

The Neobladder (Studer Pouch)

A Patient's Guide to Care

Revised October 2017

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800-826-HOPE (4673)
www.cityofhope.org

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Please Read:

The basic information presented here was developed by clinicians at City of Hope. It may differ to some extent from your particular situation. These instructions are to be used with the guidance of health care professionals at City of Hope. This will help ensure you use the information correctly and safely.

Important Phone Numbers

NursingTriage Call Center

Call 24 hours a day if you have problems or questions: 626-218-7133

My Home Health Nurse (if applicable)

Name of agency: _____

Phone number: _____

For questions about a prescription refill or renewal,

Please call the City of Hope Pharmacy at 626-301-8304 or call the pharmacy where your prescription was filled if other than City of Hope.

Other Phone Numbers:

My Doctor: _____

My Case Manager: _____

My Social Worker: _____

My Medical Supplies: _____

Other important phone numbers: _____

Sheri & Les Biller Patient and Family Resource Center

Patient Navigator: 626-256-4673 ext 3CARE (32273)

Introduction

A radical cystectomy (bladder removal) is the standard treatment when cancer has spread into the muscle layer of the bladder or when earlier stage bladder cancer is not responsive to other therapies. It can also be done if there is severe bladder damage from treatments, injuries, or other conditions. This surgery involves removal of the bladder, nearby lymph nodes and part or all of the urethra. The surgeon will also remove the prostate and seminal vesicles in men, and the uterus, fallopian tubes, ovaries and part of the vagina in women. Once these are removed, a different route is created to get urine out of the body. This is called a urinary diversion. The most common types of urinary diversions are the ileal conduit, Indiana pouch, and neobladder (Studer pouch).

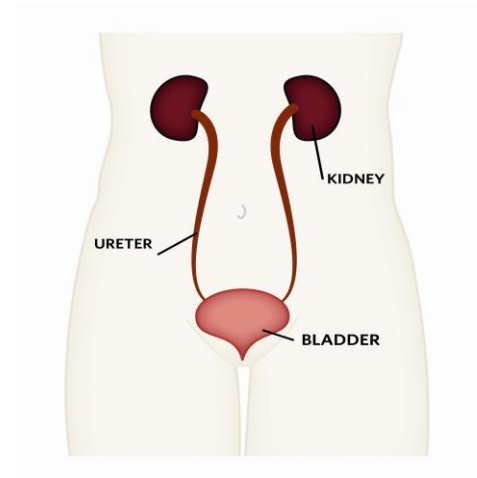
This booklet will give you information on the neobladder diversion. Use this guide while you learn how to care for your neobladder and as a future reference. Take time to review all of this information and prepare a list of questions or concerns that you may have to share with your doctor or nurse.

City of Hope is committed to supporting you through this process and helping you to become skillful and confident in your care.

What Is the Urinary System?

The urinary system removes extra water and waste from the body. It is made up of kidneys, ureters, bladder, and urethra.

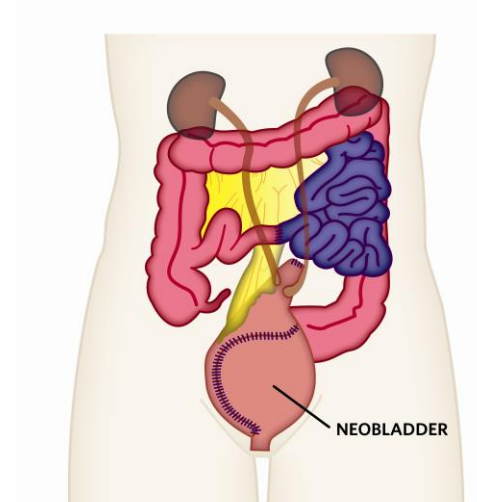
- Kidneys get rid of waste from the blood in the form of urine.
- Urine then drains from the kidneys to the bladder through long tubes, called ureters.
- The bladder stores the urine until it is ready to be emptied from the body through the urethra.



What Is the Neobladder (Studer Pouch)?

A neobladder is a “new bladder” or pouch that stores urine. This pouch is made from a portion of your intestine and is connected to the urethra to get rid of urine. Urine flows from the ureters to the pouch and comes out of your urethra.

