

Radical cystoprostatectomy, pelvic lymphadenectomy and ileal conduit urinary diversion

(surgical removal of bladder, prostate gland, pelvic lymph nodes and diverting urine flow using a piece of small bowel)

Surgical approaches to this surgery:

- Fully laparoscopic/robotic
- Fully open/traditional
- Mixture of laparoscopic/robotic and open

(Selection of surgical approach is usually determined by multiple factors including but not limited to patient's body habitus and comorbidities, previous surgical history, indication for the surgery, surgeon's experience, risks and benefits of each approach)

Possible indications or reasons for this surgery:

- Bladder cancer
- Locally advanced prostate cancer involving bladder
- Locally advanced colon/rectal cancer involving bladder/prostate gland
- Poor capacity and/or otherwise defunctionalized bladder

Possible benefits of this surgery:

- In case of bladder cancer, treats bladder cancer by removing the cancer and the organ from which it originates
- Removing poorly functioning or non functioning bladder and improving quality of life

Other potential available options/alternatives to bladder/prostate removal for high risk bladder cancer:

- Doing nothing/observation alone (in case of cancer, may lead to growth and spread of cancer, which may become incurable and lead to death)
- Second opinion from another doctor or institution
- Radiation therapy and/or chemotherapy (may not be as effective as surgery and may lead to surgery eventually if cancer persists or recurs)
- Systemic immunotherapy (usually reserved for advanced bladder cancers)
- Instillation of immunotherapy or chemotherapy into the bladder (depending on your specific cancer stage may not be as effective as surgery)

Other potential available options/alternatives to incontinent urinary diversion such as ileal conduit:

- Continent catheterizable reservoir (a “new bladder” made of bowel is created which you would learn to empty using a catheter introduced through an opening on your abdomen)
- Orthotopic neobladder (a “new bladder” made of bowel is created which you would learn to empty using a catheter introduced through your natural urethra if you are unable to empty it on your own)
- Both of the “new bladder” alternatives are more complex to create and may be prone to more complications than the ileal conduit type of urinary diversion

Possible risks/complications/side effects of surgery:

- Bleeding and need for blood transfusion
- Infection
- Injury to surrounding muscles and nerves
- Injury to muscles and nerves related to your positioning during surgery. This may lead to muscle breakdown, muscle weakness and/or numbness
- Injury to surrounding organs such as ureter, spleen, stomach, duodenum, small bowel, large bowel, rectum, liver, gallbladder, blood vessels, nerves, lymphatic channels, gonads, gonadal vessels. Injury to some of the above said organs may lead to their total or partial removal or need for repair
- Need may arise to convert to open surgery if starting laparoscopically/robotically
- Erectile dysfunction, penile shortening, infertility, lack of orgasm, dry ejaculations, urine leakage during orgasm
- Wound dehiscence, incisional hernia development, development of incisional seroma or fluid collection, development of lymph fluid collection or lymphocele, development of urine leak, urine collection and/or abscess, bowel obstruction, ureteral stricture formation, bowel leakage, retraction/protrusion of stoma, hernia development around stoma, narrowing of stoma, kidney stone formation, kidney swelling or hydronephrosis
- Cancer recurrence
- Need for additional intervention in the future in the form of additional surgery and/or other medical treatments
- Heart attack, stroke, heart arrhythmias, respiratory insufficiency/failure requiring prolonged breathing tube, blood clots in extremities and/or lungs, kidney insufficiency/failure requiring temporary and/or permanent kidney replacement therapy such as dialysis, eye or corneal abrasion, pneumonia or lung infection, and even a small chance of death during or after surgery
- Anesthetic risks will be discussed with you separately by an anesthesiologist and/or their qualified representative

(Please note that the above mentioned list of risks/complications/side effects of surgery is not all inclusive and is not meant to be exhaustive. Other complications/side effects may arise that are not specifically mentioned here. Please also note that these complications/side effects occur only rarely and not in every patient or in every similar surgical case. Finally, please note that if and when complications do arise, there may be additional surgical and/or medical treatments that may be recommended to you).