to urinate. The catheter is usually removed at your first follow up visit after surgery but may have to stay in place a little longer, depending on your exam.

You may have an **epidural catheter** or a **PCA (patient-controlled anesthesia) pump** connected through your IV. These are used to give you pain medication.

Discharge

To prepare you to go home, your nurses will teach you how to irrigate and care for the Foley catheter. Care of the catheter includes cleaning the catheter, emptying the drainage bag and changing and cleaning the drainage bags. Be sure to take a copy of the instructions home with you.



How to Irrigate the Foley Catheter

1. Collect supplies: A container, 60 milliliter (mL) syringes, and normal saline (1 mL=1 cc)
2. Wash your hands.
3. Disconnect the catheter from the drainage bag.
4. Draw up a full syringe of sterile water in the syringe provided to you. (We will show you how to do this.)
5. Hold the tip of the catheter upright between your thumb and first finger. Placed the tip of the syringe into the catheter.
6. Gently inject sterile water into the catheter. Do not force the water in as this can cause discomfort.
7. Repeat with another syringe full of sterile water.
8. Gently withdraw the water from the catheter with the syringe. Watch for mucus. (You want to see mucus.)
9. This process may be repeated several times. Once you can no longer withdraw mucus, you may stop for that particular irrigation session. However, you must still irrigate **at least** 3 times per day, preferably more often at first.
10. After you have completed irrigation, wash the tip of the syringe with soap and hot water. Cleanse the tip with alcohol and recap it.

Home Care

Before you are discharged, you will be set up with a home care nursing agency. The nurse will come to your home to continue the education started by the nurses in the hospital. This will include Foley catheter care, how to irrigate the Foley catheter, and after the Foley catheter is removed, self-catheterization and irrigation.

Postoperative Visit

Your first postop visit is usually 7-10 days after discharge. Typically, the Foley catheter and stents are removed at this visit. You should expect to have little to no urinary control after the catheter is removed - bring a brief or pad with you on your visit.

Once the Foley and stents are removed, you will begin to use straight catheters to drain the urine from your new bladder. Straight catheterization is a lifelong commitment. Expect to self-catheterize and irrigate every 3-4 hours in the beginning. Patients can often decrease this frequency as time goes on and they gain better control of the neobladder.

Irrigating your Neobladder

As part of neobladder care, you will be required to perform self-catheterization and irrigation to help clear the mucus and prevent infection. Immediately after surgery, your Foley catheter will be irrigated AT LEAST 3 times per day. Your nurses in the hospital will teach you how to irrigate your Foley catheter before you are discharged. At home, you will have a home care nurse to continue your education and to make sure you are comfortable with the procedure. When you leave the hospital, we will give you supplies and prescriptions for extra supplies.

After your Foley catheter is removed, which is usually at your first postoperative visit, a nurse in the clinic will show you how to do a clean intermittent catheterization. You must do this every 3-4 hours at first, including setting your alarm clock at night.

Self-catheterization and irrigation is a necessary part of neobladder care.

Self-catheterization & Irrigation: Step-by-Step

1. Collect supplies: 60 mL syringe, normal saline or sterile water, clean towel, washcloth, soap and water, water-soluble lubricant (K-Y[®] Jelly or Astroglide[®]), separate containers for clean and contaminated catheters, and a container to drain urine, if not using a toilet. Females will need 2 female self-catheters and males will need rubber self-catheters, #14 or #16 French.
2. Wash your hands and your meatus (opening where you will insert the catheter) with soap and water before you begin.
3. Lubricate the tip of the catheter with plenty of water soluble lubricant.
4. Insert the tip of the catheter into the urethra. Females can sit over a mirror so they can see more clearly.
5. Advance the catheter until urine comes out of the end.
6. Draw up 40-60 cc of sterile water in the syringe provided to you.
7. Hold the tip of the catheter upright between the thumb and first finger. Place the tip of the syringe into the catheter.
8. Gently inject sterile water into the catheter. Do not force the water in as this can cause discomfort.
9. Gently withdraw the water from catheter with the syringe. Watch for mucus (mucus is what you want to see).
10. This process may be repeated several times. Once you can no longer withdraw mucus, you may stop for that particular irrigation session. However, you must still irrigate **at least** 3 times a day. In the beginning, it is best to irrigate every 3-4 hours.
11. After you have completed irrigation, wash the tip of the syringe with soap and hot water. Cleanse the tip with alcohol and recap it.
12. You can reuse catheters because your neobladder (made out of small bowel) is already contaminated with bacteria. However, if you are more comfortable using a new catheter each time and your insurance company will cover it, you may do so.