- There is a period of incontinence (leakage of urine) that most patients go through following this surgery. It may take some patients up to 1 year to regain control of urination.
- The neobladder will produce mucous since it is created from a portion of the intestine. Irrigation of the pouch may be necessary to ensure proper flow of urine.
- Some patients may not be able to empty their pouch well and will need catheterization (passing of a tube into the urethra) at scheduled times throughout the day.



Not all patients are able to have this type of urinary diversion. There must be no evidence of cancer in the urethra to be considered for this type of pouch. Patients must also be willing and able to pass a catheter into the urethra to empty the pouch if necessary. Talk to your doctor or nurse if you have any concerns or questions about the neobladder (Studer pouch). You can also visit or call the Sheri & Les Biller Patient and Family Resource Center for any further information.

What Are the Advantages of the Neobladder (Studer Pouch)?

- Most patients are able to empty their pouch by normal urination.
- No external bag is needed.
- No stoma (a button-like formation made out of intestine at the surface of your stomach).

What Are the Disadvantages of the Neobladder (Studer Pouch)?

- Longer surgery time.
- Higher complication rate.
- Longer recovery period.
- Risk of urinary incontinence (leakage of urine).
- Some patients may not be able to empty their pouch well and will need catheterization (passing of a tube into the urethra) at scheduled times throughout the day.

After Surgery

What to Expect While In the Hospital

What to Expect While In the Hospital

Drain, Catheter, and Stents

During surgery, a urinary catheter (tube) is placed through your urethra into the newly created neobladder (Studer pouch). This keeps the new pouch empty so that all the suture lines heal properly. Two small tubes, called stents, are placed in both ureters to help keep the ureters open during the recovery period. These temporary stents will exit out of your lower abdomen. There will also be a drain to remove the extra fluid your body makes as a result of surgery. This helps lessen the chances of infection and speeds up healing. The two stents and drain are typically removed before you go home or on your first clinic visit. The urinary catheter will remain in place for about three weeks.

Treatments for Your Recovery

During your hospital stay of approximately 4-7 days, you will receive treatments to help with your recovery. Throughout your stay, your nurse will teach you how to care for your neobladder (Studer pouch) at home. The following treatments are essential to your recovery:

- **Activity/Mobility** - You will be encouraged to begin moving around (sitting, walking frequently) soon after your surgery. Regular movement throughout the day will help with digestion, proper breathing, blood circulation, and preventing stiffness of your joints.
- **Keeping Your Lungs Healthy** - You will be asked to use a breathing device called an incentive spirometer to keep your lungs healthy while you are healing from surgery. Instructions for the incentive spirometer:
 - Place lips tightly around the mouthpiece. Take a slow deep breath and hold the air in for a few seconds to fully expand your lungs.
 - Exhale (let air out) and rest for a few seconds.
 - Keep taking deeper breaths to hold air in your lungs as long as you can.
 - You should do this at least 10 times every hour while you are awake.
- **Reducing the Risk of Blood Clots** - You will have leg squeezers while in bed to reduce the risk of blood clot formation. The leg squeezers are cloth sleeves wrapped around each leg to increase blood flow. You will also be prescribed Lovenox which is a medication to lower the risk of blood clots from forming. A video will be available to watch during your hospital stay to show you, a family member or other caregiver, how to give the Lovenox injection.

- **Pain Management** - You will be provided with instructions on how to manage pain using medications, position changes, relaxation techniques, and diversion activities (mindful distraction).
- **Irrigation** - Your urinary catheter will be irrigated with a saline (salt) solution. The purpose of this irrigation is to prevent the catheter from plugging with built up mucous so that the pouch can remain empty of urine and heal properly. This will be done every 4 hours while you are in the hospital. **It is very important to have a family member or other caregiver learn how to irrigate your urinary catheter in case you do not feel well enough to do it yourself.**
- **Catheter Securement** - You will be shown how to securely attach the catheter and tube to your body to avoid tension and prevent the tubing from kinking. You will also learn how to empty your urinary drainage bag when it is about half full.

You will be given some supplies to continue caring for your neobladder at home. More supplies will be sent to your home by mail. Your case manager will be arranging this for you.

The next pages will give you basic instructions for your care at home after surgery. Your nurse will go over all of the information and point out any changes that fit your individual situation. This instruction sheet was made by clinicians at City of Hope and is to be used with the guidance of health care professionals at City of Hope. This will help ensure you use the information correctly and safely.

