Orthotopic Neobladder

Patient Information · A new bladder, built from bowel, that you urinate through

WARWIKI

An orthotopic neobladder is a new bladder made from a piece of your own bowel. It is joined to your urethra, so you pass urine the usual way, with no bag, after the bladder is removed. It takes time and practice to learn to empty it well and to stay dry.

About This Procedure

A piece of small bowel is opened and folded into a soft pouch. The pouch is joined to your **urethra**, and the ureters (the tubes from the kidneys) drain into it. There is **no stoma and no bag**.

The new bladder does **not** give the usual "need to go" feeling, so you learn to:

- Empty on a **schedule**, day and night, by relaxing your pelvic floor and gently pushing with your belly.
- Use a thin tube (catheter) to drain it if it does not empty fully. This is more common in women.
- Rinse out **mucus** as your team shows you. The bowel keeps making mucus for life.

Not everyone can have a neobladder. After cancer surgery, the cut edge of your urethra must be free of cancer. Kidney and liver function and your ability to manage the routine also matter.

Benefits and Risks in Numbers

about
9 in 10
are dry or nearly dry in the daytime by 1 year (some use a safety pad)

1 in 2 to 8 in 10
are dry or nearly dry at night; night leaks are common

about
1 in 10 men
need a catheter to empty. It is more common in women: from about 1 in 4 to 2 in 3 in different studies.

Numbers are averages from published studies. Your own risk may differ; ask your team.

Learn the Terms

Neobladder
A new bladder made from a piece of bowel.

Orthotopic
In the normal spot and joined to the urethra, so you urinate the usual way.

Urethra
The tube urine passes through to leave the body.

Ureters
The tubes that carry urine from the kidneys to the neobladder.

Timed voiding
Urinating on a set schedule, day and night, instead of waiting for an urge.

Self-catheterization
Passing a thin tube yourself to fully empty the neobladder.

Pelvic floor
The muscles you train to help hold and release urine.

Mucus
Slippery fluid the bowel makes. Strands in the urine are normal.

Will it hurt? You are asleep for the surgery, so you feel nothing. Afterward, your belly will be sore, and you get pain medicine. The bowel takes a few days to start working again. You wake up with a catheter in the new bladder and thin stents in the ureters.

In the hospital

Walk early. Eat again slowly. Learn to rinse mucus from the catheter.

First weeks at home

The catheter stays until the new bladder heals. You may give yourself shots to prevent clots for about 4 weeks.

Catheter out

Start timed voiding, with an alarm at night, and pelvic floor exercises.

First year and beyond

Control keeps getting better. Check-ups for life.

How to Get Ready

- Follow your instructions about eating, drinking and which medicines to stop. Your team will tell you if you need a bowel prep.
- Understand the routine: **timed voiding day and night**, pelvic floor exercises, rinsing mucus, and maybe **self-catheterization**.
- **Stop smoking**, and arrange help at home.

Tell your team ahead of time if you:

- Take a blood thinner, or have kidney or liver problems
- Have bowel disease, or past belly or pelvic surgery or radiation

What Happens During Surgery

1. You are asleep and get antibiotics.
2. A piece of bowel is set aside. The rest of the bowel is joined back together.
3. The bowel is folded into a pouch and sewn to the urethra.
4. The ureters are joined to the pouch. A catheter and stents stay in while it heals.

For life: blood tests (kidney function, acid level, vitamin B12) and kidney scans.

Call the office that did your surgery if you have:

- A temperature of **100.4 °F (38 °C)** or higher, or chills
- New pain in your side or back
- Redness, swelling or fluid leaking from the cut

Go to an emergency department if:

- You cannot pass urine or the catheter stops draining, even after rinsing
- Bad belly pain, vomiting, or no gas or stool
- Chest pain, trouble breathing, or heavy bleeding
- You cannot reach the office and are worried

Three Things to Remember

1. A neobladder lets you urinate the usual way, with no bag.
2. It takes practice. Empty on a schedule, day and night. Leaks, mostly at night, are common early and often improve.
3. Keep your check-ups for life, even when you feel well.