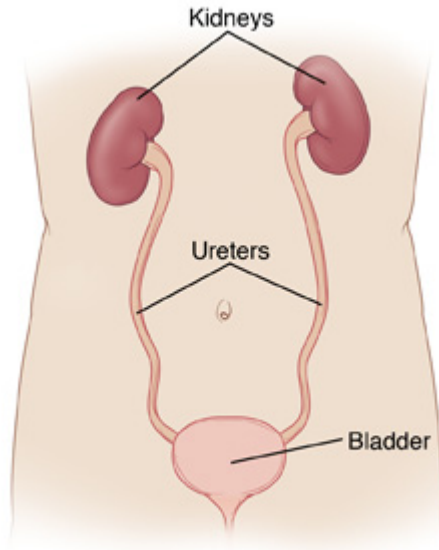


Partial Cystectomy

Partial cystectomy is surgery to remove part of the bladder. It is most often done to treat bladder cancer. If the cancer is found at an early stage, this surgery may help cure it. After the surgery, the bladder will still function.



Getting ready for surgery

Prepare for the surgery as you have been told. In addition:

- Tell your healthcare provider about all medicines you take. This includes prescription and over-the-counter medicines, vitamins, herbs and other supplements. It also includes any blood thinners, such as warfarin, clopidogrel, or daily aspirin. You may be told to stop taking some or all of them before surgery.
- Follow any directions you are given for not eating or drinking before your surgery. If you have been instructed to take medicine, take it with a small sip of water.
- If you have been told to, prepare your bowel for surgery (called “bowel prep”). This process begins 1 to 2 days before the surgery. Your healthcare provider may tell you to restrict your diet to clear liquids. You may also be asked to take laxatives or to give yourself an enema. Follow all instructions you are given.

The day of surgery

The surgery takes 4 to 6 hours. Afterward, you will stay in the hospital for 3 to 5 nights.

Before the surgery begins

- An IV (intravenous) line is put into a vein in your arm or hand. This delivers fluids and medicines (such as antibiotics). In some cases, a central or arterial line is put into a blood vessel somewhere else on the body. Your healthcare provider can tell you more.

- To keep you pain-free during the surgery, you're given general anesthesia. This medicine lets you sleep through the surgery. A tube may be put into your throat to help you breathe.
- You may be given a medicine to prevent blood clots in your veins.
- You may have an epidural to help control post-surgery pain. A small tube is put into your back to deliver pain medicine that numbs the lower body. Talk with your healthcare provider, anesthesiologist, or nurse anesthetist about this option.
- A thin tube is passed into your bladder through your urethra (the tube that drains urine from the bladder). This is called a Foley catheter. It drains your urine during the surgery and for a time afterward.

During the surgery

- A cut (incision) is made in the lower belly (abdomen).
- Nearby lymph nodes may be removed. These are checked for cancer cells (a sign that the cancer has spread).
- The part of the bladder that contains cancer is removed. An area of healthy tissue is also removed. The bladder is closed with stitches.
- The skin incision is closed with stitches or staples.
- A small tube may be placed in the belly. This drains blood and fluid as the wound begins to heal.
- In some cases, a thin tube may be placed into your bladder through a small incision in your belly. This is called a suprapubic catheter. Like the Foley catheter, this tube also helps drain your urine.

Recovering at the hospital

After the surgery, you will be taken to the post anesthesia care unit (PACU). You will be closely monitored while you wake up from the anesthesia. You may feel sleepy and nauseated. If a breathing tube was used, your throat may be sore at first. When you are awake and stable, you will be taken to your hospital room. While you're in the hospital:

- You will be given medicine to manage pain. Let your providers know if your pain is not controlled.
- You'll get IV fluids until you can start on a liquid diet. You'll then slowly return to a normal diet.
- As soon as you're able, you'll get up and walk.
- You will be shown coughing and breathing methods to help keep your lungs clear and prevent pneumonia.
- If you are sent home with a catheter or drains, you will be shown how to care for them.

Recovering at home

After your hospital stay, you will be released to an adult family member or friend. Have someone stay with you for the next few days to help care for you. Recovery time varies for each person. Your healthcare provider will tell you when you can return to your normal routine. Until then, follow the instructions you have been given. Make sure to:

- Take all medicines as instructed.
- Care for your incision as instructed. If you go home with catheters or drains, take care of these as you were shown.
- Follow your provider's guidelines for showering. Don't swim, bathe, use a hot tub, or do other things that will cover the incision with water until your provider says it's OK.
- Don't lift anything heavy or do strenuous activities, as directed.
- Don't drive until your provider says it's OK. Don't drive if you're taking prescription pain medicine that makes you drowsy or sleepy.
- Walk a few times a day. As you feel able, slowly increase your pace and distance.
- Don't strain to pass stool. If needed, take stool softeners as directed by your provider.
- Drink plenty of water. This helps prevent urine odor and fluid loss (dehydration).

When to call your healthcare provider

Call your healthcare provider right away if you have any of the following:

- Fever of 100.4° F (38°C) or higher, or as directed by your healthcare provider
- Increasing pain, redness, swelling, bruising, bleeding, or drainage at the incision site
- Pain that gets worse or that is not controlled with pain medicine
- Little or no urine for longer than 4 hours
- Leakage around the catheter
- Burning or pain when passing urine (after the catheter is removed)
- Frequent need to pass urine
- Blood clots in the urine (some pink-tinged urine is normal)
- Problems with catheters or drains
- Leg pain or swelling

Call 911

Call **911** right away if you have:

- Chest pain
- Trouble breathing

Follow-up care

You will have follow-up visits so your healthcare provider can check how well you're healing. Any drains, catheters, and stitches you have will be removed. If you had cancer, you will have regular testing to make sure you stay cancer-free. Your healthcare provider can tell you more.

Risks and possible complications

All procedures have some risk. Possible risks of this surgery include:

- Bleeding (may require a blood transfusion)
- Infection
- Blood clots in the legs
- Pneumonia or other lung problems
- Scarring
- Urine leakage at the site of bladder incision
- Damage to nearby nerves, tissues, or organs
- Bladder may not hold as much urine as before
- Failure to remove all cancer tissue, or cancer comes back
- Risks of anesthesia (the anesthesiologist or nurse anesthetist will talk about these with you)