After Discharge From the Hospital

- What to Expect When You Go Home
- Follow-up Visits
- Instructions for Care After Catheter Removal

What to Expect When You Go Home

Home Health Nursing

Home Health Nursing will be arranged by your case manager to help you with home care and assist with any further needs. The home health agency will also be giving you fluids to keep you hydrated. You will receive one liter of IV hydration every day for at least one week.

Diet and Management of Constipation

- It is essential to drink at least 2 liters (slightly more than 8 cups) of liquid a day to keep hydrated. You may drink juices, milk, or water.
- You will not have any dietary restrictions when you go home. Eat frequent small meals instead of eating three large meals to help with your digestion.
- After surgery, you may feel full quicker and your appetite may not be the same. It is important that you continue to eat regularly to keep a healthy weight. Make sure you eat foods high in protein or add protein powder to shakes. Include high calorie foods in your diet such as whole milk, creamy soups, and ice cream. You may also have meal supplements such as Ensure or Carnation Instant Breakfast.
- Constipation can be related to the surgery or to your pain medicine. To help prevent constipation, increase the fiber in your diet to soften your stool and continue to drink enough fluids. High fiber foods include:
 - Nuts/seeds
 - Bran
 - Whole-grain cereals and breads
 - Unpeeled fruits and vegetables
 - Mixed green salads
 - Apricots, figs, plums, prunes, and raisins

You may also take stool softeners (such as Docusate Sodium, Colace[®], or Senna) twice a day. If you have not had a bowel movement for two days, ask your doctor or nurse if you can take a laxative. **Do Not Use Enemas.**

Showering/Bathing

- You can take a shower but do not take a tub bath until your doctor approves.

Exercise/Activity

- Walk several times a day for one half hour or as tolerated. This will aide in your recovery.
- Do not lift anything greater than 5 pounds for 6 weeks after surgery.
- No strenuous exercise for 6 weeks after surgery.

Medical Alert Identification

- You need to obtain medical alert identification (such as a Medic Alert bracelet) with the inscription “**Neobladder Urinary Diversion**”. Information is available at most pharmacies or from your doctor or nurse.

Contact Your Nurse or Doctor For:

- ✓ Inability to irrigate the urinary catheter.
- ✓ Urinary catheter not draining or pulled out.
- ✓ Thick, cloudy or foul smelling urine.
- ✓ Persistent bleeding in the urine.
- ✓ Redness, swelling, tenderness, drainage or warmth at or around your incision sites.
- ✓ Chills, fever (temperature 100.5 F or higher), nausea, vomiting or inability to tolerate fluids.
- ✓ New or unusual pain or pain not relieved by medications.
- ✓ Excessive diarrhea or constipation.
- ✓ Leg swelling or calf pain.
- ✓ Any questions or concerns.

How to Contact City of Hope

Call City of Hope if you have questions or need to report any of the problems listed above.

24 hours a day/7 days a week

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626-218-7133

If You Have a Home Health Nurse

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CALL 911 IMMEDIATELY IF YOU HAVE A LIFE-THREATING EMERGENCY OR IF YOU HAVE ANY OF THE FOLLOWING:

- ✓ Severe chest pain
- ✓ Difficulty breathing
- ✓ Bleeding that will not stop
- ✓ Loss of consciousness
- ✓ Signs of Shock: (Rapid weak pulse, cold pale clammy skin, confusion, rapid breathing)

If you go to an Emergency Room, inform the staff that you are a patient of City of Hope.

Neobladder (Studer Pouch)

Irrigation and Maintenance of the Urinary Catheter After Discharge

When you are first discharged after your surgery, you will have a *urinary catheter* through your urethra into your new pouch. You will need to irrigate the urinary catheter regularly in order to keep it open and draining freely. Other reasons to maintain a regular irrigation schedule are:

- To remove accumulated mucous
- To keep the pouch empty of urine
- To allow the pouch to heal without harmful pulling on the suture line
- To prevent infection

You will need to do this procedure every six hours during the day and at night, or as recommended by your doctor or nurse.

