During surgery

A radical cystectomy is a major operation and takes several hours.

You will be given a full general anaesthetic and an epidural to help with pain after the operation. Special drips are placed into large veins, and into an artery, so that you can be carefully monitored during and after surgery. You will be positioned very carefully on the operating table so that the effects of pressure on your skin are minimised. Your breathing is done for you, with a machine called a ventilator.

You will be covered almost completely (apart from your abdomen) with operating drapes that ensure a sterile area for surgery, and also help to keep you covered and warm. A warming air blanket is used also to keep you warm.

During surgery the anaesthetic team will check you very carefully, monitoring your temperature, heart rate, blood pressure, and how the breathing machine is working. Blood tests are done during surgery to check on your body’s response to surgery. You will given fluid through the drips, to replace fluid that is lost, and a few patients are given a blood transfusion during surgery. The operating theatre team will check your body position carefully during surgery and move your arms gently from time to time, to help avoid them being stiff after surgery. Inflatable boots are used to squeeze your calves very gently at intervals during surgery, to reduce the risk of a blood clot in the veins.

If you are a woman, and have been through the menopause (change of life) and have not previously had surgery to remove your womb (hysterectomy), the surgeons will usually remove:

- the bladder
- the womb
- both ovaries and fallopian tubes
- the top part of your vagina

Part of the vagina will be left in place, so that if you wish to be sexually active after the surgery, this should be possible.

If you are a man, the surgeons will usually remove:

- the bladder
• the prostate
• the sperm sacs (seminal vesicles)
• in some cases, the urethra

If the position of your cancer permits, the surgeons may try to preserve the nerves that are involved in producing erections. These run very close to the prostate, and they usually suffer some damage during the operation.

This means that almost all men who have cystectomy will not have spontaneous, usable erections after the operation. We will talk to you about this in detail before you have surgery, and will explain the treatments we will be able to give you which may help.

Following the removal of your bladder, your surgeon will either create a urinary stoma, or a bladder reconstruction. The details of this part of the surgery are covered in the relevant sections.