Supplies Needed:

- ❑ Saline solution, 1000ml
- ❑ Irrigation catheter-tip syringe (60ml)
- ❑ Two small containers/bowls
- ❑ Alcohol wipes
- ❑ Gauze dressings
- ❑ Urinary leg bag and straps
- ❑ Clamp
- ❑ Night-time drain bag
- ❑ Catheter secure holder appliance

Irrigation Procedure:

1. Wash hands with soap and water. Dry with clean towel or paper towel.
2. Use an alcohol wipe to clean the area where the urinary catheter connects to the drain bag tubing. Allow to dry one minute.
3. Fill bowl with saline solution.
4. Disconnect it from the drain bag tubing. Cover the end of the drain tubing with gauze dressing to prevent contamination.
5. Attach an **empty** 60 ml syringe into the urinary catheter, and pull back on the plunger to empty any contents remaining in your pouch. Remove the syringe and discard the syringe contents. ***Never instill saline into your Neobladder without first trying to remove any contents.***
6. Draw up 60 ml of normal saline into your syringe. Attach the syringe to the catheter, and instill the saline solution gently through the catheter tube into the pouch.

7. ***Slowly and gently***, pull back on the plunger of the syringe to remove the saline solution and accumulated mucous. You should withdraw approximately 60 ml of fluid. Do not forcefully pull back if there is resistance. If resistance is met, disconnect the syringe and allow it to drain on its own into a separate bowl.
8. Repeat steps 6-7 until the pouch is clear of mucous. You may need to do this several times.
9. Clean the end of the catheter and the drainage bag tubing with alcohol wipes before reconnecting the two.

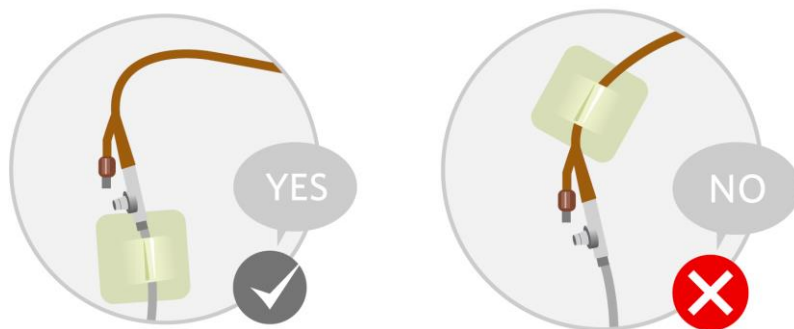
Please note: You can re-use the same syringe and bowls. Wash after each use with warm water and soap. Clean the syringe by pulling the plunger out of the casing. Rinse thoroughly and let them air dry on a clean surface.

You may use the small leg bag during the daytime if you will be mostly walking and moving around. Use the large bag during the day if you will be mostly sitting or lying down. The urine should always flow downward into the collection bag to prevent it from backing up.

You may use the large collection bag when sleeping so that it does not need to be emptied in the middle of the night.

Proper Securement of Catheter

Keep your catheter in place using a catheter secure holding device as shown in the image below.



Drain Care

You may go home with your surgical drain in place. Instructions will be given on how to empty, measure, and record the amount of drainage twice a day and as needed. You will need to bring the written measurements to your clinic appointment.

Talk to your doctor about additional instructions that may be specific to your situation. If you find that you are not comfortable with the skills needed to care for your neobladder (Studer pouch) at home then inform your doctor or nurse immediately to obtain the support you need.

Follow-up Visits

Your First Clinic Appointment (3-5 days after discharge)

- Blood work drawn in lab
- Physical examination by the nurse practitioner or physician assistant
- Removal of stents or drain if not done in the hospital. If your stents are to be removed, then you will be given a prescription for an antibiotic medication to be started the day before this appointment.
- Continued educational support on urinary catheter care and irrigations.

Your Second Clinic Appointment (7-10 days after discharge)

- Blood work drawn in lab
- Physical examination by the nurse practitioner or physician assistant
- Evaluation for further need of IV hydration
- Removal of surgical staples
- Continued educational support on catheter care and irrigations
- You should have a prescription filled for the antibiotic needed in preparation for the catheter removal to be done on your next clinic visit.

Your Third Clinic Appointment (13-16 days after discharge)

- Remember to take your antibiotic on the day before this appointment in preparation for your potential catheter removal.
- Blood work drawn
- X-rays (Pouchogram) will be done in radiology to make sure that your neobladder is not leaking. If no leaks are present then your urinary catheter will be removed.
- Physical examination by the nurse practitioner or physician assistant

Before the catheter is removed, the nurse will irrigate and instill 60ml saline into your neobladder by gravity. The catheter will be removed and you will attempt to urinate. Next, you will be shown how to pass a catheter through the urethra and into the pouch. This will be repeated until you use the appropriate technique and feel comfortable with the process. This may be necessary if you cannot urinate on your own. Your family member or caregiver should also practice catheterizing the neobladder. You will also learn how to detect any problems and what to do if they occur.

Neobladder (Studer Pouch)

Regaining Your Continence -3 Weeks After Surgery

When your neobladder is full, you will not have the same sensation or feel the same urge to urinate as prior to surgery. You will need to urinate on a schedule rather than waiting for the urge to urinate. It is important that you follow a urination schedule to ensure that you are completely emptying your neobladder. You may have a period of urinary incontinence (leakage of urine) during normal recovery. This should improve over time. Your nighttime urinary control will take longer to return.

Urination Schedule

- Attempt to urinate at least every 2 hours during the day and every 3 hours at night. You may do this more frequently if you experience increased urinary incontinence.
- Gradually increase the time between urinations over the next 2 months to every 3- 4 hours during the day and night. If you experience urinary leakage empty your neobladder more frequently.
- The goal is to increase your urination schedule to every 4-6 hours during the day and night over the first year.

Incontinence Pads

- You will need to purchase incontinence pads or briefs (ex: Depends).

Techniques for Emptying Your Neobladder

The following techniques can be done alone or in combination with each other to provide the maximum emptying of your neobladder.

- Relax your pelvic floor muscles. These are the muscles that you tighten when you want to stop the flow of your urine.
- Bear down and push without straining.
- Apply pressure to lower abdomen using hands or forearm.
- Sit on the toilet and bend forward bringing your chest to your knees.
- Men may try using a sitting or standing position depending on what works best.

Improving Your Continence with Pelvic Floor Exercises

Pelvic floor muscle exercises (often called “Kegel exercises”) will help to strengthen the muscles that support the neobladder and urethra. Strengthening these muscles may help to decrease urinary incontinence. Your doctor or nurse may suggest starting these exercises before and continuing them after surgery. You should not do pelvic floor exercises if you have a catheter in place.

How to do the Exercises

First, it is important to find the right muscles. These muscles are called the pelvic floor muscles. Use these methods to locate them.

- Try to stop the flow of urine while using the toilet. You can do this either standing or sitting. If you can stop the flow, then you are using the right muscles.

Note: Doing this only helps you know if you are using the correct muscles. DO NOT do this on a regular basis when you urinate.

- Imagine that you are trying to stop passing gas. If you feel a “pulling” sensation, then you are using the right muscles.

Do not use other muscles (thighs, buttocks, and abdominals) while doing the exercises. These muscles should remain relaxed. Do not hold your breath or tighten your chest during these exercises. You may do the exercises while lying, sitting or standing.

The Exercise Program

- Begin by emptying your neobladder.
- Contract your pelvic floor muscles (for example, stop the flow of urine) for 3-10 seconds.
- Then relax your muscles completely for 3-10 seconds.
- Perform 10 repetitions three times a day.
- At first, you may be able to hold the contractions for only a few seconds. As the exercises become easier, you can slowly increase the length of the contractions.

For best results, do your exercises every day starting before your surgery and continuing after the catheter is removed for several months. Do not overdo it. Over-exercising may instead cause muscle fatigue and increase the leakage of urine. You should see some results in four to six weeks.

Helpful Hints

If you have stress incontinence (involuntary passing of urine when straining) begin to tighten your pelvic muscles:

- Before lifting objects or exerting yourself
- When you feel a cough or sneeze coming on.
- Before you stand up.
- When you are laughing.

If you have any urinary leakage, use an incontinence pad or brief.

Intermittent Catheterization

- **Catheterize** your Studer pouch if unable to pass urine on your own or as recommended by your doctor. If you experience severe urinary incontinence or have no urinary leakage at all this may be a sign that your neobladder is not emptying completely. When this occurs you should catheterize after you urinate to check for any remaining urine left in your neobladder. If this amount is greater than 150ml then notify your doctor.

Catheterization Procedure:

1. Wash hands with soap and water. Dry with clean towel or paper towel.
2. Stand over or sit on the toilet.
3. Remove catheter from package.
If using non-lubricated catheters apply water-soluble type (K-Y) jelly. **Never use Vaseline.** Apply jelly from insertion tip up the catheter approximately 3 inches.
4. Insert catheter into urethra until urine begins to flow and drain urine completely.
5. Remove catheter slowly and discard.

Care of the Catheter

- **Non-disposable catheters** -wash catheters thoroughly with soap and water. Use the syringe to run soapy water through the catheter. Rinse out well with clear hot water. Pour povidone iodine solution through the catheter. Do not rinse off. Wipe outside of the catheter with povidone iodine. Do not rinse off. Let dry thoroughly on clean surface. When dry, place the catheter in to a clean sealable plastic bag to store until needed. Discard after one week of use. After three months, you can omit the use of povidone iodine.
- **Disposable catheters** – throw away after each use.

Irrigations

The neobladder will produce mucous since it is created from a piece of the intestine. Irrigation of the pouch may be necessary to ensure proper flow of urine. If you notice a heavy production of mucous then insert a catheter and irrigate with normal saline, as instructed, until the mucous has cleared. This is also important to prevent over-stretching of your new bladder. Mucous production will decrease over the next year.

Additional Instructions

- You should be wearing a medical alert identification (such as Medic Alert bracelet) with the inscription **"Neobladder Urinary Diversion"**. Please obtain one as soon as possible. Information is available at most pharmacies or from your doctor or nurse.
- Drink 2 liters of water daily to maintain good kidney/ Studer pouch function.
- No lifting greater than 5 lbs for 6 weeks after surgery
- No strenuous exercise for 6 weeks after surgery
- Walk frequently as tolerated.

Contact Your Nurse or Doctor For:

- ✓ Dramatic changes with your urinations.
- ✓ Any problems with self catheterizations.
- ✓ Chills, fever (temperature 100.5 or higher), nausea, vomiting, or inability to tolerate fluids.
- ✓ Excessive diarrhea or constipation.
- ✓ Unusual pain, especially low abdominal pain.
- ✓ Thick, cloudy or foul smelling urine
- ✓ Persistent bleeding in the urine.
- ✓ Persistent strong odorous urine. Note: some foods and medication cause urine to smell (e.g. Asparagus) or to become discolored.
- ✓ Leg swelling or calf pain
- ✓ Any other questions or concerns.

How to Contact City of Hope

Call City of Hope if you have questions or need to report any of the problems listed above.

24 hours a day

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CALL 911 IMMEDIATELY IF YOU HAVE A LIFE-THREATING EMERGENCY OR IF YOU HAVE ANY OF THE FOLLOWING:

- ✓ Severe chest pain
- ✓ Difficulty breathing
- ✓ Bleeding that will not stop
- ✓ Loss of consciousness
- ✓ Signs of Shock: (Rapid weak pulse, cold pale clammy skin, confusion, rapid breathing)

If you go to an Emergency Room, inform the staff that you are a patient of City of Hope.

Living With Your Neobladder (Studer Pouch)

Living With Your Neobladder

After three to four months, your Studer pouch will be “mature”. This means that the sutures are healed and your urination schedule has progressed to every 4-6 hours. Continued care of your Studer pouch is a lifelong process. It is important to be seen on a routine basis by your urology care team.

Fluids and Nutrition

Shortly after surgery, you will be able to return to your normal dietary habits. If you eat a well-balanced diet, vitamin supplements are not needed unless recommended by your doctor. Be aware that some foods may cause an odor in the urine.

Foods that can cause odor are:

- Asparagus
- Broccoli
- Cabbage
- Eggs
- Fish
- Garlic
- Spices
- Turnips

Foods that help control odor are:

- Cranberry juice
- Buttermilk
- Parsley
- Yogurt

You will need to continue to drink 1 ½ to 2 liters (slightly more than 8 cups of liquid) each day in order to maintain hydration. However, certain medical conditions (excessive sweating, vomiting, diarrhea, urinary tract infections and prolonged periods of activity) will increase your need for fluids. It is important to drink extra fluids during those times to avoid dehydration.

Symptoms of Dehydration

- Marked thirst
- Dry skin and mucous membrane
- Decreased urine output
- Fatigue
- Abdominal cramping

If you experience these symptoms, increase your fluid intake. Sports drinks, such as Gatorade®, help to replenish water and electrolytes.

Exercise and Sports

You can enjoy activities you are comfortable doing. At first, heavy lifting or straining must be avoided. After about two months from surgery, you should be able to go back to activities you enjoyed before the surgery. Do not over exercise, but slowly build up your strength and endurance.

Travel

When you are planning a trip, carry extra catheters (in your carry-on luggage if flying on an airplane) in case you are unable to empty your neobladder. You should always wear your medical alert identification. If traveling outside of the country you may want to consider seeing your doctor to get a prescription for antibiotics.

Work

Having a Studer pouch should not affect your job. You should be able to return to work once you have recovered from your surgery and have learned how to care for your neobladder.

Sexual Activity

Cancer and its treatments can have an impact on your sexual health. These changes can affect your confidence, interest and physical responses. Communication with your partner is an important factor in re-establishing sexual expression and intimacy. Speaking openly and staying positive can help clarify any mixed messages that may be getting in the way of your sex life. After your surgery, your partner may fear hurting you or be sensitive to your healing. This is a time to talk about what is comfortable for you. Sexual intimacy will not harm your neobladder.

If you are having difficulties with sexual activity talk to your doctor about any concerns or questions that you may have. Also, you can connect with a clinician in the department of supportive care medicine. Other detailed information about sexuality can be easily accessed on the web or by phone at The American Cancer Society-www.cancer.org or at 800-ACS-2345- or National Cancer Institute www.cancer.gov or 800-4-CANCER.

Sexuality for Women

In women, bladder cancer may require the removal of the bladder and sexual organs. Initially, having intercourse may feel uncomfortable due to less vaginal lubrication and possibly a shorter vagina. It may be helpful to use water-soluble lubricant. You may also ask for a referral to see a gynecologist.

The American Cancer Society is a helpful resource about sexuality for women with cancer. Visit their website: www.cancer.org and follow the links to "Sexuality for Women With Cancer and Radical Cystectomy".

Sexuality for Men

The inability to have or maintain an erection after bladder/prostate removal surgery is a common concern. Factors such as age, erection problems prior to surgery, lifestyle (smoking, inactivity), use of certain medications and other diseases (heart disease, diabetes) may also contribute to a delay in the recovery process. It may take up to two years for your erectile function to recover as it was before surgery. Even if an erection cannot be maintained an orgasm is still possible. You will not have an ejaculation. There may be other ways to achieve sexual enjoyment and satisfaction if a problem exists.

- Ask your doctor if you are a candidate for a nerve-sparing procedure that will help preserve erectile function.
- You and your partner may want to experiment with variations in sexual activity.
- Oral medications, urethral suppositories, penile injections, a vacuum erection device or a penile implant may improve your sex life.

Sources of Support

There are local supports groups open to all persons with a urinary diversion. You can find a support nearest to your home by visiting the United Ostomy Associations of America, Inc. online website at www.ostomy.org

Please note that the sharing that occurs in support groups may confuse you if you are not aware that there are many differences between colostomies, ileostomies and urostomies. Also remember that each urinary diversion is different and requires special care that is particular to your unique situation. What will work for someone else may not help you. Talk to your doctor, nurse, or clinical social worker if you have specific concerns and questions about changes in your lifestyle due to having a neobladder. You may find there are many ways you can continue to live your life just as you did before. You can also visit or contact the Sheri & Les Biller Patient and Family Resource Center to obtain additional information and other resources.

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Contact Information for Resources/Support Groups

At City of Hope:

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Other Phone Numbers:

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Other important phone numbers: _____

Sheri & Les Biller Patient and Family Resource Center

Patient Navigator: 626-256-4673 ext. 3CARE (32273)

For Additional Supplies:

Contact your City of Hope case manager. You can also obtain information from your doctor, nurse, and/or insurance company.

Other Agencies:

American Cancer Society

1 800 227-2345

www.cancer.org

United Ostomy Association of America, Inc.

1 800 826-0826

www.ostomy.org

NOTES: _____

City of Hope
1500 East Duarte Road, Duarte California 91010
626-256-HOPE
www.cityofhope.org